STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL060171	A. BUILDING: _____ B. WING _____	12/18/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHARTER SENIOR LIVING OF CHARLOTTE	3610 RANDOLPH ROAD CHARLOTTE, NC 28211

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 000	Initial Comments The Adult Care Licensure Section and the Mecklenburg County Department of Social Services conducted a follow-up survey and complaint investigation on 12/17/24 through 12/18/24.	D 000		
D 310	10A NCAC 13F .0904(e)(4) Nutrition and Food Service 10A NCAC 13F .0904 Nutrition and Food Service (e) Therapeutic Diets in Adult Care Homes: (4) All therapeutic diets, including nutritional supplements and thickened liquids, shall be served as ordered by the resident's physician. This Rule is not met as evidenced by: FOLLOW UP TO THE TYPE B VIOLATION The Type B Violation was abated. Non-compliance continues. Based on observations, record review, and interviews, the facility failed to ensure therapeutic diets were served to 1 of 2 residents (Resident #6) who had a diet order for no straws and was observed being fed from a straw. The findings are: Review of Resident # 6's most recent FL2 dated 10/02/24 revealed diagnoses that included hypertension, history of acute aspiration pneumonia, hypothyroidism, and dementia. Review of Resident #6's Resident Register revealed an admission date of 10/07/24. Review of Resident #6's record revealed she was	D 310	Diet orders will continue to be reviewed and clarified to make sure they are correct in the ALIS system. Updated information shared with DSD to make sure culinary board is accurate. Culinary board must include details noted in order such as "no straws". Education to be completed by 2/28/2025 regarding diet orders and following diet order process including review of board during mealtimes. Education is to be completed at the February monthly meeting as well as Charter Chatter notification. Diet order roster/ board will be readily available for Med Tech/ SIC and will be monitored for meals. New associates will be trained in the use of the culinary board and its importance during orientation. ED, HWD, or designee will review the diet orders upon admission. Any changes will be reviewed by the nurse and communicated with DSD.	2/28/2025

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Jennifer Robinson | TITLE: Executive Director | (X6) DATE: 1-25-25

Reviewed and Acknowledged by MH 1-27.25

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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D 310	Continued From page 1 admitted to hospice on 10/08/24. Review of Resident #6's diet order dated 10/02/24 revealed Resident #6 was on a pureed, thin liquids, no straws, no thickener, liberal diabetic diet. Observation of the lunch meal in the dining room on 12/17/24 at 12:20pm revealed: -Resident #6 was seated at the dining table and was being fed by a Personal Care Aide (PCA). -The PCA was observed using a straw to feed water to Resident #6. -Resident #6 sipped water through a straw. Interview with the PCA on 12/17/24 at 12:25pm revealed: -She did not know Resident #6 could not have a straw. -She was not informed by dietary staff that Resident #6 could not have straws. -She did not always feed Resident #6 because the family usually fed her. Interview with the Dietary Manager on 12/18/24 at 1:49pm revealed: -Resident #6 was on a liberal diabetic pureed diet, thin liquids, no thickener and "no straws." -Resident diet orders were communicated from the cook to the servers and PCAs. -He was not sure why the PCA did not know Resident #6 should not have been fed through a straw. Telephone interview with the Power of Attorney (POA) on 12/18/24 at 10:34am revealed: -Resident #6 should not have straws due to recent aspiration pneumonia associated with her dementia diagnosis related to sipping fluids on straws too fast.	D 310	The ED, HWD, or designee will review any added or changed diet order to ALIS. DSD will review any changes with the culinary team and check/ update communication board to be utilized by staff. ED, HWD, or designee will audit. Audits will be completed weekly x4 weeks and then monthly going forward.	

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D 310	Continued From page 2 -Resident #6's family visited daily to feed her at least one meal. Telephone interview with the hospice nurse on 12/18/24 at 12:37pm revealed: -Resident #6 was admitted to the facility with a "no straw" order from the hospital and before she was admitted to hospice. -She visited Resident #6 during meals and observed the Resident being fed with no straws. She also observed Resident #6 drinking from a cup without coughing. -She expected the "no straw" diet order to be followed. Interview with the Administrator on 12/18/24 at 3:37pm revealed she expected all diet orders to be followed.	D 310		