Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL060162	A. BUILDING: _____ B. WING _____	R 09/17/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE HAVEN IN HIGHLAND CREEK	5920 MCCHESNEY DRIVE CHARLOTTE, NC 28269

(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 completed a follow up survey on 09/17/25.	{D 000}		
D 358	10A NCAC 13F .1004 (a) Medication Administration 10A NCAC 13F .1004 Medication Administration (a) An adult care home shall assure that the preparation and administration of medications, prescription and non-prescription, and treatments by staff are in accordance with: (1) orders by a licensed prescribing practitioner which are maintained in the resident's record; and (2) rules in this Section and the facility's policies and procedures. This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to administer medications as ordered for 1 of 5 sampled residents with an order for a medication to treat anxiety(#1). The findings are: Review of Resident #1's current FL2 dated 03/04/25 revealed: -Diagnoses included dementia, anxiety, metabolic encephalopathy, and mood disturbance. -There was an order for Remeron 15mg one tablet at bedtime. Review of Resident #1 mental health provider's (MHP) order dated 05/06/25 revealed an order to increase Remeron to 30mg at bedtime. Review of Resident #1's September 2025 electronic Medication Administration Record (eMAR) revealed: -There was an entry for Remeron 30mg, give one	D 358		

Reviewed and acknowledged by Milissa Hintz 10/20/2025

Please see attached

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL060162	A. BUILDING: _____ B. WING _____	R 09/17/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE HAVEN IN HIGHLAND CREEK	5920 MCCHESNEY DRIVE CHARLOTTE, NC 28269

(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 358	Continued From page 1 tablet at bedtime. - There was documentation Remeron 30mg one tablet at bedtime was not administered on 09/07/25 through 09/08/25, 09/10/25 and 09/12/25 through 09/15/25 at 8:00pm. -There was an exception code documented as "other, see progress note". -There were 7 out of 15 opportunities Remeron one tablet at bedtime was not administered. Review of Resident #1's progress notes from 09/08/25 through 09/15/25 revealed documentation, Remeron 30mg one tablet at bedtime was not given with reasons as pharmacy issues, to be delivered by pharmacy, waiting on pharmacy and follow up. Observation of medications on hand on 09/17/25 at 10:46am for Resident #1 revealed Remeron 30mg was not on the medication cart. Telephone interview with a Pharmacist with the facility's contracted pharmacy on 09/16/25 at 3:45pm revealed: - A physician's order was received from the facility on 05/06/25 for Remeron 30mg 1 tablet at bedtime. -On 09/04/25 there were 28 tablets dispensed and sent to the facility. -All medications dispensed to the facility were on a cycle fill, and sent to the facility on 8th day of the month. A second telephone interview with a Pharmacist from the facility's contracted pharmacy on 09/17/25 at 2:00pm revealed the pharmacy technician removed the Remeron from the medication delivery and documented discontinued medication on the packing slip and never delivered the medication to the facility.	D 358		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL060162	A. BUILDING: _____ B. WING _____	R 09/17/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE HAVEN IN HIGHLAND CREEK	5920 MCCHESNEY DRIVE CHARLOTTE, NC 28269

(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 358	Continued From page 2 Telephone interview with a medication aide (MA) on 09/17/25 at 10:05am revealed: -She worked second shift from 3:00pm to 11:00pm. -If a medication was not on the cart, MAs should document a note in the Resident's progress notes "waiting on pharmacy." -MAs were responsible for ordering the medication when it was not available and she was certain she ordered the medication by faxing the request to the pharmacy and placing the fax in a binder which was in the clinical office. -At times, it could be difficult reaching the pharmacy after hours. -She thought she told the MA Supervisor about Resident #1 missing consecutive days of her Remeron 30mg tablets. -She could have done better by following up with the Health and Wellness Director (HWD) or the Assistant HWD to let them know the Remeron 30mg was not on the medication cart. Interview with the HWD, and Clinical Specialist on 09/17/25 at 10:51am revealed: -All medications are on a cycle fill and are delivered every 28 days. -The pharmacy will deliver all the residents' medications via a courier. -The MA was responsible for signing for the medications. -The pharmacy will then come to the facility one or two days later and will check the packing slip and verify all medications are in the box. -Once the medications had been checked in by the pharmacy, the MA will distribute all the medications to the medication carts. -If a resident did not have a medication the MA was responsible to order the medication by calling the pharmacy and filling out a re-order form.	D 358		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL060162	A. BUILDING: _____ B. WING _____	R 09/17/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE HAVEN IN HIGHLAND CREEK	5920 MCCHESNEY DRIVE CHARLOTTE, NC 28269

(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 358	Continued From page 3 -If the medication was still not on the medication cart the MA should have communicated with the HWD so they could follow up with the pharmacy. -They were not made aware Resident #1's Remeron 30mg tablets were missing. -A missing medication report was ran last week, and it did not show Resident #1 was missing any medication. -If the MA documented anything on a medication, the medication would not show as a missed medication on the report. -They could not determine when the last medication cart audit was completed. Telephone interview with Resident 1's MHP on 09/17/25 at 12:00pm revealed: -He was not aware Resident #1 was not getting her Remeron 30mg at bedtime and would have expected to be notified. -Remeron 30mg would stay in a therapeutic dose level (the amount of a drug that produces the desired beneficial effect without causing unacceptable side effects) for 5-7 days and have no withdrawal effects but could potentially show signs of increased anxiety after two weeks without getting the medication. Interview with the Assistant Executive Director on 09/17/25 at 2:22pm revealed: -She was not aware Resident #1 had not been getting her Remeron 30mg one tablet at bedtime. -When a medication had been identified as not available for administration the MA was responsible for reordering the medication. -The MA should have communicated to one of the clinical staff that Resident #1 had not had her Remeron 30mg tablets. -The HWD was responsible for completing the cart audits and if they are not able to complete the cart audit they should have assigned it to the	D 358		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL060162	A. BUILDING: _____ B. WING _____	R 09/17/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE HAVEN IN HIGHLAND CREEK	5920 MCCHESNEY DRIVE CHARLOTTE, NC 28269

(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 358	Continued From page 4 assistant HWD. -If a discrepancy was noted from the pharmacy, it was her expectation the facility should have re-ordered and paid for the medication.	D 358		
{D 468}	10A NCAC 13F .1309 Special Care Unit Staff Orientation And Train 10A NCAC 13F .1309 Special Care Unit Staff Orientation And Training The facility shall assure that special care unit staff receive at least the following orientation and training: (1) Prior to establishing a special care unit, the administrator shall document receipt of at least 20 hours of training specific to the population to be served for each special care unit to be operated. The administrator shall have in place a plan to train other staff assigned to the unit that identifies content, texts, sources, evaluations and schedules regarding training achievement. (2) Within the first week of employment, each employee assigned to perform duties in the special care unit shall complete six hours of orientation on the nature and needs of the residents. (3) Within six months of employment, staff responsible for personal care and supervision within the unit shall complete 20 hours of training specific to the population being served in addition to the training and competency requirements in Rule .0501 of this Subchapter and the six hours of orientation required by this Rule. (4) Staff responsible for personal care and supervision within the unit shall complete at least 12 hours of continuing education annually, of which six hours shall be dementia specific.	{D 468}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL060162	A. BUILDING: _____ B. WING _____	R 09/17/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE HAVEN IN HIGHLAND CREEK	5920 MCCHESNEY DRIVE CHARLOTTE, NC 28269

(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 468}	Continued From page 5 This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure that 2 of 4 sampled staff, (Staff B and Staff D) completed 6 hours of orientation on the nature and needs for the residents of the Special Care Unit (SCU) within the first week of employment. The findings are: Review of the facility's current license dated 01/01/25 revealed the facility was licensed as an Alzheimer's/Dementia SCU with a capacity of 60 residents. Review of the facility's current census on 09/16/25 revealed there was a total of 39 residents. 1. Review of Staff B's personal care aide (PCA) personnel record revealed: -There was documentation Staff B was hired on 07/27/25. -There was no documentation for a 6-hour orientation on the nature and needs of the SCU residents for Staff B. Interview with Staff B on 09/17/25 at 9:52am revealed: -She was employed through the facility's contracted staffing agency. -She had been working at the facility as a PCA since the end of July 2025. -She had received dementia specific training through the staffing agency but did not know how many hours. -Since she started working at the facility, she did not receive any training related to SCU orientation and care needs of the SCU residents other than staff showing her around the facility and how to	{D 468}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL060162	A. BUILDING: _____ B. WING _____	R 09/17/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE HAVEN IN HIGHLAND CREEK	5920 MCCHESNEY DRIVE CHARLOTTE, NC 28269

(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 468}	Continued From page 6 document in the resident care tablet. Refer to telephone interview with the facility's contracted Staffing Agency on 09/17/25 at 9:57am. Refer to interview with the Business Office Manager (BOM) on 09/17/25 at 10:12am. Refer to interview with the Special Care Director (SCD) on 09/17/25 at 10:17am. Refer to the interview with the Administrator on 09/17/25 at 10:25am. 2. Review of Staff C's PCA personnel record revealed: -There was documentation Staff C was hired on 08/07/25.. -There was no documentation for a 6-hour orientation on the nature and needs of the SCU residents for Staff C. Interview with Staff B on 09/17/25 at 9:52am revealed: -She was employed through the facility's contracted staffing agency. -She had been working at the facility as a PCA since the first week of August 2025. -She had received dementia specific training through the staffing agency but did not know how many hours. -Since she started working at the facility, she did not receive any training related to SCU orientation and care needs of the SCU residents other than staff showing her around the facility, how to document in the resident care tablet and who to report issues or concerns to. Refer to telephone interview with the facility's	{D 468}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL060162	A. BUILDING: _____ B. WING _____	R 09/17/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE HAVEN IN HIGHLAND CREEK	5920 MCCHESNEY DRIVE CHARLOTTE, NC 28269

(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 468}	Continued From page 7 contracted Staffing Agency on 09/17/25 at 9:57am. Refer to interview with the BOM on 09/17/25 at 10:12am. Refer to interview with the Special Care Director (SCD) on 09/17/25 at 10:17am. Refer to the interview with the Administrator on 09/17/25 at 10:25am. --- Telephone interview with the facility's contracted Staffing Agency on 09/17/25 at 9:57am revealed: -She provided general on-boarding training which included a 1-hour dementia training. -The agency did not supply additional dementia training. -The facility was responsible for the 6-hour orientation on the nature and needs of the SCU residents. Interview with the BOM on 09/17/25 at 10:12am revealed: -Her first day working as the BOM was on 08/11/25. -She was responsible for contacting the facility's contracted staffing agency for all employment records which included training. -She was also responsible to notify the SCD when agency staffing needed the 6-hour orientation on the nature and needs of the SCU residents. -Staff B and C were hired before her. -She did not complete an audit on all agency staff when she was hired and did not know Staff B and C did not have the 6-hour orientation on the nature and needs of the SCU residents training.	{D 468}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL060162	A. BUILDING: _____ B. WING _____	R 09/17/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE HAVEN IN HIGHLAND CREEK	5920 MCCHESNEY DRIVE CHARLOTTE, NC 28269

(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 468}	Continued From page 8 Interview with the Special Care Director (SCD) on 09/17/25 at 10:17am revealed: -She was responsible to complete the 6-hour orientation on the nature and needs of the SCU residents training on regular staff, not agency. -The facility's contracted agencies were responsible to complete the 6-hour orientation on the nature and needs of the SCU residents training prior to working at the facility. Interview with the Administrator on 09/17/25 at 10:25am revealed: -The facility's contracted staffing agency was responsible for the 6-hour orientation on the nature and needs of the SCU residents within the first week of hire. -She did not know the facility's contracted staffing agency only completed a 1-hour dementia training on all agency staff. -The only 6-hour orientation on the nature and needs of the SCU residents within the first week of hire was for the facility's regular staff. -She did not know Staff B and C did not have the required 6-hour orientation on the nature and needs of the SCU residents within the first week of hire.	{D 468}		

SOD State

D358 Medication Admin

The effected resident orders were reviewed and corrected. Med Techs will be trained to ensure they are aware of policies to ensure all ordered medications are available. Med Techs will notify the Director of Health and Wellness of any medication that is not available, or of any order that is not consistent with the MAR/current orders/actual medication on the cart. The DHW will complete MAR and Cart audits weekly to ensure compliance with all medication orders. The DHW will be responsible to ensure that cart audits are consistently completed to ensure continued compliance. The ED or designee will review results in morning meetings x 4 weeks.

Completion Date: 10/31/25

D468 Special Care Unit Staff Orientation and Training

Agency staff will be provided with the initial 6 hour Dementia Training upon initially being scheduled to work in the Special Care Unit. The training will be provided by the Director of Health and Wellness, the Memory Care Director, and/or a designee of the Executive Director. Agency staff will be trained on the 20 hour Dementia training by completing at least 4 hours per month for the first 5 months of working in the community. This training will be provided by the Director of Health and Wellness, the Memory Care Director, and/or a designee of the Executive Director. The DHW together with the Business Office Manager will be responsible for monitoring monthly that all agency staff training has been completed to ensure continued compliance. The ED or designee will review results in morning meetings x 4 weeks.

Completion Date 11/15/25

Tyvonder Jones,

Tyvonder Jones

Assistant Executive Director

October 16, 2025