STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL060019	A. BUILDING: _____ B. WING _____	R 10/08/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SHADY HARBOUR ADULT LIVING	908 TOM HUNTER ROAD CHARLOTTE, NC 28213

(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
C 000	Initial Comments The Adult Care Licensure Section and the Mecklenburg County DSS conducted an annual and a follow-up survey on October 8, 2025.	C 000		
C 231	10A NCAC 13G .0801 (c) Resident Assessment 10A NCAC 13G .0801 Resident Assessment (c) When a facility identifies a change in a resident's baseline condition based upon the factors listed in Parts (1)(A) through (M) of this Paragraph, the facility shall monitor the resident's condition for no more than 10 days to determine if a significant change in the resident's condition has occurred. The facility shall conduct an assessment of a resident within three days after the facility identifies that a significant change in the resident's baseline condition has occurred. The facility shall use the assessment instrument required in Paragraph (b) of this Rule. For the purposes of this Subchapter, significant change in the resident's condition is determined as follows: (1) Significant change is one or more of the following: (A) deterioration in two or more activities of daily living including bathing, dressing, personal hygiene, toileting, or eating; (B) change in ability to walk or transfer, including falls if the resident experiences repeated falls, meaning more than one, on the same day, or multiple falls that occur over several days to weeks, new onset of falls not attributed to an identifiable cause, a fall with consequent change in neurological status, or physical injury; (C) Pain worsening in severity, intensity, or duration, occurring in a new location, or new onset of pain associated with trauma; (D) change in the pattern of usual behavior, new	C 231		

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C 231	Continued From page 1 onset of resistance to care, abrupt onset or progression of agitation or combative behavior, deterioration in affect or mood, or violent or destructive behaviors directed at self or others. (E) no response by the resident to the intervention for an identified problem; (F) initial onset of unplanned weight loss or gain of five percent of body weight within a 30-day period or 10 percent weight loss or gain within a six-month period; (G) when a resident has been enrolled in hospice; (H) emergence of a pressure ulcer at Stage II, which is a superficial ulcer presenting an abrasion, blister or shallow crater, or any pressure ulcer determined to be greater than Stage II; (I) a new diagnosis of a condition which affects the resident's physical, mental, or psychosocial well-being; (J) improved behavior, mood or functional health status to the extent that the established plan of care no longer meets the resident's needs; (K) new onset of impaired decision-making; (L) continence to incontinence or indwelling catheter; or (M) the resident's condition indicates there may be a need to use a restraint in accordance with Rule .1301 of this Subchapter and there is no current restraint order for the resident. (2) Significant change does not include the following: (A) changes that resolve with or without intervention; (B) an acute illness or episodic event. For the purposes of this Rule "acute illness" means symptoms or a condition that develops quickly and is not a part of the resident's baseline physical health or mental health status;	C 231		

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C 231	Continued From page 2 (C) an established, predictable, cyclical pattern; or (D) steady improvement under the current course of care. This Rule is not met as evidenced by: Based on interviews and record reviews, the facility failed to ensure a care plan was completed annually for 3 of 3 sampled residents (#1, #2, #3). The findings are: 1. Review of Resident #1's current FL2 dated 06/25/25 revealed diagnoses included hypertension, hyperlipidemia, GERD, vascular dementia, mild developmental delay, and anxiety. Review of Resident #1 Resident Register revealed Resident #1 was admitted to the facility on 07/24/23. Review of Resident #1's record revealed there was not an updated care plan completed since 06/18/24. Interview with the Administrator on 10/08/25 at 10:40am revealed she did not know Resident #1's care plan had not been updated since 06/18/24. Refer to interview with the Administrator on 10/08/25 at 10:40am. 2. Review of Resident #2's current FL2 dated 06/03/25 revealed diagnoses included bipolar disorder, memory loss, chronic back pain, restless leg syndrome and akathisia.	C 231		

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C 231	Continued From page 3 Review of Resident #2 Resident Register revealed Resident #2 was admitted to the facility on 11/01/23. Review of Resident #2's record on 10/08/25 revealed there was not an updated care plan completed since 09/22/23. Interview with the Administrator on 10/08/25 at 10:40am revealed she did not know Resident #2's care plan had not been updated since 09/22/23. Refer to interview with the Administrator on 10/08/25 at 10:40am. 3. Review of Resident #3's current FL2 dated 11/26/25 revealed diagnoses included schizoaffective disorder, paranoid schizoaffective disorder, chronic obstructive pulmonary disorder, pulmonary emboli's, diabetes, and osteoarthritis. Review of Resident #3 Resident Register revealed Resident #3 was admitted to the facility on 08/08/19. Review of Resident #3's record revealed there was not an updated care plan completed since 04/30/24. Interview with the Administrator on 10/08/25 at 10:40am revealed she did not know Resident #3's care plan was updated annually after 04/30/24. Refer to interview with the Administrator on 10/08/25 at 10:40am. _____ Interview with the Administrator on 10/08/25 at	C 231		

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C 231	Continued From page 4 10:40am revealed: -She was responsible for ensuring the residents' care plans were completed annually. -She was responsible for also ensuring residents' care plans were completed after a change of condition.	C 231		
C 375	10A NCAC 13G .1009(a)(1) Pharmaceutical Care 10A NCAC 13G .1009 Pharmaceutical Care (a) The facility shall obtain the services of a licensed pharmacist, prescribing practitioner or registered nurse for the provision of pharmaceutical care at least quarterly for residents or more frequently as determined by the Department, based on the documentation of significant medication problems identified during monitoring visits or other investigations in which the safety of the residents may be at risk. Pharmaceutical care involves the identification, prevention and resolution of medication related problems which includes at least the following: (1) an on-site medication review for each resident which includes at least the following: (A) the review of information in the resident's record such as diagnoses, history and physical, discharge summary, vital signs, physician's orders, progress notes, laboratory values and medication administration records, including current medication administration records, to determine that medications are administered as prescribed and ensure that any undesired side effects, potential and actual medication reactions or interactions, and medication errors are identified and reported to the appropriate prescribing practitioner; and, (B) making recommendations for change, if necessary, based on desired medication outcomes and ensuring that the appropriate	C 375		

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C 375	Continued From page 5 prescribing practitioner is so informed; and, (C) documenting the results of the medication review in the resident's record; This Rule is not met as evidenced by: Based on interviews and record reviews, the facility failed to ensure a licensed pharmacist, provider or registered nurse completed a quarterly on-site medication review for 3 of 3 sampled residents (#1 #2, and #3). The findings are: 1. Review of Resident #1's current FL2 dated 06/25/25 revealed diagnoses included hypertension, hyperlipidemia, GERD, vascular dementia, mild developmental delay, and anxiety. Review of Resident #1 Resident Register revealed Resident #1 was admitted to the facility on 07/24/23. Review of Resident #1's record revealed there was no medication review completed since 03/06/25. Refer to interview with the Administrator on 10/08/25 at 10:40am. 2. Review of Resident #2's current FL2 dated 06/03/25 revealed diagnoses included bipolar disorder, memory loss, chronic back pain, restless leg syndrome and akathisia. Review of Resident #2 Resident Register revealed Resident #2 was admitted to the facility on 11/01/23.	C 375		

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C 375	Continued From page 6 Review of Resident #2's record revealed there was no medication review completed since 03/06/25. Refer to interview with the Administrator on 10/08/25 at 10:40am. 3. Review of Resident #3's current FL2 dated 11/26/25 revealed diagnoses included schizoaffective disorder, paranoid schizoaffective disorder, chronic obstructive pulmonary disorder, pulmonary emboli's, diabetes, and osteoarthritis. Review of Resident #3 Resident Register revealed Resident #3 was admitted to the facility on 08/08/19. Review of Resident #3's record revealed there was no medication review completed since 03/06/25. Refer to interview with the Administrator on 10/08/25 at 10:40am. _____ Interview with the Administrator on 10/08/25 at 10:40am revealed: -She was responsible to notify the pharmacy and schedule the pharmaceutical reviews about 2-3 weeks before they were due. -She had forgotten to do that until today (10/08/25). -She did not know she missed June 2025 for the quarterly review.	C 375		