

Division of Health Service Regulation

Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL060164	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/25/2024
NAME OF PROVIDER OR SUPPLIER REVIVED SENIOR LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 7020 WILSON GROVE ROAD MINT HILL, NC 28227		
(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 203	<p>Continued From page 1</p> <p>Review of Resident #1's Resident Register revealed an admission date of 11/04/22.</p> <p>Review of Resident #1's record on 11/25/24 revealed no FL2 had been completed since 10/31/23.</p> <p>Interview with the Supervisor-in-Charge (SIC) on 11/25/24 at 2:55 pm revealed:</p> <ul style="list-style-type: none"> -The Administrator was responsible for ensuring the FL2 was completed and signed by the Primary Care Provider (PCP). -Her expectation was that the FL2 would be completed and sent to the PCP for review and signature at least annually. <p>Interview with the PCP on 11/25/24 at 11:20 am revealed:</p> <ul style="list-style-type: none"> -She did not recall completing an FL2 since 10/31/23 for Resident #1. -She did not realize that Resident #1's FL2 had expired. -Her expectation is that the facility would notify her when the FL2 is due. 	C 203		
C 218	<p>10A NCAC 13G .0704 (b) Resident Contract, Information on Facility</p> <p>10A NCAC 13G .0704 Resident Contract, Information On Facility, and Resident Register</p> <p>(b) A family care home's administrator or supervisor-in-charge and the resident or the resident's responsible person shall complete and sign the Resident Register initial assessment within 72 hours of the resident's admission to the facility in accordance with G.S. 131D-2.15. The facility shall involve the resident in the completion of the Resident Register unless the resident is</p>	C 218		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL060164	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/25/2024
NAME OF PROVIDER OR SUPPLIER REVIVED SENIOR LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 7020 WILSON GROVE ROAD MINT HILL, NC 28227		
(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 218	<p>Continued From page 2</p> <p>cognitively unable to participate. The Resident Register shall consist of the following:</p> <p>(1) resident's identification information including the resident's name, date of birth, sex, admission date, medical insurance, family and emergency contacts, advanced directives, and physician's name and address;</p> <p>(2) resident's current care needs including activities of daily living and services, use of assistive aids, orientation status;</p> <p>(3) resident's preferences including personal habits, food preferences and allergies, community involvement, and activity interests;</p> <p>(4) resident's consent and request for assistance including the release of information, personal funds management, personal lockable space, discharge information, and assistance with personal mail;</p> <p>(5) name of the individual identified by the resident who is to receive a copy of the notice of discharge per G.S. 131D- 4.8; and</p> <p>(6) resident's consent including a signature confirming the review and receipt of information contained in the form.</p> <p>The Resident Register is available on the internet website, https://info.ncdhhs.gov/dhsr/acls/pdf/resregister.pdf, at no charge. The facility may use a resident information form other than the Resident Register as long as it contains same information as the Resident Register. Information on the Resident Register shall be kept updated and maintained in the resident's record.</p> <p>This Rule is not met as evidenced by:</p>	C 218		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL060164	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/25/2024
NAME OF PROVIDER OR SUPPLIER REVIVED SENIOR LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 7020 WILSON GROVE ROAD MINT HILL, NC 28227		
(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 218	<p>Continued From page 3</p> <p>Based on interviews and record reviews, the facility failed to ensure the Resident Register was signed by the Administrator within 72 hours of admission to the facility for 1 of 2 residents (#1).</p> <p>The findings are:</p> <p>Review of Resident #1's most recent FL2 dated 10/31/23 revealed diagnoses included congestive heart failure, chronic deep vein thrombosis, neuropathy, and high blood pressure.</p> <p>Review of Resident #1's Resident Register dated 11/01/22 revealed:</p> <ul style="list-style-type: none"> - It was signed by the resident on 11/01/22. - There was no documentation the Administrator signed the Resident Register within 72 hours of admission. <p>Interview with the Supervisor-in-Charge on 11/25/24 at 2:55pm revealed:</p> <ul style="list-style-type: none"> -She was not aware Resident #1's Resident Register was not signed by the Administrator. -Her expectation was the Administrator would sign Resident #1's Resident Register within 72 hours of admission. 	C 218		
C 320	<p>10A NCAC 13G .1002 (f) Medication Orders</p> <p>10A NCAC 13G .1002 Medication Orders</p> <p>(f) The facility shall assure that all current orders for medications or treatments, including standing orders and orders for self-administration, are reviewed and signed by the resident's physician or prescribing practitioner at least every six months</p> <p>This Rule is not met as evidenced by:</p>	C 320		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL060164	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/25/2024
NAME OF PROVIDER OR SUPPLIER REVIVED SENIOR LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 7020 WILSON GROVE ROAD MINT HILL, NC 28227		
(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 320	<p>Continued From page 4</p> <p>Based on interviews, and record reviews, the facility failed to ensure all current orders for medications and treatments were reviewed and signed by the resident's physician or prescribing practitioner at least every six months for 2 of 2 sampled residents (Residents #1 and #2).</p> <p>The findings are:</p> <p>1. Review of Resident #2's current FL2 dated 02/05/24 revealed:</p> <ul style="list-style-type: none"> -Diagnoses included dementia, high blood pressure, aphasia and dysphagia following cerebral infarction muscle weakness. -There was an order for acetaminophen 325mg 2 tablets every 6 hours as needed for pain. -There was an order for a multivitamin (a medication used to treat a vitamin deficiency) 1 tablet daily. -There was an order for aspirin (a medication used lower your risk of heart disease) 81 mg 1 tablet daily. -There was an order for clopidogrel (a medication used to prevent blood clots) 75mg 1 tablet at bedtime. -There was an order for Coenzyme q-10 (a vitamin used to improve symptoms of coenzyme deficiency which could include muscle weakness, fatigue) 30mg 1 time a day. -There was an order for divalproex (a medication used to seizures) 125mg 1 capsule three times a day. -There was an order for folic acid (a medication used to treat low levels of folate vitamin B9) 400mcg 1 time a day. -There was an order for lorazepam 0.5mg (a medication used to treat anxiety) 1 tablet as needed for anxiety. -There was an order for melatonin (a supplement used for sleep) 3mg at bedtime. 	C 320		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL060164	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/25/2024
NAME OF PROVIDER OR SUPPLIER REVIVED SENIOR LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 7020 WILSON GROVE ROAD MINT HILL, NC 28227		
(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 320	<p>Continued From page 5</p> <p>-There was an order for memantine hcl (a medication used to treat dementia)10mg twice daily.</p> <p>-There was an order for metoprolol succinate extended release (a medication to lower high blood pressure) 25 mg ½ tablet daily.</p> <p>-There was an order for polyethylene glycol (a medication to treat constipation)3350 powder mix 17grams in water as needed for constipation.</p> <p>-There was an order for Rosuvastatin calcium (a medication used to lower bad cholesterol) 5mg 1 tablet every other day.</p> <p>-There was an order for sertraline HCL(a medication used to regulate ones mood) 50 mg 1 tablet daily.</p> <p>-There was an order for trazodone (a medication used to treat depression) 50 mg 1tablet at bedtime.</p> <p>-There was an order for Vitamin B complex (a supplement used to treat symptoms of anxiety or depression)1 capsule once daily.</p> <p>-There was an order for vitamin d3 (a supplement used to treat low levels of vitamin d).</p> <p>Review of Resident #2's record revealed her Primary Care Provider (PCP) had not completed a six-month review of medications.</p> <p>Interview with the Supervisor-in-Charge (SIC) on 11/25/24 at 12:30pm revealed:</p> <p>-She was aware sixth month physician orders were to be in the record.</p> <p>-She could not locate Resident #2's sixth month physicians orders.</p> <p>Attempted telephone call with the SIC to Resident #2's PCP at 12:50pm and 2:52pm was unsuccessful.</p> <p>Refer to the interview with the owner on 11/25/24</p>	C 320		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL060164	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/25/2024
NAME OF PROVIDER OR SUPPLIER REVIVED SENIOR LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 7020 WILSON GROVE ROAD MINT HILL, NC 28227		
(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 320	<p>Continued From page 6 at 12:41pm.</p> <p>Refer to the interview with the Supervisor in Charge (SIU) on 11/25/24</p> <p>2. Review of Resident #1's most recent FL2 dated 10/31/23 revealed:</p> <ul style="list-style-type: none"> -Diagnoses included congestive heart failure, chronic deep vein thrombosis, neuropathy, and high blood pressure. -There was an order for Eliquis, (used to treat and prevent blood clots) 5 mg daily. -There was an order for Flomax (used to treat an enlarged prostate) 0.4 mg daily -There was an order for Lactulose (used to treat constipation or liver disease) 10 gm/15ml daily and as needed. -There was an order for Singulair (used to treat asthma and allergies) 10 mg daily. -There was an order for Seroquel (used to treat mood changes) 50 mg daily. -There was an order for Lipitor (used to treat high cholesterol) 10 mg daily. -There was an order for Ipratropium (used to treat allergies) 0.03% nasal spray twice daily. -There was an order for Levocetirizine (used to treat allergies) 5 mg daily. -There was an order for Losartan (used to treat high blood pressure) 100 mg daily. -There was an order for Diclofenac (used for arthritis or pain) 1% gel 2 gm to affected areas twice daily as needed. <p>Review of Resident #1's orders revealed the Primary Care Provider (PCP) had not completed a six-month review and renewal of all medications and treatments.</p>	C 320		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL060164	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/25/2024
NAME OF PROVIDER OR SUPPLIER REVIVED SENIOR LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 7020 WILSON GROVE ROAD MINT HILL, NC 28227		
(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 320	<p>Continued From page 7</p> <p>Telephone interview with a pharmacist from the facility's last contracted pharmacy on 11/25/24 at 10:50 am revealed:</p> <ul style="list-style-type: none"> -There were no current six-month orders on file Resident #1. -The pharmacy last dispensed medications for Resident #1 in April 2024. <p>Telephone interview with a pharmacist from the facility's current contracted pharmacy on 11/25/24 at 11:05am revealed:</p> <ul style="list-style-type: none"> -The pharmacy contracted with the facility as of June 2024. -He was responsible for ensuring orders were faxed to the facility to be signed. -He was out of the office and was unable to fax signed orders to the facility until he returned to the office. <p>Refer to the interview with the SIC on 11/25/24 at 12:30pm and 2:55pm.</p> <p>Refer to the interview with the owner on 11/25/24 at 12:41pm.</p> <hr/> <p>Telephone interview with the Facility Owner on 11/25/24 at 12:41pm revealed he had recently requested six-month orders to be completed by the PCP for both Resident #1 and Resident #2 but was unsuccessful.</p> <p>Interview with the SIC on 11/25/24 at 2:55pm revealed:</p> <ul style="list-style-type: none"> -The Facility Owner was responsible for ensuring the sixth month physician orders were in the resident records. -It was her expectation that both Resident #1 and Resident #2 would have six-month signed 	C 320		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL060164	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/25/2024
NAME OF PROVIDER OR SUPPLIER REVIVED SENIOR LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 7020 WILSON GROVE ROAD MINT HILL, NC 28227		
(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 320	Continued From page 8 physician orders in their records.	C 320		