

Division of Health Service Regulation

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

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

TITLE

(X6) DATE

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| NAME OF PROVIDER OR SUPPLIER CHARTER SENIOR LIVING OF CHARLOTTE | | STREET ADDRESS, CITY, STATE, ZIP CODE 3610 RANDOLPH ROAD CHARLOTTE, NC 28211 | | |
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| D 310 | <p>Continued From page 1</p> <p>admitted to hospice on 10/08/24.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p> | D 310 | | |

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| D 310 | <p>Continued From page 2</p> <p>-Resident #6's family visited daily to feed her at least one meal.</p> <p>Telephone interview with the hospice nurse on 12/18/24 at 12:37pm revealed:</p> <p>-Resident #6 was admitted to the facility with a "no straw" order from the hospital and before she was admitted to hospice.</p> <p>-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.</p> <p>-She expected the "no straw" diet order to be followed.</p> <p>Interview with the Administrator on 12/18/24 at 3:37pm revealed she expected all diet orders to be followed.</p> | D 310 | | |