

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 923451	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/25/2012
NAME OF PROVIDER OR SUPPLIER SHARON TOWERS		STREET ADDRESS, CITY, STATE, ZIP CODE 5100 SHARON ROAD CHARLOTTE, NC 28210		
(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
L 076	<p>.2305(A) QUALITY OF CARE</p> <p>10A-13D.2305 (a) The facility shall provide necessary care and services in accordance with medical orders, the patient's comprehensive assessment and on-going plan of care.</p> <p>This Rule is not met as evidenced by: Based on observation, staff and physician interviews, and record review, the facility failed to document reasons and physician notification of medication refusal and failed to attempt different approaches for one (1) of three (3) sampled residents with behavior problems (Resident #6).</p> <p>The findings are:</p> <p>Review of the undated facility policy and procedure for refusal of medications and treatments revealed all efforts should be made to discover the reason for refusal. If a resident continued to refuse a medication or treatment, the refusal would be documented on the Medication Administration Record (MAR). The policy and procedure also directed the physician be contacted should a resident refuse a medication or treatment 3 or more times within a 30 day period with the physician's instructions documented.</p> <p>Resident #6 was admitted to the facility with diagnoses which included Dementia. A nursing assessment and care plan dated 10/8/07 and updated quarterly documented Resident #6 was cognitively impaired with resistance to care.</p> <p>Review of Resident #6's care plan updated 7/12/12 revealed Resident #6 was verbally abusive and</p>	L 076	<p>In accordance with tag # L076 10A-13D.2305 (a) Quality of care, the medication requirement for Resident #6 was reviewed and discussed in a multi-disciplinary group meeting on 7/26/12 to determine further approaches/interventions as feasible to attempt to get the resident to take her medications.</p> <p>Physician gave order to change administration time for Zocor 10mg from 2100 to 0900 on 7/26/12. No further orders were given.</p> <p>The Power of Attorney (POA) for resident #6 was made aware of the medication administration time change on 7/26/12.</p> <p>The facility's pharmacy, on 8/6/12, reviewed and revised the medication/treatment refusal policy(dated 4/2012 per the preface of the table of contents of their policy & procedure manual). In this revision, action directed by a specific number of refusals in a given time was eliminated and steps were added for nursing, the consultant pharmacist and the primary care physicians to follow if refusal trends are noted.</p> <p>Any resident noted to refuse medications/treatments routinely will be reported by the medicating nurses to the nurse manager. The nurse manager will notify the Director of Nursing (DON), consultant pharmacist and the primary care physician for directions in attempting alternate methods of delivery outlined in the revised medication refusal policy. A non-compliance care plan will be formulated with the input from all disciplines, primary care physician and the resident's POA.</p> <p>(The plan for L076 10A-13D.2305 continues on the next page)</p>	

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Mary S. Ellison
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

0908

TITLE
Administrator

(X8) DATE

08/24/12

4DG911

If continuation sheet 1 of 8

original signature date: 8-15-12

RECEIVED
AUG 28 2012
BY: _____

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L 076	<p>Continued From page 1</p> <p>resistant to care. The intervention listed was to maintain safety and return later for care should Resident #6 become resistant to care. There were no documented interventions related to medication refusal.</p> <p>Review of monthly physician's orders from April 2012 for July 2012 revealed Resident #6 received the following medications: Glimepiride (for diabetes), Plavix (to thin blood), Cozaar (for hypertension), Norvasc (for hypertension), Combigan eye drops (for glaucoma) and Zocor (to lower cholesterol). An iron supplement was added on 6/13/12. All of Resident #6's medications were scheduled to be administered at 9:00 AM except for two medications: Combigan eye drops at 5:00 PM and Zocor at 9:00 PM.</p> <p>Review of the April 2012 Medication Administration Record (MAR) revealed Resident #6 refused the 9:00 AM medications on 3 days, the 5:00 PM eye drops on 20 days, and the 9:00 PM medication on 18 days. There was no documentation of reason for refusal or physician notification.</p> <p>Review of the May 2012 MAR revealed Resident #6 refused the 9:00 AM medications on 10 days, the 5:00 PM eye drops on 13 days, and the 9:00 PM medication on 13 days. There was no documentation of reason for refusal or physician notification.</p> <p>Review of the June 2012 MAR revealed Resident #6 refused the 9:00 AM medications on 15 days, the 5:00 PM eye drops on 19 days, and the 9:00 PM medication on 19 days. On 6/8/12, the physician was notified of refusal and no direction documented. There was no documentation of</p>	L 076	<p>In accordance with L076 10A-13D,2305(a), all nurses will be in-serviced by 9/1/12 as to the changes in the revised medication/treatment refusal policy and the plan of correction.</p> <p>A care plan was developed on 8/9/12 for resident #6's medication refusal/non-compliance allowing staff to better describe, plan and care for resident #6 regarding medication acceptance and combativeness with assistance to care, and the Power of Attorney (POA) for resident # 6 was made aware of the care plan.</p> <p>Medication and Treatment Administration records of 104 Assisted Living and Skilled Nursing residents were audited for trends of 5 consecutive or 7-10 sporadic medication/treatment refusals throughout the month, and findings were reported to the Quality Assurance Committee on 8/14/12.</p> <p>Nurse Managers will review medication and treatment records for all Assisted Living and Skilled Nursing residents monthly for medication/treatment refusal trends and follow-up per policy. The first review was completed on 8/14/12.</p> <p>The Director of Nursing,(DON), Assistant Director of Nursing and the MDS Coordinator will review all Assisted Living and Skilled Care resident charts quarterly for medication/treatment refusals and findings will be reported to the Quality Assurance Committee on a quarterly basis. The first quarterly report was made on 8/14/12.</p> <p>The completion date for the plan for tag#L076 10A-13D.2305 (a) Quality of Care is 9/1/12.</p>	9/1/12

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L 076	<p>Continued From page 2</p> <p>reason for refusal.</p> <p>Review of a nursing note dated 6/12/12 revealed Resident #6 refused an antibiotic prescribed for a Urinary Tract Infection. The physician was notified and a liquid form of the medication ordered.</p> <p>Review of the July 2012 MAR from 7/1/12 to 7/24/12 revealed Resident #6 refused the 9:00 AM medication on 6 days, the 5:00 PM eye drops on 11 days, and the 9:00 PM medication on 10 days. The documented reasons listed on the MAR were "none" and "spit it out." There was no documentation of physician notification.</p> <p>Observation on 7/24/12 at 3:05 PM revealed Resident #6 became agitated with incontinence care and hit Nursing Assistant (NA) #1 two times. An interview with NA #1 at 3:45 PM revealed this was Resident #6's usual behavior.</p> <p>Observations on 7/24/12 at 4:25 PM, 4:48 PM, 5:02 PM, 5:08 PM, 5:15 PM, 5:25 PM and 5:31 PM revealed Resident #6 self propelled a wheelchair and required redirection by staff. Resident #6 did not exhibit agitation.</p> <p>Interview with Licensed Nurse (LN) #2 on 7/24/12 at 5:35 PM revealed Resident #6 frequently refused medications during the evening shift due to agitation. LN #2 reported she would attempt medication administration several times but Resident #6 usually refused medications.</p> <p>Interview with Licensed Nurse (LN) #1 on 7/25/12 at 9:20 AM revealed Resident #6 usually accepted medications during the morning medication pass. LN #1 explained Resident #6 became more</p>	L 076		

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L 076	Continued From page 3 agitated as the day progressed. LN #1 reported she would ask the facility's pharmacist if medication administration times could be changes for the evening medications. LN #1 reported she informed the physician of Resident #6's medication refusals in the past but not recently since refusals were common for Resident #6. On 7/25/12 at 9:28 AM, LN #1 reported the pharmacy approved the administration time change so she faxed a request for medication time changes to the physician. Interview with the Director of Nursing (DON) on 7/25/12 at 1:40 PM revealed he expected facility staff to notify the physician should a resident refuse medication for 3 to 4 days. The DON explained Resident #6 refused medications regularly. The DON provided no information related to documentation of physician notification by staff or reason of refusal. The DON explained Resident #6 would accept medications and often it would depend on the nurse. A second interview with the DON on 7/25/12 at 2:40 PM revealed Resident #6's long history of medication refusal did not require physician notification on a regular basis. Interview with Resident #6's physician on 7/25/12 at 4:15 PM revealed he was aware of Resident #6's refusal of medication. The physician explained he relied on facility staff to attempt different approaches and measures in order to gain compliance.	L 076		
L 167	.2701(P) PROVISION OF NUTRITION & DIETETIC SVCS	L 167	(The plan for L167 10A-13D.2701(p) begins on the next page.)	

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L 167	<p>Continued From page 4</p> <p>10A-13D.2701 (p) Food services shall comply with Rules Governing the Sanitation of Restaurants and Other Foodhandling Establishments as promulgated by the Commission for Health Services which is incorporated by reference, including subsequent amendments, assuring storage, preparation, and serving of food under sanitary conditions. Copies of these Rules can be obtained, at no charge, by contacting the N.C. Department of Environment, and Natural Resources, Division of Environmental Health Services, 1630 Mail Service Center, Raleigh, North Carolina 27699-1630.</p> <p>This Rule is not met as evidenced by: Based on observations and staff interviews the facility failed to keep one (1) of two (2) walk-in freezers free of ice build up, failed to discard outdated foods and to ensure foods were properly dated and keep kitchen food preparation service equipment and floors clean.</p> <p>The findings are:</p> <p>1. Observations on 07/24/12 at 11:00 AM revealed one of the kitchen's walk-in freezers had a large accumulation of ice buildup on the freezer's floor, walls, ceiling, fan and shelves. Foods stored in this freezer including; a box of salmon and a box of pureed roast beef were observed with ice chunks on their box tops.</p>	L 167	<p>In accordance with L167 10A-13D.2701 (p), Provision of Nutrition and Dietetic Services, 1.The build-up of ice in the walk in freezer was removed by defrosting the freezer and the ice was manually removed from the boxes of salmon and roast beef on 7/27/12.</p> <p>On 7/27/12, the Storeroom Supervisor was instructed by the General Manager of Dining Services to monitor the freezers for ice build-up twice a week, and if ice build-up is noted, to notify Dining Services management and complete and send a repair request to Maintenance.</p> <p>Monitoring freezers of ice build-up will be incorporated into the Safety and Core Standards audit that is conducted quarterly by the Dining Services management team beginning 9/3/12.</p> <p>The Nutrition Care Manager or designee will report findings quarterly to the Quality Assurance Committee beginning 9/19/12.</p> <p>(The plan for L167 10A-13D.2701 (P) continues on the next page)</p>	

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L 167	<p>Continued From page 5</p> <p>On 07/24/12 at 11:00 AM the dietary staff responsible for making sure the walk-in freezers were kept clean was interviewed. This staff member stated that during the past six to seven months he had to clean chunks of ice that accumulated in this walk in freezer about every other day. The dietary Staff explained that he had verbally reported the freezer concern to maintenance; however he had not filled out a maintenance request form to have the walk-in freezer checked.</p> <p>On 07/25/12 at 10:20 AM the General Manager of Environmental Dining Services was interviewed about the ice build-up in the kitchen's walk-in freezer. He stated he was not aware of concerns about ice accumulation in the walk-in freezer until this interview. The General Manager was shown the ice accumulation in this freezer and stated that a maintenance request should have been filed to address this concern.</p> <p>2. Observations of foods stored in the facility's kitchen on 07/24/12 at 11:15 AM revealed the following concerns:</p> <p>a. Four (4) five pound containers of sour cream, with one container partially used, observed in the kitchen's refrigeration storage had expired used by dates of 07/20/12.</p> <p>b. Four (4) 64 ounce containers of gyros cucumber sauce, with one container partially used, were observed in the kitchen's dry storage. All four containers did not contain expiration/use by dates to determine when the product expired.</p> <p>c. Eight (8) 15 ounce cans of whole water</p>	L 167	<p>In accordance with L167 10A-13D. 2701 (p) Provision of Nutrition and Dietetic Services, 2. The outdated sour cream, the undated gyros cucumber sauce and the outdated cans of water chestnuts were discarded on 7/24/12.</p> <p>On 7/27/12, the Receiving Clerk was instructed by the General Manager of Dining Services that when the 'use by' date is on the original packing box versus the individual containers, the Receiving Clerk is to verify the 'use by' date on the packing box, then place orange tags with the corresponding 'use by' date on each individual container.</p> <p>On 7/27/12, the Storeroom supervisor was instructed by the General Manager of Dining Services to monitor the "use by" dates on products twice a week. Out of date/undated products are to be discarded immediately.</p> <p>(The plan for L167 10A-13D. 2701(p) is continued on the next page.)</p>	

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L 167	<p>Continued From page 6</p> <p>chestnuts stored in the dry storage area had expired use by dates of 02/18/12.</p> <p>On 07/24/12 the dietary staff responsible for stocking the kitchen's refrigeration and dry storage areas was interviewed. The staff stated that it was his responsibility to check foods stored in the kitchen's refrigerated and dry storage to ensure they were properly stored and dated. He further stated that he should discard any foods found with expired expiration dates. He explained that he usually checks the expiration and use by dates on food products once a week, but had not checked for the use by dates on the water chestnuts that were observed in the kitchen's dry storage area with use by dates of 02/18/12.</p> <p>An interview with the facility's Registered Dietitian on 07/25/12 at 1:50 PM revealed her expectation was that stored foods would be properly labeled and dated and staff were to check use by dates on food products to ensure these dates had not expired.</p> <p>3. Observations of food preparation equipment in the facility's kitchen on 07/24/12 at approximately 11:30 AM revealed the following equipment was not clean:</p> <p>a. Two (2) convection ovens were observed with heavy grease build up on the sides of the ovens.</p> <p>b. The kitchen's deep fat fryer was observed with white dried splatters and grease spills all down the sides and front of the fryer. The floor adjacent to the fryers was also observed to be unclean with a liquid grease substance.</p>	L 167	<p>In accordance with tag# L167 10A-13D.2701 (P) Provision of Nutrition and Dietetic Services, Dining Services Management will monitor for outdated/undated products by conducting monthly Food Safety and Sanitation Audits. An audit was conducted on 8/17/12.</p> <p>The Nutrition Care Manager or designee will report the findings of the Food Safety and Sanitation Audits quarterly to the Quality Assurance Committee. the next Quality Assurance Committee meeting occurs on 9/19/12.</p> <p>3. The convection ovens, the deep fat fryer and the floor adjacent to the fryer were cleaned on 7/25/12.</p> <p>On 7/27/12, the Kitchen Manager was instructed by the General Manager of Dining Services to monitor cleanliness of equipment and floors daily, and to verify by signing and dating the cleaning checklist that daily/weekly cleaning of equipment and floors is being conducted.</p> <p>Dining Services Management will monitor the cleanliness of equipment and floors by conducting quarterly safety audits and reporting the findings to the Quality Assurance Committee. The next Quality Assurance committee meeting occurs on 9/19/12.</p> <p>The completion date for the plan for tag # L167 10A-13D.2701(P) Provision of Nutrition and Dietetic Services is 9/19/12</p>	9/19/12

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L 167	<p>Continued From page 7</p> <p>On 07/24/12 an interview was conducted with the kitchen's chef. The chef stated that the kitchen's fryers were scheduled to be cleaned every Wednesday and checked daily. The chef explained that the cooks were responsible for cleaning the fryers and upon observation of the fryer he confirmed that it was not clean and that staff had not checked the fryer daily or cleaned it weekly as scheduled.</p> <p>On 07/24/12 an interview was conducted with cook supervisor, who was responsible for overseeing the cleaning of the kitchen's food preparation equipment. The supervisor stated that the interior of the kitchen's ovens were scheduled to be cleaned once a week and the oven's exterior should be cleaned each day by staff. She explained that the kitchen's fryers were scheduled to be cleaned on a weekly basis and the floors around the fryer should be cleaned daily. Upon observation the cook supervisor confirmed the kitchen's convection ovens, the deep fat fryers and the floor adjacent to the fryer were not clean.</p>	L 167		