STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345564	A. BUILDING _____ B. WING _____	C 01/25/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SHARON TOWERS	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) COMPLETION DATE
F 582 SS=B	Medicaid/Medicare Coverage/Liability Notice CFR(s): 483.10(g)(17)(18)(i)-(v) §483.10(g)(17) The facility must-- (i) Inform each Medicaid-eligible resident, in writing, at the time of admission to the nursing facility and when the resident becomes eligible for Medicaid of- (A) The items and services that are included in nursing facility services under the State plan and for which the resident may not be charged; (B) Those other items and services that the facility offers and for which the resident may be charged, and the amount of charges for those services; and (ii) Inform each Medicaid-eligible resident when changes are made to the items and services specified in §483.10(g)(17)(i)(A) and (B) of this section. §483.10(g)(18) The facility must inform each resident before, or at the time of admission, and periodically during the resident's stay, of services available in the facility and of charges for those services, including any charges for services not covered under Medicare/ Medicaid or by the facility's per diem rate. (i) Where changes in coverage are made to items and services covered by Medicare and/or by the Medicaid State plan, the facility must provide notice to residents of the change as soon as is reasonably possible. (ii) Where changes are made to charges for other items and services that the facility offers, the facility must inform the resident in writing at least 60 days prior to implementation of the change. (iii) If a resident dies or is hospitalized or is transferred and does not return to the facility, the facility must refund to the resident, resident representative, or estate, as applicable, any	F 582		2/15/19

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Electronically Signed | 02/08/2019

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 582	Continued From page 1 deposit or charges already paid, less the facility's per diem rate, for the days the resident actually resided or reserved or retained a bed in the facility, regardless of any minimum stay or discharge notice requirements. (iv) The facility must refund to the resident or resident representative any and all refunds due the resident within 30 days from the resident's date of discharge from the facility. (v) The terms of an admission contract by or on behalf of an individual seeking admission to the facility must not conflict with the requirements of these regulations. This REQUIREMENT is not met as evidenced by: Based on record review and staff interviews, the facility failed to provide a Centers for Medicare and Medicaid Services (CMS) Skilled Nursing Facility Advanced Beneficiary Notice prior to discharge from Medicare Part A skilled services to 2 of 3 residents reviewed for beneficiary protection notification review (Residents #116, and #115). Findings included: 1. Resident #116 was admitted to the facility on 10/15/2018. A review of the medical record revealed a CMS-10123 Notice of Medicare Non-Coverage letter (NOMNC) was issued on 11/12/2018 to Resident #116 which explained Medicare Part A coverage for skilled services would end on 11/15/2018. Resident #116 remained in the facility at the time the survey was being	F 582	It is the policy of this facility to inform residents in a timely manner when any changes in coverage are made to items and services covered by Medicare. Affected Residents Residents #115 and #116 were issued a Skilled Nursing Advanced Beneficiary Notice (ABN) on 2/11/19. Other Residents All records of residents that were discharged from the Medicare unit after July of 2018 were reviewed. Any residents identified who remained in the facility and had Medicare days remaining since that time, will be issued an ABN. Systemic Changes The Medicare Billing Specialist was inserviced on 1/28/19 regarding the requirement and expectation to issue an ABN to any residents who will stay in the facility and also have any Medicare Part A	

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F 582	Continued From page 2 performed from 1/23/2018 through 1/25/2018. A review of the medical record revealed a CMS-10055 SNF ABN (Skilled Nursing Facility Advanced Beneficiary Notice) was not provided to Resident #116. An interview was completed with the Medicare Billing Specialist (MBS) on 1/24/2019 at 4:22 PM. The MBS stated the SNF-ABN was not required due to this being a Continuum Care Retirement Community (CCRC). The MBS stated she was not aware a SNF-ABN had to be issued if Medicare Part A days were remaining. An interview was completed with the Administrator on 1/25/2019 at 9:54 AM. The Administrator stated she expected the Medicare Billing Specialist to provide the SNF-ABN, along with the NOMNC, if the resident had Medicare Part A days remaining. 2. Resident #115 was admitted to the facility on 4/19/2018. A review of the medical record revealed a CMS-10123 Notice of Medicare Non-Coverage letter (NOMNC) was issued on 7/25/2018 to Resident #115's legal representative which explained Medicare Part A coverage for skilled services would end on 7/27/2018. Resident #115 remained in the facility at the time the survey was being performed from 1/23/2018 through 1/25/2018.	F 582	days remaining after discharge. The facility policy and procedure has been reviewed and revised to include that all residents who are discharged from the Medicare unit and still have remaining Medicare days will be issued a Skilled Nursing Advanced Beneficiary Notice (ABN), at least 48 hours prior to the last covered day of Medicare. Quality Assurance The Administrator or designee will audit all charts of residents discharged from Medicare to ensure ABNs have been issued as required. This will be done on an ongoing basis at the weekly Medicare meeting. Results of the audit will be reported to the QA Committee	

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F 582	Continued From page 3 A review of the medical record revealed a CMS-10055 SNF ABN (Skilled Nursing Facility Advanced Beneficiary Notice) was not provided to Resident #115's legal representative. An interview was completed with the Medicare Billing Specialist (MBS) on 1/24/2019 at 4:22 PM. The MBS stated the SNF-ABN was not required due to this being a Continuum Care Retirement Community (CCRC). The MBS stated she was not aware a SNF-ABN had to be issued if Medicare Part A days were remaining. An interview was completed with the Administrator on 1/25/2019 at 9:54 AM. The Administrator stated she expected the Medicare Billing Specialist to provide the SNF-ABN, along with the NOMNC, if the resident had Medicare Part A days remaining.	F 582		
F 761 SS=D	Label/Store Drugs and Biologicals CFR(s): 483.45(g)(h)(1)(2) §483.45(g) Labeling of Drugs and Biologicals Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable. §483.45(h) Storage of Drugs and Biologicals §483.45(h)(1) In accordance with State and Federal laws, the facility must store all drugs and	F 761		2/13/19

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F 761	Continued From page 4 biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys. §483.45(h)(2) The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected. This REQUIREMENT is not met as evidenced by: Based on observation and staff interviews, the facility failed to discard an insulin pen available for use in 1 of 1 medication refrigerator. The findings included: On January 24, 2019 at 2:25pm, an observation of the medication refrigerator revealed a Humulin Kwik Pen with an expiration date of October 2018. During an interview with the Assistant Director of Nursing (ADON) on January 24, 2019 at 2:45pm, the ADON reported stock medications in the refrigerator were checked by a representative from the pharmacy every quarter. The ADON reported expired medications were returned to the pharmacy after completing the return to pharmacy sheet, contacting the pharmacy and placing in the pharmacy return bin. The ADON stated the Humulin pen was most likely	F 761	It is the policy of this facility to ensure drugs and biologicals are labeled in accordance with currently accepted professional principles and include the expiration date when applicable. Other Areas The medication refrigerator was checked on 1/24/19 and 1/25/19 for any other expired medications, none were found. Systemic Changes Nursing Administration staff was inserviced on 2/13/19 on the procedure for conducting audits on the medication refrigerator. Effective 1/25/19, the Pharmacy Consultant will begin conducting monthly checks of the medication refrigerator versus quarterly. Any issues identified with expired medications will be reported to the Director of Nursing for follow up.	

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F 761	Continued From page 5 overlooked by the pharmacy representative. The ADON reported the staff nurse on the 11pm - 7am shift checks the medication cart on a weekly basis for expired medications. The ADON stated the medication refrigerator was used for stock medication for the skilled unit and the health care unit on the same floor of the facility. The ADON stated each nurse checks for expiration dates before medication administration. During an interview with the Pharmacist on January 24, 2019 at 3:12 PM, the Pharmacist reported a nurse consultant from the pharmacy checked the refrigerated stock medications once a quarter on the skilled unit and had submitted a document indicating no expired medications were observed during a visit on November 15, 2018. During an interview with the facility's Pharmacy Nurse Consultant on January 24, 2018 at 3:26 PM, the Nurse Consultant reported her schedule was to visit the skilled unit quarterly to check for expiration dates in stock cabinets, the medication refrigerator and the medication cart. The consultant confirmed her last visit was November 15, 2018 and reported no expired medications were in the medication refrigerator. During an interview on January 24, 2019 at 3:47 PM with the Director of Nursing (DON), the DON stated it was her expectation nurses check the expiration date each time a medication was administered to the residents from the medication cart or stock medications. The DON stated the expired insulin pen must have been an oversight by the nurse consultant. The DON expected no	F 761	Effective 2/13/19, the ADON or designee is also responsible to check the medication refrigerator on a monthly basis and report any issues with expired medications to the Director of Nursing and the Pharmacy Consultant. Quality Assurance The DON or designee will conduct audits on the medication refrigerator weekly for four weeks; monthly for four months and quarterly, thereafter. Results of the audit will be reported to the QA Committee.	

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F 761	Continued From page 6 medications to be available for use that have passed the expiration date.	F 761		