

Department of Health & Human Services
Centers for Medicare & Medicaid Services

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No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345564	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/28/2023
NAME OF PROVIDER OR SUPPLIER Sharon Towers		STREET ADDRESS, CITY, STATE, ZIP CODE 5100 Sharon Road Charlotte, NC 28210	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.</p> <p>46005</p> <p>Based on observations and staff interviews the facility failed to secure a controlled substance in a permanently affixed compartment of the refrigerator in 1 of 1 facility medication room (Medicare Hall medication room).</p> <p>The findings included:</p> <p>On 9/26/23 at 3:13 PM an observation and interview were conducted with Nurse #2. The refrigerator in the Medicare Hall medication room was not locked and had a clear permanently affixed lock box that was locked and contained a 30 ml (milliliter) multi-dose bottle of Lorazepam/Intensol (a controlled substance) oral concentrate 2 mg (milligrams/ml). In another clear lock box that was locked, but not permanently affixed in the refrigerator, contained a 30 ml multi-dose bottle of Lorazepam/Intensol (a controlled substance) oral concentrate 2mg/ml and four 2 mg/ml vials of lorazepam for injection. Nurse #2 stated the unaffixed lock box was used for pyxis (automated medication dispensing system) removal. If a resident needed a stat dose of lorazepam, they would go to the pyxis and remove the key to open that lock box. She indicated she did not notice the lock box was not affixed because she had not retrieved any medications from it.</p> <p>During an interview with the Director of Nursing (DON) on 9/26/23 at 4:21 PM she revealed the unaffixed lock box in the Medicare Hall medication room refrigerator was for medications Pharmacy exchanged weekly. She explained the medications in the unaffixed box were for pyxis medication removal. The medications in that box were for stat and one-time doses and the key to the box had to be retrieved from the pyxis. It was her understanding that because the medication room was locked and the box was locked, the box did not need to be affixed. She indicated that the medications that were in the unaffixed lock box were not in the affixed box because Pharmacy came weekly to exchange the unaffixed box. Pharmacy did not just exchange medications in the box, they exchanged the entire box.</p> <p>During an interview on 9/27/23 at 8:51 AM the Administrator revealed she had temporarily affixed the lock box in the Medicare Hall medication room refrigerator and had ordered a box to permanently affix in the refrigerator. She indicated she did not realize this was an issue.</p>		

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.

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

TITLE

(X6) DATE

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45358</p> <p>Based on observations, record review, and staff interviews, the facility failed to discard spoiled food stored in the lower-level refrigerator, failed to discard expired food items stored for use in the lower-level dry goods storage room and in the rehabilitation hall nourishment refrigerator. This practice had the potential to affect food served to residents.</p> <p>The findings included:</p> <p>1. An observation on [DATE] at 11:20 AM with the Culinary Director revealed the following:</p> <p>-The refrigerator located in the lower-level kitchen storage revealed had 4 green peppers covered in white/grayish fuzzy substance and wilted brownish iceberg lettuce.</p> <p>-The dry storage room in the lower level kitchen revealed a) 20 8 ounce (oz) jars of sushi pickled ginger with a best buy date of [DATE]; b) 26 4oz cans of curry paste with a best buy date of ,d+[DATE]; c) 20 4oz cans of curry paste with a best buy date of ,d+[DATE]; d) baking flour use by date of [DATE]; e) caramel paste best buy date of [DATE]; f) candy sprinkles use by date of [DATE]; g) hazel nut paste best buy date of [DATE]; h) chocolate shavings best buy date of ,d+[DATE].</p> <p>During a follow-up observation of the refrigerator and dry storage room, an interview on [DATE] at 2:45 PM the Culinary Director revealed the expired green peppers and expired items in the dry storage room, listed above, were discarded on [DATE]. He further revealed he expected all dietary staff to check and discard expired foods.</p> <p>2. An observation on [DATE] at 10:30 AM revealed a 4 oz container of yogurt (expired [DATE]) in the nourishment refrigerator on the rehabilitation hall.</p> <p>During an interview on [DATE] at 10:35 AM the Certified Dietary Manager (CDM) indicated the assigned Dietary Supervisor was responsible for checking for expired foods before restocking the nourishment refrigerators. She further indicated that she expected the nourishment refrigerators to be checked for expired food items on a daily basis.</p> <p>An interview with the Administrator on [DATE] at 2:45 PM indicated she was not aware of the expired foods and that she expected the dietary department to discard expired foods daily.</p>		

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<p>F 0814</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Dispose of garbage and refuse properly.</p> <p>45358</p> <p>Based on observations and staff interviews the facility failed to remove loose garbage, food, and debris from around 1 of 1 trash receptacle located outdoors behind the kitchen. This practice had the potential to impact sanitary conditions and attract pests/rodents.</p> <p>The findings included:</p> <p>An observation (with the Director of Environmental Services) of the outdoor trash receptacle area on 9/26/23 at 3:15 PM revealed trash and food littered around the trash receptacle. During the observation, flies were swarming around the trash receptacle. The Director of Environmental Services indicated he was filling in for the Maintenance Director who was out of the office and that the Maintenance Department was responsible for maintaining the trash receptacle and the trash removal company removed the receptacle once weekly, dumped the receptacle off-site then returned it to the facility within 2 hours. During the 2-hour period, maintenance usually removed littered trash and cleaned the area before the trash receptacle was returned. Maintenance may or may not know what time the receptacle was removed and returned, but the day of the week remained the same unless otherwise notified. He further indicated maintenance was responsible for cleaning the areas under and around the trash receptacle and the dietary department was responsible for cleaning the debris on and around the grease trap that was located next to the trash receptacle as needed. He expected trash and refuse to be maintained in the receptacle area on a weekly basis and as needed.</p> <p>An interview with the Administrator on 9/28/23 at 2:00 PM indicated she was not aware there was an issue with garbage/ refuse cleanup and expected all garbage and refuse to be maintained by the Maintenance Department and/or dietary staff.</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide and implement an infection prevention and control program.</p> <p>20934</p> <p>Based on dining observations, staff interviews and record review, the facility failed to provide or assist 4 of 4 residents with hand hygiene before meals during 2 of 2 dining observations (Resident #157, #207, #208, and #209).</p> <p>The findings included:</p> <p>The facility policy, entitled Handwashing/Hand Hygiene, revised August 2019, recorded in part, this facility considers hand hygiene the primary means to prevent the spread of infections. Residents will be encouraged to practice hand hygiene. Use an alcohol-based hand rub or alternatively, soap and water for the following situations: before and after eating or handling food.</p> <p>1a. A continuous observation of the lunch meal on the rehab unit occurred on 9/25/23 from 12:47 PM until 12:55 PM. Residents #207, #208 and #209 were assisted in their rooms by Nurse Aide (NA) #4 with meal set up for the lunch meal. Meal trays were removed from the meal cart, taken into each resident's room, placed on the overbed table, and set up for each resident, per their preference. Residents #207, #208 and #209 were not asked if hand hygiene had already been performed nor were the residents encouraged to perform or assisted with hand hygiene prior to eating their meal. Residents #207 and #208 both received curly fries and Resident #209 received a sandwich and potato chips, foods each resident ate with their hands.</p> <p>1b. A continuous observation of the lunch meal on the rehab unit occurred on 9/26/23 from 12:20 PM until 12:45 PM. Residents #157, and #207 were assisted in their rooms by NA #1 with meal set up for the lunch meal. Resident #209 was assisted in her room by NA #2 with meal set up for the lunch meal. Meal trays were removed from the meal cart, taken into each resident's room, placed on the overbed table, and set up for each resident, per their preference. Residents #157, #207 and #209 were not asked if hand hygiene had already been performed nor were the residents encouraged to perform or assisted with hand hygiene prior to eating their meal. Residents #157, #207, and #209 received chocolate chips cookies, which they ate with their hands.</p> <p>An interview with NA #1 occurred on 9/27/23 at 9:25 AM. NA #1 stated that she was trained to assist residents before and after meals with hand hygiene. NA #1 stated Residents #157 and #207 both required assistance with hand hygiene, but that she did not offer them assistance.</p> <p>An interview with NA #2 occurred on 9/27/23 at 9:30 AM. NA #2 stated that she was trained to assist residents before and after meals with hand hygiene. NA #2 stated Resident #209 required more assistance at admission than she did currently, but that Resident #209 would currently at least need set up assistance. NA #2 stated she did not ask or encourage Resident #209 to perform hand hygiene before her meal.</p> <p>An interview with Nurse #1 for the rehab unit occurred on 09/27/23 at 10:46 AM. Nurse #1 stated that he was the nurse on the rehab unit, and he expected residents at a minimum were offered to use hand sanitizer prior to meals and if possible offered hand washing with soap and water, which was a better and more effective option.</p> <p>(continued on next page)</p>		

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	<p>An interview with the Infection Control Preventionist (ICP), Staff Development Coordinator (SDC) occurred on 09/27/23 at 10:33 AM. The ICP/SDC stated all nursing staff received an in-service in April 2023 and June 2023 on hand hygiene which instructed staff to offer/assist residents with hand hygiene before and after meals. The ICP/SDC stated that if a resident was independent with their hygiene needs, staff were trained to encourage the resident to go to the bathroom to wash their hands before and after meals and if the resident was dependent on staff to meet their hygiene needs, staff should assist the resident by offering hand sanitizer, a soapy wash cloth or assist the resident to the bathroom to wash their hands. The ICP/SDC provided documentation of nursing staff in-services on infection control for review. A signature for NA #1 and NA #2 were both included in the documentation of infection control in-services.</p> <p>The Director of Nursing (DON) was interviewed on 09/27/23 at 11:35 AM. The DON stated that staff were expected to follow the facility's policy on hand hygiene and assist residents with hand hygiene with either hand sanitizer or hand washing with soap and water prior to and after meals.</p> <p>The Administrator stated in an interview on 9/28/23 at 11:00 AM that staff received an in-service related to hand hygiene which included education to assist residents with hand hygiene prior to meals. The Administrator stated that she expected staff to assist residents with hand hygiene before and after meals.</p>		