

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345495	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/16/2025
NAME OF PROVIDER OR SUPPLIER The Stewart Health Center		STREET ADDRESS, CITY, STATE, ZIP CODE 6920 Marching Duck Drive 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)
<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 51385</p> <p>Based on record review, and Responsible Party, Pharmacist, Hospice Nurse and staff interviews, the facility failed to administer a probiotic ordered for 1 of 5 residents reviewed for unnecessary medications (Resident #7).</p> <p>The findings included:</p> <p>Resident #7 was admitted to the facility on [DATE] with a diagnosis of dementia.</p> <p>Review of physician order dated 1/14/2025 revealed, Saccharomycesboulardii 250 Milligram (MG) Oral Capsule (a probiotic). Give one capsule by mouth one time a day until 01/21/2025.</p> <p>Review of physician order dated 1/15/25 revealed, Doxycycline Hyclate Oral Tablet 100 MG (an antibiotic). Give one tablet by mouth two times a day for upper respiratory infection.</p> <p>Review of the quarterly Minimum Data Set (MDS) dated [DATE] revealed she was moderately cognitively impaired, her diagnoses were Alzheimer's disease, dementia, anxiety and depression, lobar pneumonia.</p> <p>Review of the medication administration record (MAR) dated January 2025 revealed Nurse #1 had initialed the (MAR) on 1/15/25 for the probiotic administration and Nurse #2 had initialed the MAR for the probiotic administration on 1/16/25, 1/17/25, 1/18/25, 1/19/25, 1/20/25, 1/21/25.</p> <p>An interview with Nurse #1 via telephone on 5/15/25 at 7:00 PM indicated she was familiar with Resident #7 and had no memory of the probiotic order in January.</p> <p>Several attempts were made to contact Nurse #2 with no success.</p> <p>An interview with the Responsible Party on 5/15/25 at 11:15 AM revealed Resident # 7 was prescribed a course of antibiotics to treat pneumonia. Resident #7 had a history of developing yeast infections when taking antibiotics and a probiotic was prescribed to prevent a yeast infection. On 1/20/25 Resident #7 verbalized she was itching down there the nurse on duty checked and Resident #7 had a red rash in her groin area. She indicated she had not provided the facility with any probiotics.</p> <p>An interview with the Pharmacist, on 5/16/25 at 10:30 AM revealed a Physician order for probiotics was received on 1/14/25 for six capsules. On 1/31/25 six capsules were returned to the pharmacy by a staff nurse, unopened.</p> <p>(continued on next page)</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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>An interview on 5/16/25 at 1:30 PM with a Hospice Nurse revealed a probiotic was ordered on 1/14/25 and discontinued on 1/20/25. The Hospice Nurse revealed a medicated vaginal cream was ordered on 1/21/25 to treat an active yeast infection caused by the administration of an antibiotic.</p> <p>An interview with Director of Nursing (DON) on 5/16/25 at 1:16 PM revealed she felt like the Responsible Party brought in the probiotic from home and that was why the medication from the pharmacy was not used. She reported there was documentation on the January MAR that the probiotic was administered. The DON indicated she could not explain the discrepancy with the MAR and the unused probiotic that the pharmacy received.</p>		