STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345130	A. BUILDING _____ B. WING _____	C 05/29/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AVANTE AT CONCORD	515 LAKE CONCORD ROAD CONCORD, NC 28025

(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 000	INITIAL COMMENTS A complaint investigation survey was conducted on 5/19/14. Immedicate jeopardy was identified under F323 at PNC.	F 000		
F 323 SS=J	483.25(h) FREE OF ACCIDENT HAZARDS/SUPERVISION/DEVICES The facility must ensure that the resident environment remains as free of accident hazards as is possible; and each resident receives adequate supervision and assistance devices to prevent accidents. This REQUIREMENT is not met as evidenced by: Based on record review, observation and resident and staff interviews, the facility failed to prevent 1 of 3 sampled residents, who was cognitively impaired and was assessed as high risk for elopement from exiting the building unsupervised (Resident #2). The findings included: The facility's elopement policy dated 09/2013 was reviewed. The policy read in part " if a resident attempts to leave the premises unescorted without a leave of absence, the staff member should attempt to prevent the departure through courteous diversion or redirection. Please note that the resident is not to be left alone. Upon return of resident to the facility, modify the care plan to meet the current assessment needs. The nursing unit manager or the on call nursing supervisor and or the director of nursing (DON) and the administrator must be notified of the	F 323	Past noncompliance: no plan of correction required.	

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345130	A. BUILDING _____ B. WING _____	C 05/29/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AVANTE AT CONCORD	515 LAKE CONCORD ROAD CONCORD, NC 28025

(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 323	Continued From page 1	F 323		

resident's attempt to elope. "

Resident #2 was admitted to the facility on 12/19/11 with multiple diagnoses including cardiovascular disease, toxic encephalopathy, hypertension and congestive heart failure.

The Minimum Data Set (MDS) assessment dated 1/8/14 indicated that Resident #2 had short and long term memory problems and had moderate impairment in decision making. The MDS assessment dated 3/21/14 indicated that Resident #2 had short and long term memory problems and had moderate impairment in decision making, was independent with transfer and ambulation in room and in corridor. The assessment also indicated that Resident #2 had not exhibited wandering behavior.

The care plan dated 3/21/14 was reviewed. One of the care plan problems was " Resident #2 was an elopement risk secondary to impaired safety awareness, wandering into other rooms and has a wander guard in place at this time to ensure she would not exit the facility. On 5/19/14, resident had an elopement, looking for a locked unit. " The goal was that Resident #2 will not leave the facility unattended through the next review date. The approaches included to distract Resident #2 from wandering by offering pleasant diversions, structured activities, food, conversation, television, book, engage resident in a conversation regarding her mother as resident usually tries to go out of the facility to go home to see her mother, try to redirect resident back to her room and or different place in the facility when talking with her about her mother, ensure resident has a wander guard and the wander guard was working properly per physician's order

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345130	A. BUILDING _____ B. WING _____	C 05/29/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AVANTE AT CONCORD	515 LAKE CONCORD ROAD CONCORD, NC 28025

(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 323	Continued From page 2	F 323		

(12/29/11), offer to take resident to the courtyard when she was showing signs of wanting to go out the facility and report any elopement attempts to DON and administrator.

Resident #2 was assessed for elopement risk on 4/11/14. The elopement risk data collection form indicated that Resident #2 had a score of 20. The form indicated that if the total score was 10 or greater, the resident should be considered to be at risk for elopement and prevention protocols should be followed and documented on the care plan.

The interdisciplinary notes were reviewed. The notes dated 1/18/14 at 5:05 PM indicated that " Resident #2 asked this writer when will the boss man (referring to the administrator) be back because she needs to talk to him because she is ready to leave. This writer responded he will be back into the facility on Monday because he is generally not here on the weekends, she responded she will talk to him on Monday. "
.
The notes dated 1/21/14 at 12:55 PM indicated " resident continue to talk about going home or to see mommas but has not attempted to exit building. "

The notes dated 2/23/14 at 11:08 AM indicated " resident was asking if she could go home today but was satisfied with staying here for a while. "

The notes dated 3/8/14 at 12:18 PM indicated " resident opened the exit door at the supply room, the alarm sounded and the resident closed the door, did not attempt to exit facility. "

The notes dated 3/13/14 at 12:18 PM indicated "

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345130	A. BUILDING _____ B. WING _____	C 05/29/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AVANTE AT CONCORD	515 LAKE CONCORD ROAD CONCORD, NC 28025

(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 323	Continued From page 3	F 323		

the wander guard to left arm was in place and functioning properly with no exit seeking behavior noted. Resident often talks about going home or going to see her mother but has made no attempts to leave facility. "

The notes dated 3/25/14 at 11:15 AM indicated " she is a wanderer and has a wander guard. She always states that she is going to see momma. "

The notes dated 3/26/14 at 1:40 PM indicated " resident enjoys sitting in the lobby area observing other and watching people. She is alert with confusion and often will pack up all her belongings as if she is leaving the facility and search for an exit. She has a wander guard on her left wrist. She can ambulate independently and is observed pushing her wheelchair thru facility with no specific destination.

The notes dated 3/30/14 at 10:27 PM indicated " wander guard noted on left wrist. Resident noted to be packing up clothes stating I want to go home, who is that man I need to talk to? Resident was redirected. Will continue to monitor. "

The notes dated 5/19/14 at 6:55 PM indicated " resident noted this shift outside facility without assistance/supervision. Resident exited side door of facility stating that she was going to Kannapolis. No signs of distress noted/no complaints of pain voiced this shift. Resident was then redirected and safely escorted back into the facility. Every 15 minute checks initiated for safety. Will continue to monitor. "

The notes dated 5/26/14 at 2:17 PM indicated " wander guard to left arm, walks about facility with

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345130	A. BUILDING _____ B. WING _____	C 05/29/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AVANTE AT CONCORD	515 LAKE CONCORD ROAD CONCORD, NC 28025

(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 323	Continued From page 4	F 323		

clothes in a bag in her wheelchair, when asked where she was going she stated I have to go home or I'm going to my momma's house. Resident has been monitored closely with no actual attempts to exit facility. "

The notes dated 5/27/14 at 2:53 PM indicated " wander guard to left arm, walks about facility with clothes in a bag in her wheelchair, when asked where she was going she stated I have to go home or I'm going to my momma's house. Resident has been monitored closely with no actual attempts to exit facility. "

Resident #2 was observed on 5/28/14 at 11:05 AM and 4:45 PM and 5/29/14 at 9:30 AM sitting in her wheelchair in her room. She had a wander guard bracelet on her left wrist.

On 5/28/14 at 11:15 AM, the facility was observed to have a magnetic (mag) lock and a wander guard system. Five (all doors except the front door) of six doors had mag lock system and two (front and employee doors) of six doors had a wander guard system. The mag lock system locked the door and to unlock the door was by entering the code on the pad located beside the door. There was also an override switch which was called the emergency button. Pressing the button would unlock all doors in the building. The wander guard system activated the door alarm when a wander guard was near the door. The facility was observed to have 6 exit doors, front door, employee door (left side of building), D hall door (left side), C hall door(right side), A hall door (right side) and dining room door (left side). All the doors had emergency buttons. The emergency buttons on the employee and the dining room doors had no covers on them. One

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345130	A. BUILDING _____ B. WING _____	C 05/29/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AVANTE AT CONCORD	515 LAKE CONCORD ROAD CONCORD, NC 28025

(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 323	Continued From page 5	F 323		

of the emergency buttons was pushed and an audible alarm was heard at the nurse ' s station. All doors with mag lock and wander guard system were checked with maintenance staff #1 and all were functioning properly.

On 5/28/14 at 11:45 AM, the facility's parking lot was observed. There were parking lots around the building (front, back and sides (left and right). The road in front of the facility was observed to have a heavy traffic.

On 5/28/14 at 12:30 PM, nine residents with wander guards were checked with Nurse Supervisor #2 and all devices were functioning properly.

On 5/28/14 at 1:10 PM, the driver of a transportation company was interviewed. The driver stated that she was pulling in to the facility to the right side parking lot when she saw Resident #2 pushing her wheelchair coming from the back parking lot and was heading towards the right side parking lot. It was about 6:15 - 6:30 PM on 5/19/14. Nobody was outside the building at that time. She drove around to the front door, went inside the facility and informed 3 staff members (2 receptionists and a nursing staff). The staff members went outside immediately looking for the resident. One of the staff members had shown her the picture of Resident #2 and she recognized that it was Resident #2 outside on the parking lot.

On 5/28/14 at 2:27 PM, staff member # 1 was interviewed. She stated that she worked as a receptionist from Monday through Friday. She indicated that on May 19, 2014 between 5:30 and 6:00 PM, she was sitting on the hallway near the

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345130	A. BUILDING _____ B. WING _____	C 05/29/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AVANTE AT CONCORD	515 LAKE CONCORD ROAD CONCORD, NC 28025

(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 323	Continued From page 6	F 323		

business office. Nurse Supervisor #1 was coming to the front lobby, when the driver of a transportation company came in the front door and informed the Nurse Supervisor #1 and me that she had seen a resident outside walking on the parking lot. Nurse Supervisor #1 and I went immediately outside to look for Resident #2. She went out thru the employee door and turned right going to the front of the building. She didn't find Resident #2, so she went inside the building and informed the staff to do a headcount of all the residents. She also showed the picture of Resident #2 to the driver who immediately recognized that it was Resident #2. Staff member #1 also stated that Resident #2 must have gone out thru the D hall door. She indicated that she could not hear the alarm on that door. She revealed that the D hall door should be locked at all times and can only be opened when a funeral home comes to pick up a body.

On 5/28/14 at 2:39 PM, Nurse Supervisor #2 was interviewed. She stated that she was making rounds on May 19, 2014 and she was on her way to the front lobby when the driver of a transportation company came in the front door and informed her and the receptionist that a resident was outside on the parking lot. She stated that she almost dropped when she heard that a resident was outside on the parking lot. She indicated that she never heard any alarm sounding. She immediately picked up the phone and paged through the intercom for all staff to do a headcount of all residents. She immediately went out thru the employee door and turned left going to the back parking lot. At the back parking lot, she saw 3 nursing assistants (NAs) pushing Resident #2 back into the facility. Resident #2 was completely assessed and she had no injuries

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345130	A. BUILDING _____ B. WING _____	C 05/29/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AVANTE AT CONCORD	515 LAKE CONCORD ROAD CONCORD, NC 28025

(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 323	Continued From page 7	F 323		

noted. She was placed on 15 minute check. She indicated that Resident #2 was a confused resident, had exit seeking behavior, packed up her clothing all the time and always mentioned that she was ready to go home to see her momma. She added that Resident #2 was able to ambulate steadily by pushing the wheelchair. Resident #2 had a wander guard and it was checked for placement and function every shift by the nurses. Nurse Supervisor #2 also indicated that Resident #2 had gone out thru the D hall door. D hall door was locked all the time and can be opened only by entering the code or by pushing the emergency button. She stated that on May 19, 2014 after the incident, she checked all the doors and they were not engaged and they would not lock. She informed the maintenance staff #1 who checked all the doors. The maintenance staff #1 had informed her that somebody had pushed the emergency button and that disarmed all the doors in the building.

On 5/28/14 at 3:09 PM, NA # 1 was interviewed. She stated that she worked 3-11 shift on 5/19/14. She was not assigned to Resident #2 but she was working on the hall where Resident #2 resided. She was alert but confused and was known to pack her clothes and would say that she was ready to go home or see her momma. She saw Resident #2 on the hallway around 4:45 PM and asked her if she would like to eat in the dining room and she said yes. She pushed her to the dining room and then she went back to the hall. She was just finished feeding a resident in the room when she heard a page that a resident was missing. She immediately went out the employee door and turned right going to the front door. She did not find the resident. She went out the front door and turned right to the visitor

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345130	A. BUILDING _____ B. WING _____	C 05/29/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AVANTE AT CONCORD	515 LAKE CONCORD ROAD CONCORD, NC 28025

(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 323	Continued From page 8	F 323		

parking lot. She saw 2 NAs with Resident #2 coming back from the apartment area (back of the facility). She also stated that she never heard any alarm sounding.

On 5/28/14 at 3:45 PM, NA #2 was interviewed. She stated that she worked 3-11 shift on 5/19/14. She was not assigned to Resident #2 but she was working on the hall where Resident #2 resided. Resident #2 was alert but confused. She often would pack her clothing in a bag and would carry it around with her. She always mentioned going home to see her momma. She indicated that a resident had told NA#3 that Resident #2 went out the door. NA #3 went outside to look for the resident and she followed her. NA #3 found Resident #2 from the apartment area and she was pushing the resident back to the facility. It was around 6:00 - 7:00 PM. She never heard any alarm sounding.

On 5/28/14 at 3:55 PM, the maintenance staff #1 was interviewed. He stated that the maintenance department had checked all doors everyday for functioning. He stated that on 5/19/14, not sure the exact time, he was informed by a staff member that the doors were disengaged and were not locking. He was also informed that a resident had gone out the door thru D hall. He went to check and upon entering the nursing station he heard a beeping sound, indicating that a door was opened. He asked the staff why they were not responding to the beeping sound and the staff responded that they thought the sound was a call light coming from the resident ' s room. After checking as to why it was beeping, he found out that the doors were not all engaged. One of the emergency buttons was pushed and was not pulled back. The panel was beeping and nobody

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345130	A. BUILDING _____ B. WING _____	C 05/29/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AVANTE AT CONCORD	515 LAKE CONCORD ROAD CONCORD, NC 28025

(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 323	Continued From page 9	F 323		

reset it. He reset the panel and all doors were back working. He had in-serviced the staff on how to reset the panel and not to use the emergency button unless it is an emergency and to reset it back. He also stated that the staff members were still adjusting on how to use the new alarm system (mag lock and override switch) because the new system was just installed on 4/15/14.

On 5/28/14 at 4:05 PM, NA #3 was interviewed. NA #3 stated that she worked 3-11 shift on 5/19/14. It was around dinner time when all the staff members were busy feeding residents. She came out of the biohazard room when Resident #4 informed her that Resident #2 went out the D hall door. She didn't hear any alarm sounding. She went out immediately and found Resident #2 on the back parking lot. Resident #2 was pushing her wheelchair while walking towards the right side parking lot. She was not aware that Resident #2 was missing until Resident #4 informed her.

On 5/28/14 at 4:14 PM, Nurse #1 was interviewed. She stated that she was assigned to Resident #2 on 5/19/14 on the 3-11 shift. She indicated that Resident #2 was confused and when asked where she was going, she would reply that she was going home. Staff had redirected her to her room. She stated that she saw the resident between 4:30-5:00 PM that day. She didn't know that she was missing because she was busy passing medications. She indicated that she never heard any alarm sounding.

On 5/28/14 at 4:50 PM, Resident # 4 was interviewed. Resident #4 was assessed as having intact cognition (BIMS score 15). She

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345130	A. BUILDING _____ B. WING _____	C 05/29/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AVANTE AT CONCORD	515 LAKE CONCORD ROAD CONCORD, NC 28025

(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 323	Continued From page 10	F 323		

stated that she was sitting at the nurse's station when she saw Resident #2 pushing her wheelchair towards the D hall door. After a few minutes, she went towards the lobby and when she was in the middle of the hallway she heard the door shut. There was no staff member around, they were busy feeding residents in the rooms and in the dining room. After a few minutes, she saw a staff member and she told her that Resident #2 went out the door. She indicated that she didn't know how long it took before she found the staff member but it was a while. She also indicated that there was no alarm that sounded.

On 5/28/14 at 5:48 PM, administrative staff # 1 was interviewed. Administrative staff #1 stated that he had received a call from the facility around 6:00 PM that Resident #2 went out of the building thru the D hall door. He was also informed that maintenance staff #1 was already notified and he had checked all doors. Administrative staff #1 stated that the emergency button might have been hit by a staff member and didn't realized that he/she had hit it or the staff on the A hall might have pushed the emergency button that day when the funeral home came to pick up a body on the A hall. The staff didn't know that disengaging the alarm system on one door would disengage all the doors in the building. There was no staff member who admitted pressing the emergency button that day. On 5/20/14, he covered all the emergency buttons in the building, conducted in-services to all the staff which covered the elopement policy and the override switch and audible alarms were applied to all doors. He added that staff who did not attend to the in-service will be in-serviced prior to returning to work.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345130	A. BUILDING _____ B. WING _____	C 05/29/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AVANTE AT CONCORD	515 LAKE CONCORD ROAD CONCORD, NC 28025

(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 323	Continued From page 11	F 323		

On 5/28/14 at 6:05 PM, administrative staff #1 provided information regarding the incident dated 5/19/14 on Resident #2. The information provided were the incident report, written statement from the staff, in-services records, 15 minute check documentation from 5/19/14 thru 5/22/14 and facility quality assessment and assurance committee action plan/performance improvement plan. The incident report indicated that the resident exited the facility using the back door to the parking lot on 5/19/14 at approximately 5:45 PM. The report did not specify the exact location and time the resident was found outside the building.

On 5/28/14 at 6:35 PM, NA #4 was interviewed. NA #4 stated that she worked 3-11 shift on 5/19/14. She was assigned in the dining room at dinner time. Resident #2 ate her dinner in the dining room that day. After eating her dinner, Resident #2 was trying to get out the dining room door and she kept redirecting her. Around 6:00 PM, Resident #2 left the dining room heading towards the hallway of the D hall. She indicated that she did not tell anybody that Resident #2 was trying to get out the dining room door because she could not leave the dining room unattended.

On 5/29/14 at 8:56 AM, administrative staff #2 was interviewed. She stated that she saw Resident #2 around 5:00 PM before she went home on 5/19/14. She indicated that it was 10 minutes before 6:00 PM, when she received a call from the facility that Resident #2 went out the D hall door and they already had notified the administrator and maintenance person. Administrative staff #2 stated that she was not

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345130	A. BUILDING _____ B. WING _____	C 05/29/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AVANTE AT CONCORD	515 LAKE CONCORD ROAD CONCORD, NC 28025

(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 323	Continued From page 12	F 323		

aware that Resident #2 was trying to exit the dining room door that day. Her expectation was for the staff to inform the nurse supervisor immediately when a resident was trying to exit the door by using the intercom in the dining room. She indicated that there were 2 NAs assigned to the dining room that evening. She added that if a resident was exhibiting an exit seeking behavior, the resident was placed on 1:1 supervision or on a 15 minute check.

On 5/29/14 at 9:10 AM, maintenance staff #2 was interviewed. He stated that he had checked all doors everyday in the morning and before he left for the day to make sure they were working properly. He admitted that his monitoring sheets did not include the time when he checked the doors but he would include the time from now on.

On 5/29/14 at 10:05 AM, maintenance staff #1 was interviewed again. When asked why all six emergency buttons had no covers, he stated that he ordered 6 but the company had only 4 covers available and the two covers were on back order.

On 5/29/14 at 2:35 PM, administrative staff #1 was interviewed again. He stated that he didn't put covers on 2 of 6 emergency buttons because they were too high and it would be hard for the staff to remove the cover in case of emergency. He added that the emergency buttons were reachable to the staff. Administrative staff #1 also stated that he was aware that Resident #2 was trying to exit the dining room door during dinner time by the written statement of NA #4. He indicated that NA #4 had followed the care plan to redirect the resident when the resident was displaying an exit seeking behavior. He added that he expected the staff to follow the care plan.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345130	A. BUILDING _____ B. WING _____	C 05/29/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AVANTE AT CONCORD	515 LAKE CONCORD ROAD CONCORD, NC 28025

(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 323	Continued From page 13	F 323		

On 5/29/14 at 2:50 PM, the MDS Nurse was interviewed. She stated that she had reviewed the care plan after the elopement on 5/19/14 by adding " looking for a locked unit. " She also stated that Resident #2 often would say that she was going home to see momma but had not wandered.

The facility's action plan was reviewed. The action plan indicated:
1. Resident #2 was assessed for elopement risk and interventions were put in place. The responsible staff was the director of nursing (DON) and the target date was 5/20/14.
2. Maintenance supervisor will secure all override switches with cover. The responsible staff was the maintenance supervisor and the target date was 5/20/14.
3. Maintenance supervisor will apply audible alarm to all doors with override switch. The responsible staff was the maintenance supervisor and the target date was 5/20/14.
4. The DON/designee will complete an audit of residents with wander guards in place to verify appropriate placement and functioning. The responsible staff was the director of nursing and the target date was 5/20/14 on going.
5. The DON/designee will complete an audit of residents with wander guards to ensure every shift documentation of monitoring is in place to verify the placement and function of the wander guard. The responsible staff was the DON and the target date was 5/20/14 on going.
6. The DON or designee will ensure each resident had a photograph on file for easy access. These photos will be filed with the current medication administration record. The responsible staff members were the DON and

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345130	A. BUILDING _____ B. WING _____	C 05/29/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AVANTE AT CONCORD	515 LAKE CONCORD ROAD CONCORD, NC 28025

(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 323	Continued From page 14	F 323		

medical records and the target date was 5/20/14 on going.
7. The administrator/designee will ensure the wander guard system is evaluated by a maintenance technician to verify functioning. The responsible staff was the administrator and the target date was 5/20/14 ongoing.
8. The administrator will evaluate the appropriate time for the facility entry doors to be locked at night. The responsible staff was the administrator and the target date was 5/20/14 on going.
9. Maintenance/designee will check doors for functioning every 2 hours for 3 days and then daily thereafter. The responsible staff members were the administrator and the maintenance and the target date was 5/20/14
10. The DON/designee will educate all staff prior to their return to work on the elopement policy including appropriate completion of the elopement assessment and verification of functioning and placement of the wander guard and use of the door override. The responsible staff members were the DON, maintenance and the administrator and the target date was 5/20/14 on going.
11. The maintenance director will have an elopement drill with staff monthly for 2 months and then quarterly thereafter. The responsible staff was the maintenance director and the target date was 5/20/14.
12. The DON/designee will monitor number of wander guards on hand to issue, there was an adequate supply on hand at all times. The responsible staff members were the DON and administrator and the target date was 5/20/14.
13. The results of the audits will be reported in the monthly quality assurance committee meeting for 3 months then quarterly. The committee will

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345130	A. BUILDING _____ B. WING _____	C 05/29/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AVANTE AT CONCORD	515 LAKE CONCORD ROAD CONCORD, NC 28025

(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 323	Continued From page 15	F 323		

evaluate and make further recommendations as indicated. The responsible staff was the administrator and the target date was 5/20/14.

The facility's action plan was validated by staff interview, review of the in-service records, review of the monitoring tools for doors and wander guards and observation of doors and wander guards.
Interview with the non licensed staff revealed that they had received in-service on the elopement policy and the use of the override switch.
Interview with the licensed staff revealed that they had received in-service on the elopement policy and the use of the override switch and how to reset the panel.

The in-service records were reviewed. One hundred eighty three staff members attended the in-service on 5/20 and 5/21/14. The topics of the in-service were elopement policy and the door override switch

The Medication Administration Records (MARs) and the monitoring tools for the wander guard placement and functioning were reviewed. The MARs were initialed by the nurses every shift indicating the wander guards were checked for placement and functioning. The nurse supervisor also had monitoring tools to check the placement and functioning of the wander guards daily.

The maintenance staff 's monitoring tools for doors were reviewed. The doors were checked for functioning twice a day.

The doors were observed and they were all locked. One of the override switches was activated and the alarm went off.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345130	A. BUILDING _____ B. WING _____	C 05/29/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AVANTE AT CONCORD	515 LAKE CONCORD ROAD CONCORD, NC 28025

(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 323	Continued From page 16 Nine residents with wander guards were observed and their wander guards were checked for functioning.	F 323		