

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>345471</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>09/18/2014</b>
NAME OF PROVIDER OR SUPPLIER  <b>MECKLENBURG HEALTH &amp; REHABILITATION CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>2415 SANDY PORTER ROAD CHARLOTTE, NC 28273</b>		
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F 167 SS=C	<p>483.10(g)(1) RIGHT TO SURVEY RESULTS - READILY ACCESSIBLE</p> <p>A resident has the right to examine the results of the most recent survey of the facility conducted by Federal or State surveyors and any plan of correction in effect with respect to the facility .</p> <p>The facility must make the results available for examination and must post in a place readily accessible to residents and must post a notice of their availability.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, resident council president and staff interviews, and record review, the facility failed to post a notice of the location of survey results.</p> <p>The findings included:</p> <p>Interview with Resident #13, resident council president, on 09/17/14 at 11:41 AM revealed the location of the facility's survey results was not known.</p> <p>Observation on 09/17/14 at 11:52 AM revealed a labeled survey results binder located on a table in the facility's lobby next to the business office. There was no posted notice in the lobby or on the nursing units to indicate the location of the survey results.</p> <p>Interview with the Administrator on 09/17/14 at 12:01 PM revealed a notice was not posted. The Administrator reported he would immediately post a notice of the survey results availability.</p>	F 167	<p>The statements included are not an admission and do not constitute agreement with the alleged deficiencies herein. The plan of correction is completed in the compliance of state and federal regulations as outlined. To remain in compliance with all federal and state regulations the center has taken or will take the actions set forth in the following plan of correction. The following plan of correction constitutes the center's allegation of compliance. All alleged deficiencies cited have been or will be completed by the dates indicated.</p> <p>1. F167 How corrective action will be accomplished for each resident found to have been affected by the deficient practice: On 9/17/14 Administrator posted a notice outside of Business Office door designating location of the survey Book</p> <p>2. F167 How corrective action will be</p>	10/16/14	

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

TITLE

(X6) DATE

Electronically Signed

10/08/2014

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 167	Continued From page 1	F 167	<p>accomplished for those residents having the potential to be affected by the same deficient practice: Resident Council President and council members notified of location of posted sign designating location of the survey book</p> <p>3. F167 Measures to be put in place or systemic changes made to ensure practice will not re-occur: Audits to validate sign posted designating location of survey book will be done by the Administrator weekly X 4; Monthly X 2 and results will be taken to Quarterly Quality Assurance Meeting X 1 for any further problem resolution.</p> <p>4. F167 How facility will monitor corrective action(s) to ensure deficient practice will not re-occur: Audits to validate sign posted designating location of survey book will be done by the Administrator weekly X 4; Monthly X 2 and results will be taken to Quarterly Quality Assurance Meeting X 1 for any further problem resolution.</p>		
F 241 SS=D	<p>483.15(a) DIGNITY AND RESPECT OF INDIVIDUALITY</p> <p>The facility must promote care for residents in a manner and in an environment that maintains or enhances each resident's dignity and respect in full recognition of his or her individuality.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, staff interview and record</p>	F 241	The statements included are not an	10/16/14	

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F 241	<p>Continued From page 2</p> <p>review, the facility failed to remove food dropped on a hospital gown for 1 of 3 sampled residents who required assistance with grooming (Resident #112).</p> <p>The findings included:</p> <p>Resident #112 was admitted to the facility on 03/11/14 with diagnoses which included dementia and anxiety.</p> <p>Review of Resident #112's quarterly Minimum Data Set (MDS) dated 08/26/14 revealed an assessment of severely impaired cognition. The MDS indicated Resident #112 required the extensive assistance of 2 persons with personal hygiene.</p> <p>Review of Resident #112's care plan dated 08/30/14 revealed Resident #112 required assistance with personal hygiene and grooming.</p> <p>Observation on 09/16/14 at 9:19 AM revealed Resident #112 asleep in a hospital gown in bed. Scrambled eggs were on the front of Resident #112's hospital gown.</p> <p>Observation on 09/16/14 at 11:56 AM revealed Resident #112 awake in a hospital gown in bed. Scrambled eggs were on the front of Resident #112's hospital gown.</p> <p>Observation on 09/16/14 at 1:40 PM revealed Resident #112 asleep in a hospital gown with scrambled eggs on the front of the hospital gown.</p> <p>Observation on 09/16/14 at 2:39 PM revealed Resident #112 dressed in a collared short sleeve shirt in bed.</p>	F 241	<p>admission and do not constitute agreement with the alleged deficiencies herein. The plan of correction is completed in the compliance of state and federal regulations as outlined. To remain in compliance with all federal and state regulations the center has taken or will take the actions set forth in the following plan of correction. The following plan of correction constitutes the center's allegation of compliance. All alleged deficiencies cited have been or will be completed by the dates indicated.</p> <p>1. F 241 How corrective action will be accomplished for each resident found to have been affected by the deficient practice: Resident #112 was provided clean clothing 9/18/14. C.N.A identified as primary care giver received written counseling along with in-service on Resident rights, dignity and respect, and Quality of Care.</p> <p>2. F 241 How corrective action will be accomplished for those residents having the potential to be affected by the same deficient practice: All current C.N.A's in-serviced on Resident rights including dignity and respect, checking and changing clothing as necessary, and not leaving food on clothes for extended period of time.</p> <p>3. F 241 Measures to be put in place or systemic changes made to ensure practice will not re-occur: All New Hire C.N.A's will be trained on resident rights including dignity/respect, checking and</p>		

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F 241	Continued From page 3  Observation on 09/17/14 at 8:45 AM revealed Resident #112 ate the breakfast meal independently. Scrambled eggs dropped onto the hospital gown's front.  Observation on 09/17/14 at 9:05 AM revealed Resident #112 asleep with scrambled eggs on the hospital gown.  Observation on 09/17/14 at 10:02 AM revealed Resident #112 asleep with scrambled eggs on the hospital gown.  Observation on 09/17/14 at 12:48 PM revealed Resident #112 ate the lunch meal independently. A paper napkin was on under his chin on the hospital gown. Pieces of the scrambled egg were beneath the lower edge of the napkin.  Interview with Nurse Aide (NA) #2 on 09/17/14 at 1:01 PM revealed she did not notice the food on Resident #112's hospital gown. NA #2 explained Resident #112 received incontinence care regularly in the morning and assistance with dressing in the afternoon. NA #2 reported she assisted Resident #112 into a sports shirt or clean T shirt daily before the shift ended at 3:00 PM. NA #2 explained Resident #112 usually slept all morning. NA #2 revealed she and another NA (NA #1) worked together and shared responsibility for Resident #112 yesterday (09/16/14) and today (09/17/14).  Interview with NA #1 on 09/17/14 at 2:50 PM revealed Resident #112 ate independently after tray set up. NA #1 reported did not notice the food on Resident #112's gown. NA #1 reported she should change the gown when food dropped	F 241	changing clothing as necessary, and not leaving food on clothes for extended period of time. DON and/or designee will make daily rounds to identify resident□s receiving check and changing clothing as necessary daily X 1 week, Bi-weekly X 1 weekly, weekly X 2 weeks, Bi monthly X 1 month, Monthly X 1 month. All results will be taken to weekly Quality Assurance weekly Risk meeting for further problem resolution and Quarterly Quality Assurance meeting X 1 for further problem resolution.  4. F 241 How facility will monitor corrective action(s) to ensure deficient practice will not re-occur: DON and/or designee will make daily rounds to identify residents receiving check and changing clothing as necessary daily X 1 week, Bi-weekly X 1 weekly, weekly X 2 weeks, Bi monthly X 1 month, Monthly X 1 month. All results will be taken to weekly Quality Assurance weekly Risk meeting for further problem resolution and Quarterly Quality Assurance meeting X 1 for further problem resolution.		

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F 241	Continued From page 4 or soiling occurred.  Interview with Nurse #1 on 09/18/14 at 9:59 AM revealed Resident #112 should receive a clothing protector for meals or a new gown if soiled after meals.  Resident #112's family member was not available during the survey for interview.  Interview with the Director of Nursing (DON) on 09/18/14 at 3:32 PM revealed she expected staff to check and change Resident #112's gown or clothing as necessary. The DON explained Resident #112 should not remain with food on his gown for an extended period of time.	F 241			
F 312 SS=D	483.25(a)(3) ADL CARE PROVIDED FOR DEPENDENT RESIDENTS  A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene.  This REQUIREMENT is not met as evidenced by: Based on observation, resident, staff and nurse practitioner interview, and record review, the facility failed to provide urinary incontinence care for 1 of 4 sampled residents who required assistance with urinary incontinence (Resident #31).  The findings included:  Resident #31 was admitted to the facility on	F 312	The statements included are not an admission and do not constitute agreement with the alleged deficiencies herein. The plan of correction is completed in the compliance of state and federal regulations as outlined. To remain in compliance with all federal and state regulations the center has taken or will take the actions set forth in the following plan of correction. The following plan of	10/16/14	

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F 312	<p>Continued From page 5</p> <p>03/01/13 with diagnoses which included adult onset diabetes mellitus and chronic renal disease.</p> <p>Review of Resident #31's care plan dated 7/11/14 revealed a risk of urinary tract infections. Interventions included direction to provide routine and as needed incontinence care.</p> <p>Review of Resident #31's quarterly Minimum Data Set (MDS) dated 08/20/14 revealed an assessment of intact cognition. The MDS indicated Resident #31 was always incontinent of urine and required the extensive assistance of one person with toilet use.</p> <p>Review of a nurse practitioner's (NP) order dated 09/12/14 revealed direction to begin Cipro 250 milligrams (an antibiotic) for a urinary tract infection. The NP also asked to be notified when the results of a urine culture and sensitivity were available.</p> <p>Review of a NP's order dated 09/15/14 revealed direction to discontinue the antibiotic.</p> <p>Observation on 09/16/14 at 9:10 AM revealed Resident #31 awake in bed with the head of the bed elevated. Resident #31 announced she was "wet" and waiting for Nurse Aide (NA) #1 to assist her.</p> <p>Interview with Resident #31 on 09/16/14 at 10:50 AM revealed her brief remained wet and she was waiting for NA #1 to "get to me." Resident #31 reported NA #1 delivered or picked up her breakfast meal but had not returned. Resident #31 explained she received incontinence care from the night shift and estimated the time</p>	F 312	<p>correction constitutes the center's allegation of compliance. All alleged deficiencies cited have been or will be completed by the dates indicated.</p> <ol style="list-style-type: none"> <li>F 312 How corrective action will be accomplished for each resident found to have been affected by the deficient practice: Resident #31 was provided incontinent care 9/18/14. C.N.A identified as primary care giver received written counseling along with in-service on Resident rights including timely urinary incontinence care for residents who require assistance with urinary incontinence.</li> <li>F 312 How corrective action will be accomplished for those residents having the potential to be affected by the same deficient practice: All current C.N.A's in-serviced on Resident rights including timely urinary incontinence care for residents who require assistance with urinary incontinence.</li> <li>F 312 Measures to be put in place or systemic changes made to ensure practice will not re-occur: All New Hire C.N.A's will be trained on resident rights including timely urinary incontinence care for residents who require assistance with urinary incontinence. DON and/or designee will make daily rounds to identify timely incontinence care for those residents who require assistance with urinary incontinence daily X 1 week, Bi-weekly X 1 weekly, weekly X 2 weeks, Bi monthly X 1 month, Monthly X 1 month. All results will be taken to weekly Quality Assurance weekly Risk meeting for</li> </ol>		

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F 312	<p>Continued From page 6</p> <p>between 5:00 AM and 6:00 AM. Resident #31 reported she recently received a diagnosis of a urinary tract infection.</p> <p>Continued interview with Resident #31 revealed she required frequent brief changes. Resident #31 explained a delay of over 2 hours occurred on a regular basis. Resident #31 could not estimate how often a delay in incontinence care occurred but estimated it occurred at least weekly. Resident #31 reported she did not use the call light for to ask for incontinence care since the nurse aides knew she required incontinence care regularly and would come when they could.</p> <p>Observation on 09/16/14 at 10:55 AM revealed Resident #31 activated the call light.</p> <p>Observation on 09/16/14 at 11:03 AM revealed the Director of Nursing (DON) answered Resident #31's call light. The DON exited the room and directed another nurse aide (NA#3) to assist Resident #31 since NA #1 was off the unit.</p> <p>Interview with NA #1 on 09/17/14 at 2:50 PM revealed she did not assist Resident #31 with incontinence care yesterday morning (09/16/14). NA #1 explained Resident #31 was asleep when she picked up the breakfast tray. NA #1 reported she took care of other residents and did not return to check Resident #31. NA #1 explained Resident #31 required incontinence care at least every 2 hours and did not receive that care yesterday.</p> <p>Interview with Nurse #1, unit manager, on 09/18/14 at 10:01 AM revealed Resident #31 required incontinent frequently but at least every 2 hours.</p>	F 312	<p>further problem resolution and Quarterly Quality Assurance meeting X 1 for further problem resolution.</p> <p>4. F 312 How facility will monitor corrective action(s) to ensure deficient practice will not re-occur: DON and/or designee will make daily rounds to identify timely incontinence care for those residents who require assistance with urinary incontinence daily X 1 week, Bi-weekly X 1 weekly, weekly X 2 weeks, Bi monthly X 1 month, Monthly X 1 month. All results will be taken to weekly Quality Assurance weekly Risk meeting for further problem resolution and Quarterly Quality Assurance meeting X 1 for further problem resolution.</p>		

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

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F 312	Continued From page 7  Interview with the NP on 09/18/14 at 10:10 AM revealed Resident #31 required regular incontinent care and prolonged wetness would increase the risk of further urinary tract infections. The NP explained she discontinued the antibiotic since the organism was not susceptible to the medication.  Interview with the DON on 09/18/14 at 10:29 AM revealed residents who required assistance with incontinence care should be check every 2 hours and as needed.	F 312		