

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>345405</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>05/19/2016</b>
NAME OF PROVIDER OR SUPPLIER  <b>CHARLOTTE HEALTH &amp; REHABILITATION CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>1735 TODDVILLE ROAD</b> <b>CHARLOTTE, NC 28214</b>	
(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 281 SS=D	<p>483.20(k)(3)(i) SERVICES PROVIDED MEET PROFESSIONAL STANDARDS</p> <p>The services provided or arranged by the facility must meet professional standards of quality.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review, staff, nurse practitioner, and physician interviews the facility failed to clarify an order for intravenous (IV) antibiotic for 3 days and delayed administration for 1 of 3 residents sampled for unnecessary medications (Resident #5). The findings included: Resident #5 was admitted to the facility on 03/30/16 and discharged on 04/27/16 with diagnoses that included osteoarthritis of left knee and chronic gout. Review of the most recent comprehensive minimum data set (MDS) dated 04/06/16 revealed that Resident #5 was cognitively intact and required limited assistance of one staff member for bed mobility, transfers, dressing, toileting, and personal hygiene. The MDS also indicated that Resident #5 received 3 days of antibiotic therapy and received also IV therapy. Review of a facility document titled "Outpatient Antimicrobial Therapy Orders" (OPAT) dated 03/29/16 read in part Resident #5 was to receive Cefazolin 2 grams (gm) IV every 8 hours until 04/23/16. The documented indicated the location of the outpatient IV antimicrobial therapy was the skilled nursing facility. The document further stated to contact the supervising physician with questions regarding antimicrobial therapy, delay in therapy for any reason, any difficulty with IV access (including limb swelling), adverse drug reactions, fever great then 100.4 degree, or</p>	F 281	<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>F 281 How corrective action will be accomplished for each resident found to be affected by the deficient practice. Resident # 5 received antibiotic therapy as of 4/4/16 with completion of antibiotic therapy as of 4/23/16. Resident discharged home in good condition on 4/27/16.</p> <p>How corrective action will be accomplished for those residents having the potential to be affected by the same deficient practice. The Director of Nursing, Unit Manager or nursing supervisor will audit all new</p>	6/16/16

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

TITLE

(X6) DATE

Electronically Signed

06/06/2016

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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>345405</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>05/19/2016</b>
NAME OF PROVIDER OR SUPPLIER  <b>CHARLOTTE HEALTH &amp; REHABILITATION CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>1735 TODDVILLE ROAD</b> <b>CHARLOTTE, NC 28214</b>		
(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 281	<p>Continued From page 1</p> <p>symptoms of deep vein thrombosis. The document was electronically signed by the infectious disease (ID) doctor.</p> <p>Review of the Medication Administration Record dated March 2016 contained no order for Cefazolin.</p> <p>Review of the Medication Administration Record dated April 2016 revealed an order that was obtained on 04/04/16 that read Cefazolin Sodium-Dextrose 2-4 gm/1000 milliliters (ml). Use 2000 mg intravenously every 8 hours for septic knee until 04/23/16. The order had been initialed by the nursing staff indicating the IV medication had been administered starting on 04/04/16 q 8 hours.</p> <p>Interview with Nurse Practitioner (NP) on 05/19/16 at 1:08 PM revealed that when she arrived at the facility on the morning of 04/04/16 she found a document in her box that was titled "Outpatient Antimicrobial Therapy Orders" that contained the order for Cefazolin 2 gm IV q 8 hours until 04/23/16. The staff had circled the order and wrote a note asking if the staff should give this medication. The NP stated that she gave order to start the medication as ordered on the document. The NP stated that she would have expected the staff to call her at the time of the admission to clarify the order and she would have also expected the staff to notify the ID doctor per her instructions on the document.</p> <p>Interview with ID doctor on 05/19/16 at 2:07 PM revealed that she was not aware that Resident #5 did not receive the IV antibiotics as ordered. The ID doctor stated she would have expected the nursing staff to contact her if they had questions regarding her orders instead of placing them in someone's box. The ID doctor stated her contact information is well documented on the "Outpatient Antimicrobial Therapy Order" document. The ID</p>	F 281	<p>admissions by 6/16/16 to ensure that no other medication or physician's orders were missed.</p> <p>Measures to be put in place or systemic changes made to ensure practice will not reoccur.</p> <p>Newly admitted resident's orders will be audited within 24 hours of admission by the Director of Nurses, Unit Manager, Unit Coordinator or nurse supervisor to ensure that no medications were missed during admission and that all physician's orders are followed.</p> <p>All nurses will be re-educated regarding the importance of administering medications per physician's orders and following a physician's order as of 6/16/16. They will also be re-educated to contact the prescribing physician or the attending physician or NP to clarify orders as needed.</p> <p>Nurses who do not receive the re-education will not be allowed to work until they receive the education.</p> <p>All newly hired nurses will receive education at the time of hire on the importance of administering medication's per physician's orders and following a physician's order. They will also be educated to contact the prescribing physician or the attending physician or NP to clarify orders as needed.</p> <p>How the facility will monitor corrective action to ensure deficient practice will not</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>345405</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b>  <b>05/19/2016</b>
NAME OF PROVIDER OR SUPPLIER  <b>CHARLOTTE HEALTH &amp; REHABILITATION CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>1735 TODDVILLE ROAD</b> <b>CHARLOTTE, NC 28214</b>		
(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 281	Continued From page 2 doctor also stated that Resident #5 was lucky and the omission of the IV medications did not have a huge impact on his outcome and he had done well and had discharged home. Interview with Nurse #1 on 05/19/16 at 2:58 PM revealed that she admitted Resident #5 and the supervisor had entered the orders into the electronic medical record. Nurse #1 stated that while completing her medication pass she noticed that Resident #5 had an IV access and reviewed his MAR that contained no IV medications. Nurse #1 stated that she had gone to review his discharge orders that had accompanied Resident #5 from the hospital and she noted the document titled "Outpatient Antimicrobial Therapy Orders" that contained the order Cefazolin 2 grams (gm) IV every 8 hours until 04/23/16. Nurse #1 stated she was fairly new to the facility so she took the document to her supervisor who instructed Nurse #1 to place the document in the physician box at the facility. Nurse #1 stated she took the document and circled the order and wrote a note asking if the medication needed to be given. Nurse #1 stated that if she had it to do over again she would have just picked up the phone and called the Nurse Practitioner or physician. Interview with the Director of Nursing (DON) on 05/19/16 at 3:23 PM revealed that he was new to the facility and was not aware the Resident #5 did not receive the IV antibiotics as ordered. The DON stated he would have expected the staff to call the physician, NP, or ID doctor if they had any questions about the medications that were ordered and would also expect medications that are ordered to be administered as ordered. Interview with the Supervisor on 05/19/16 at 4:21 PM that she could not recall Resident #5.	F 281	reoccur. The Director of Nursing will report on the results of these audits during the Quality Assurance meetings once monthly x 3 months, then quarterly x 9 months. The QA&A committee will evaluate these reports to determine the effectiveness of the plan and make any changes as needed.		
F 333	483.25(m)(2) RESIDENTS FREE OF	F 333		6/16/16	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>345405</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>05/19/2016</b>
NAME OF PROVIDER OR SUPPLIER  <b>CHARLOTTE HEALTH &amp; REHABILITATION CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>1735 TODDVILLE ROAD</b> <b>CHARLOTTE, NC 28214</b>		
(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 333 SS=D	Continued From page 3 <b>SIGNIFICANT MED ERRORS</b>  The facility must ensure that residents are free of any significant medication errors.  This REQUIREMENT is not met as evidenced by: Based on record review, staff, nurse practitioner, and physician interviews the facility failed to administer intravenous (IV) antibiotic as ordered for 1 of 3 residents sampled for unnecessary medications (Resident #5). The findings included: Resident #5 was admitted to the facility on 03/30/16 and discharged on 04/27/16 with diagnoses that included osteoarthritis of left knee and chronic gout. Review of the most recent comprehensive minimum data set (MDS) dated 04/06/16 revealed that Resident #5 was cognitively intact and required limited assistance of one staff member for bed mobility, transfers, dressing, toileting, and personal hygiene. The MDS also indicated that Resident #5 received 3 days of antibiotic therapy and received also IV therapy. Review of a facility document titled "Outpatient Antimicrobial Therapy Orders" (OPAT) dated 03/29/16 read in part Resident #5 was to receive Cefazolin 2 grams (gm) IV every 8 hours until 04/23/16. The document indicated the location of the outpatient IV antimicrobial therapy was the skilled nursing facility. The document further stated to contact the supervising physician with questions regarding antimicrobial therapy, delay in therapy for any reason, any difficulty with IV access (including limb swelling), adverse drug reactions, fever great then 100.4 degree, or symptoms of deep vein thrombosis. The	F 333	<b>F333</b> How corrective action will be accomplished for each resident found to be affected by the deficient practice. Resident # 5 received antibiotic therapy as of 4/4/16 with completion of antibiotic therapy as of 4/23/16. Resident discharged home in good condition on 4/27/16.  How corrective action will be accomplished for those residents having the potential to be affected by the same deficient practice. The Director of Nursing, Unit Manager or nursing supervisor will audit all new admissions by 6/16/16 to ensure that no other medication or physician's orders were missed.  Measures to be put in place or systemic changes made to ensure practice will not reoccur. Newly admitted resident's orders will be audited within 24 hours of admission by the Director of Nurses, Unit Manager, Unit Coordinator or nurse supervisor to ensure that no medications were missed during admission and that all physician's orders are followed.		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>345405</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b>  <b>05/19/2016</b>
NAME OF PROVIDER OR SUPPLIER  <b>CHARLOTTE HEALTH &amp; REHABILITATION CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>1735 TODDVILLE ROAD</b> <b>CHARLOTTE, NC 28214</b>		
(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 333	Continued From page 4 document was electronically signed by the infectious disease (ID) doctor. Review of the Medication Administration Record dated March 2016 contained no order for Cefazolin. Review of the Medication Administration Record dated April 2016 revealed an order that was obtained on 04/04/16 that read Cefazolin Sodium-Dextrose 2-4 gm/1000 milliliters (ml). Use 2000 mg intravenously every 8 hours for septic knee until 04/23/16. The order had been initialed by the nursing staff indicating the IV medication had been administered starting on 04/04/16 every 8 hours. Interview with Nurse Practitioner (NP) on 05/19/16 at 1:08 PM revealed that when she arrived at the facility on the morning of 04/04/16 she found a document in her box that was titled "Outpatient Antimicrobial Therapy Orders" that contained the order for Cefazolin 2 gm IV every 8 hours until 04/23/16. The staff had circled the order and wrote a note asking if the staff should give this medication. The NP stated that she gave order to start the medication as ordered on the document. The NP stated that she would have expected the staff to call her at the time of the admission to clarify the order and she would have also expected the staff to notify the ID doctor per her instructions on the document. Interview with ID doctor on 05/19/16 at 2:07 PM revealed that she was not aware that Resident #5 did not receive the IV antibiotics as ordered. The ID doctor stated she would have expected the nursing staff to contact her if they had questions regarding her orders instead of placing them in someone's box and expected the IV antibiotics to have been administered as ordered. The ID doctor stated her contact information is well documented on the "Outpatient Antimicrobial	F 333	All nurses will be re-educated regarding the importance of administering medications per physician's orders and following a physician's order as of 6/16/16. They will also be re-educated to contact the prescribing physician or the attending physician or NP to clarify orders as needed.  Nurses who do not receive the re-education will not be allowed to work until they receive the education.  All newly hired nurses will receive education at the time of hire on the importance of administering medication's per physician's orders and following a physician's order. They will also be educated to contact the prescribing physician or the attending physician or NP to clarify orders as needed.  How the facility will monitor corrective action to ensure deficient practice will not reoccur. The Director of Nursing will report on the results of these audits during the Quality Assurance meetings once monthly x 3 months, then quarterly x 9 months. The QA&A committee will evaluate these reports to determine the effectiveness of the plan and make any changes as needed.		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>345405</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>05/19/2016</b>
NAME OF PROVIDER OR SUPPLIER  <b>CHARLOTTE HEALTH &amp; REHABILITATION CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>1735 TODDVILLE ROAD</b> <b>CHARLOTTE, NC 28214</b>		
(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 333	Continued From page 5 Therapy Order" document. The ID doctor also stated that Resident #5 was lucky and the omission of the IV medications did not have a huge impact on his outcome and he had done well and had discharged home on 04/27/16. Interview with Nurse #1 on 05/19/16 at 2:58 PM revealed that she admitted Resident #5 and the supervisor had entered the orders into the electronic medical record. Nurse #1 stated that while completing her medication pass she noticed that Resident #5 had an IV access and reviewed his MAR that contained no IV medications. Nurse #1 stated that she had gone to review his discharge orders that had accompanied Resident #5 from the hospital and she noted the document titled "Outpatient Antimicrobial Therapy Orders" that contained the order Cefazolin 2 grams (gm) IV every 8 hours until 04/23/16. Nurse #1 stated she was fairly new to the facility so she took the document to her supervisor who instructed Nurse #1 to place the document in the physician box at the facility. Nurse #1 stated she took the document and circled the order and wrote a note asking if the medication needed to be given. Nurse #1 stated that if she had it to do over again she would have just picked up the phone and called the Nurse Practitioner or physician. Interview with the Director of Nursing (DON) on 05/19/16 at 3:23 PM revealed that he was new to the facility and was not aware the Resident #5 did not receive the IV antibiotics as ordered. The DON stated he would have expected the staff to call the physician, NP, or ID doctor if they had any questions about the medications that were ordered and would also expect medications that are ordered to be administered as ordered. Interview with the Supervisor on 05/19/16 at 4:21 PM that she could not recall Resident #5.	F 333			