

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

PRINTED: 01/12/2017
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345405	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 12/16/2016
NAME OF PROVIDER OR SUPPLIER CHARLOTTE HEALTH & REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 1735 TODDVILLE ROAD CHARLOTTE, NC 28214	
(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	F 000		
F 279 SS=D	<p>483.20(d), 483.20(k)(1) DEVELOP COMPREHENSIVE CARE PLANS</p> <p>A facility must use the results of the assessment to develop, review and revise the resident's comprehensive plan of care.</p> <p>The facility must develop a comprehensive care plan for each resident that includes measurable objectives and timetables to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment.</p> <p>The care plan must describe the services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.25; and any services that would otherwise be required under §483.25 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(b)(4).</p> <p>This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, the facility failed to develop and coordinate a care plan for hospice services for 1 of 1 sampled resident who received hospice care (Resident #55).</p> <p>The findings included:</p>	F 279		1/13/17
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE			TITLE	(X6) DATE
Electronically Signed				01/03/2017

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 279	<p>Continued From page 1</p> <p>Resident #55 was admitted to the facility on 08/27/08 with diagnoses which included dementia and chronic obstructive pulmonary disease. Resident #55 began hospice care on 03/08/16.</p> <p>Review of Resident #55's quarterly Minimum Data Set (MDS) dated 09/15/16 revealed an assessment of short and long term memory problems. The MDS indicated Resident #55 had a condition or chronic disease that may result in a life expectancy of less than 6 months.</p> <p>Review of Resident # 55's care plan dated 10/10/16 revealed there was no documentation regarding Resident #55's receipt of hospice services. There was no designation or identification of services provided directly by hospice and which services would be provided directly by the facility.</p> <p>Interview with Resident #55's family member on 12/13/16 at 12:29 PM revealed Resident #55's hospice care included a nurse aide, nurse, social worker and chaplain. Resident #55's family member reported the hospice team met regularly with the family member.</p> <p>Interview with Nurse #1 on 12/15/16 at 9:21 AM revealed Resident #55's hospice nurse came weekly. Nurse #1 explained she and the hospice nurse exchanged information orally. Nurse #1 reported she did not know if the care plan coordination included a written document or if hospice submitted a separate care plan.</p> <p>Telephone interview with Resident #55's hospice nurse on 12/15/16 at 10:33 AM revealed Resident #55 received hospice services and the facility received hospice notes and the hospice</p>	F 279	<p>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. How corrective action will be accomplished for each resident found to have been affected by the deficient practice: Meeting held with Hospice & Palliative Care, Charlotte Region on December 20, 2016 including Charlotte Health Care Center MDS Coordinator, MDS nurse, Administrator, Director of Nursing, Unit Manager and Hospice Nurse Education & Resource Manager, and Director of Hospice for introduction of team members and to discuss requirements for hospice residents to include resident #55. Resident #55 care plan revised to include coordination for hospice services 01/10/2017.</p> <p>2. How corrective action will be accomplished for those residents having the potential to be affected by the same deficient practice: Meeting held with Hospice & Palliative Care, Charlotte Region on December 30, 2016 including Charlotte Health Care Center MDS Coordinator, MDS nurse, Administrator, Director of Nursing, Unit Manager and Hospice Nurse Education & Resource Manager, Hospice Nurse, Hospice Chaplin and Director of Hospice to discuss plans for meeting requirements for current hospice residents to include resident #55.</p> <p>Care plan meeting scheduled for</p>		

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F 279	Continued From page 2 interdisciplinary care plan. The hospice nurse explained communication occurred orally between hospice and the floor nurse. Interview with MDS Coordinator #1 on 12/16/16 at 11:10 AM revealed care plans were developed by floor nurses and the MDS Coordinator did not meet with the hospice team. Interview with the Director of Nursing on 12/16/16 at 11:16 AM revealed coordination with hospice occurred orally with the nurses on the floor.	F 279	Thursday January 5, 2017 to include facility Interdisciplinary team and Hospice interdisciplinary team for all current hospice residents including resident#55. Care will be coordinated between Hospice team and facility direct care team and Director of Nursing will update accordingly care plans for all current hospice residents including resident #55 to include. All current hospice residents care plans revised to include coordination for hospice services 01/13/2017. 3. Measures to be put in place or systemic changes made to ensure practice will not re-occur: All new hospice residents will have comprehensive care plan initiated on day of admission to hospice services by Director of Nursing or designee in her absence. Hospice team member will attend 1X monthly facility morning stand up meeting to discuss current status and care needs of current hospice residents with the Interdisciplinary team. Care plans will be updated accordingly by the Interdisciplinary team. Hospice team will be sent letter of invitation to attend quarterly interdisciplinary care plan meeting, and if unable to attend an alternative date will be provided for all hospice residents. Director of Nursing and/or designee will audit monthly X 12 months: 1) All Hospice residents care plans to ensure		

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F 279	Continued From page 3	F 279	comprehensive and includes coordination of care for hospice services 2) Hospice attending quarterly care plan meetings and care plan revised as needed 3) Hospice attending facility stand up meeting 1X monthly. 4. How facility will monitor corrective action(s) to ensure deficient practice will not re-occur: All Hospice residents will be reviewed at the Quarterly Quality Assurance Meeting X 4. Results of monthly audits will be reviewed for further problem resolution if needed X 4.		