STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345201	A. BUILDING _____ B. WING _____	C 01/03/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMPLETE CARE AT CHARLOTTE	2616 EAST 5TH STREET CHARLOTTE, NC 28204

(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 641 SS=D	Accuracy of Assessments CFR(s): 483.20(g) §483.20(g) Accuracy of Assessments. The assessment must accurately reflect the resident's status. This REQUIREMENT is not met as evidenced by: Based on staff interviews and record review, the facility failed to accurately code the Minimum Data Set (MDS) related to cognition for 1 of 6 sampled residents who required a MDS (Resident #2). The findings included: Resident #2 was admitted to the facility on 09/01/17 with diagnoses which included traumatic brain injury and seizures. Review of Resident #2's annual Minimum Data Set (MDS) dated 11/22/18 revealed Resident #2's inability to complete a BIMS (Brief Interview for Mental Status) interview. The MDS documented a staff interview conclusion of short term and long-term memory loss. The MDS indicated Resident #2 had severely impaired cognitive skills for decision making and required an interpreter to communicate with doctor or health care staff. Review of a Nurse Practitioner (NP) note dated 01/03/19 revealed Resident #2 was alert and oriented to person, place and time. Interview with Resident #2 on 01/03/19 at 8:45 AM revealed Resident #2 nodded accurately yes or no to questions. Interview with Nurse #1 on 01/03/19 at 8:50 AM revealed Resident #2 understood but did not	F 641	1) To correct the deficient practice the Minimum Data Set was modified for resident #2 on 1/15/19. 2) To ensure other residents were not affected by this an audit of all residents that received coding of severely impaired over the past 60 days was complete by MDS personnel. No other issues were identified. 3) Facility MDS personal in-serviced on 1/15/19 by corporate MDS consultant on accurate staff coding for section C according to RAI guidelines. MDS personnel to audit 5 section C assessments daily for 5 days, weekly for 2 weeks, and monthly for 3 months. 4) Results of audit will be brought to quarterly Quality Assurance and Performance Improvement meeting for 6 months. Review and revisions will be made as necessary.	1/15/19

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

Electronically Signed | 01/16/2019

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 641	Continued From page 1	F 641		

speak English. Nurse #1 explained Resident #2 was independent in all activities of daily living and decision-making.

Interview with Nurse Aide (NA) #1 on 01/03/19 at 10:45 AM revealed Resident #2 was alert, knew his room location, and was independent in decision-making.

Interview with NA #2 on 01/03/19 at 11:07 AM revealed Resident #2 was independent in decision-making and oriented to person, place and time.

Interview with Nurse #2 on 01/03/19 at 11:11 AM revealed Resident #2 was alert and oriented to person, place, time and situation.

Interview with the Director of Nursing (DON) on 01/03/19 at 11:15 AM revealed Resident #2 was alert and oriented. The DON reported Resident #2 was independent in decision-making.

Interview with the NP on 01/03/19 at 11:35 AM revealed Resident #2's cognition was intact with independent decision-making skills.

Interview with the Administrator on 01/03/19 at 12:02 PM revealed the MDS Coordinator completed Resident #2's cognition assessment and was not available for interview. The Administrator reported he expected Resident #2's MDS to be accurately coded.

Interview with MDS consultant on 01/03/19 at 2:28 PM revealed the MDS should be accurately coded. The MDS consultant reported her interviews of direct care staff confirmed Resident #2 was cognitively intact and not confused.

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