

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

PRINTED: 09/11/2015  
FORM APPROVED  
OMB NO. 0938-0391

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>C</b> <b>08/05/2015</b>
NAME OF PROVIDER OR SUPPLIER  <b>MECKLENBURG HEALTH &amp; REHABILITATION CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>2415 SANDY PORTER ROAD</b> <b>CHARLOTTE, NC 28273</b>		
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F 000	INITIAL COMMENTS	F 000			
F 280 SS=D	<p>An amended Statement of Deficiencies was provided to the facility on 08/26/15 to correct typographical errors that were in the facility's original 2567 report. Event ID# 1HAU11.</p> <p>483.20(d)(3), 483.10(k)(2) RIGHT TO PARTICIPATE PLANNING CARE-REVISE CP</p> <p>The resident has the right, unless adjudged incompetent or otherwise found to be incapacitated under the laws of the State, to participate in planning care and treatment or changes in care and treatment.</p> <p>A comprehensive care plan must be developed within 7 days after the completion of the comprehensive assessment; prepared by an interdisciplinary team, that includes the attending physician, a registered nurse with responsibility for the resident, and other appropriate staff in disciplines as determined by the resident's needs, and, to the extent practicable, the participation of the resident, the resident's family or the resident's legal representative; and periodically reviewed and revised by a team of qualified persons after each assessment.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observations, record review and staff interview, the facility failed to update a care plan to include wheel chair positioning devices for 1 of 3 sampled residents reviewed for wheel chair positioning. (Resident #3)</p>	F 280	<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</p>	8/29/15	

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

TITLE

(X6) DATE

Electronically Signed

08/28/2015

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 280	<p>Continued From page 1</p> <p>The findings included:</p> <p>Resident #3 was readmitted to the facility on 05/21/13 after a inoperable left femoral neck (hip) fracture. Diagnose included advanced dementia, abnormal posture, left ankle contractures and a personal history of falls, among others.</p> <p>An occupational therapy discharge summary dated 09/11/14 recorded in part that Resident #3 would be discharged with a plan for wheel chair positioning to include a wheel chair with a foot buddy with a wedge underneath to increase lower extremity positioning.</p> <p>Review of the care plan for Resident #3 dated 05/26/15 revealed it did not include the use of a foot buddy with a wedge cushion.</p> <p>A quarterly minimum data (MDS) set dated 07/16/15 assessed Resident #3 with severely impaired cognition and required extensive staff assistance with wheel chair mobility.</p> <p>Resident #3 was observed on 08/05/15 at 10:00 AM and 12:22 PM seated in her wheel chair with a pommel wedge cushion. The Resident's feet and legs hung approximately four inches above the floor without lower extremity assistive devices for support.</p> <p>An interview with nurse aide (NA) #1 occurred on 08/05/15 at 1:49 PM and revealed that she had been a caregiver to Resident #3 for over a year. NA #1 stated that Resident #3 required assistance with wheel chair mobility and that she used to have 2 foot pedals with a cushion for her legs. NA #1 further stated that she had not seen the foot pedals or cushion in a while, but</p>	F 280	<p>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>F280 How corrective action will be accomplished for each resident found to have been affected by the deficient practice ¿Resident # 3 Foot buddy placed on resident¿s wheelchair on 8/5/2015 and interventions have been care planned appropriately.</p> <p>How corrective action will be accomplished for those residents having the potential to be affected by the same deficient practice ¿</p> <p>1) Audit completed by Therapy Director on 8/24/2015 of current patients to ensure they are positioned appropriately and correct devices are in place.</p> <p>2) On 8/27/15 the MDS Coordinator took the audit completed by Therapy and ensured that the individual recommendations had been care planned.</p> <p>Measures to be put in place or systemic changes made to ensure practice will not Re-occur: Restorative Referral Form will be completed in Point Click Care by Therapy and printed off after saving to give to Director of Nursing for distribution to the appropriate Unit Manager/Unit Coordinator to be care planned and</p>		

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F 280	<p>Continued From page 2</p> <p>remembered the Resident did used to have them. During the interview, a leg rest and foot buddy with a wedge cushion were observed on the floor in the Resident's room underneath the sink. NA #1 stated, "This may belong to her, this is the cushion she used a long time ago." NA #1 stated she used a care guide and the computer to know what care to provide to the residents she was assigned. Review of the care guide and nurse aide computer instructions revealed it did not record the use of lower extremity wheel chair devices for Resident #3.</p> <p>During an interview on 08/05/15 at 2:15 PM, the rehab manager stated Resident #3 required a foot buddy with a wedge cushion underneath due to an old hip fracture and left ankle contractures. The rehab manager further stated that the lower extremity devices should have been recorded on the care plan.</p> <p>During an interview on 08/05/15 at 2:50 PM, the director of nursing (DON) revealed that she reviewed the care plan and medical record for Resident #3 and confirmed that the care plan had not been updated to include the occupational therapy discharge instructions from 09/11/14. The DON stated that residents with a plan for discharge from therapy services were discussed daily during a morning meeting, MDS staff were present and were expected to update care plans and computer instructions for nurse aides at that time.</p> <p>During an interview on 08/05/15 at 4:55 PM, MDS nurse #1 stated she had been at the facility since July 2014. MDS nurse #1 stated she attended morning meetings which included discussion of therapy discharge instructions, but she could not</p>	F 280	<p>recommendation followed through if appropriate. The DON, Therapy Director, MDS and SDC educated on the process for referrals that are not Restorative focused by Corporate Nurse Consultant on 8/24/2015.</p> <p>The Director of Nursing/Unit Manager/MDS Coordinator or designee will review the Restorative Referral Report in Point Click Care to ensure that the appropriate interventions are placed on the care-plan and will revise the care plan as necessary. If the appropriate interventions are not careplanned it will be addressed at the time of the audit. The audits will be reviewed daily (Monday - Friday) x 2 weeks, weekly x 2 weeks, bimonthly x 1 month, and monthly x 1, for any new referrals identified by the Restorative Referral Process.</p> <p>How facility will monitor corrective action(s) to ensure deficient practice will not re-occur-The results of these audits will be reviewed in Monthly Quality Assurance Meetings X4 for further problem resolution/revision if needed.</p>		

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F 280	Continued From page 3 recall if the care plan for Resident #3 was updated to include the use of wheel chair positioning devices.	F 280			
F 318 SS=D	483.25(e)(2) INCREASE/PREVENT DECREASE IN RANGE OF MOTION  Based on the comprehensive assessment of a resident, the facility must ensure that a resident with a limited range of motion receives appropriate treatment and services to increase range of motion and/or to prevent further decrease in range of motion.  This REQUIREMENT is not met as evidenced by: Based on observations, record review and staff interview, the facility failed to implement wheel chair positioning devices per therapy recommendations for 1 of 3 sampled residents reviewed for wheel chair positioning. (Resident #3)  The findings included:  Resident #3 was readmitted to the facility on 05/21/13 after a inoperable left femoral neck (hip) fracture. Diagnose included advanced dementia, abnormal posture, left ankle contractures and a personal history of falls, among others.  An occupational therapy (OT) discharge summary dated 09/11/14 recorded in part that Resident #3 would be discharged with a plan for wheel chair positioning to include a wheel chair with a foot buddy and a wedge cushion underneath to increase lower extremity positioning.	F 318	F318 How corrective action will be accomplished for each resident found to have been affected by the deficient practice ¿Resident # 3 Foot buddy placed on Resident¿s wheelchair on 8/5/2015 and interventions have been care planned appropriately and interventions appear on the Kardex which is visible to the CNA by the Nurse Consultant by 8/25/15.  How corrective action will be accomplished for those residents having the potential to be affected by the same deficient practice ¿ 1) Audit completed by Therapy Director on 08/24/2015 of current patients to ensure they are positioned appropriately and correct devices are in place. 2) On 08/27/2015 the MDS Coordinator took the audit completed by Therapy and	9/4/15	

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F 318	<p>Continued From page 4</p> <p>Review of the care plan dated 05/26/15 revealed that due to impaired cognition, weakness and limited physical mobility, Resident #3 was dependent on staff for wheel chair mobility and positioning. The care plan did not include the use of lower extremity wheel chair positioning devices for Resident #3.</p> <p>A quarterly minimum data (MDS) set dated 07/16/15 assessed Resident #3 with severely impaired cognition and required extensive staff assistance with wheel chair mobility.</p> <p>Resident #3 was observed on 08/05/15 at 10:00 AM and 12:22 PM seated in her wheel chair with a pommel wedge cushion. The Resident's feet and legs hung approximately four inches above the floor without lower extremity assistive devices for support.</p> <p>An interview with nurse aide (NA) #1 occurred on 08/05/15 at 1:49 PM and revealed that she had been a caregiver to Resident #3 for over a year on the 7AM - 3PM shift. NA #1 stated that Resident #3 required assistance with wheel chair mobility and that she used to have 2 foot pedals with a cushion for her legs. NA #1 further stated that she had not seen the foot pedals or foot buddy with a wedge cushion in a while, but remembered Resident #3 did used to have them. During the interview, a leg rest and foot buddy with a wedge cushion were observed on the floor in the Resident's room underneath the sink. NA #1 stated, "this may belong to her, this is the cushion she used a long time ago." NA #1 stated she used a care guide and the computer to know what care to provide to the residents she was assigned. Review of the care guide and nurse</p>	F 318	<p>ensured that the individual recommendations had been care planned.</p> <p>Measures to be put in place or systemic changes made to ensure practice will not Re-occur: Restorative Referral Form will be completed in Point Click Care by Therapy and printed off after saving to give to Director of Nursing for distribution to the appropriate Unit Manager/Unit Coordinator to be care planned and scheduled on the care plan so that interventions appear on the Resident Kardex for the CNAs to ensure recommendations are followed if appropriate. The DON, Therapy Director, MDS and SDC educated on the process for referrals that are not Restorative focused by Corporate Nurse Consultant on 8/24/2015.</p> <p>The Director of Nursing/Unit Manager/MDS Coordinator or designee will review the Restorative Referral Report in Point Click Care to ensure that the appropriate interventions are placed on the care-plan and interventions scheduled will appear on the Kardex so it is visible to the CNA if referral is received. Revisions to the care plan will be competed as necessary. If the appropriate interventions are not care planned or on the Kardex it will be addressed at the time of the audit. The audits will be reviewed daily (Monday - Friday) x 2 weeks, weekly x 2 weeks, bimonthly x 1 month, and monthly x 1, for any new referrals identified by the Restorative Referral Process.</p>		

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F 318	<p>Continued From page 5</p> <p>aide computer instructions revealed it did not record the use of lower extremity wheel chair devices for Resident #3.</p> <p>During an interview on 08/05/15 at 2:12 PM, nurse #1 who worked with Resident #3 on the 7AM - 3PM shift, revealed that she recalled Resident #3 used leg rests "a long time ago, but I haven't seen them lately. " Nurse #1 stated Resident #3 was dependent on staff for wheel chair mobility.</p> <p>During an interview and observation on 08/05/15 at 2:15 PM, the rehab manager stated Resident #3 was discharged from OT on 09/11/14 with recommendations for a foot buddy with a wedge cushion due to a hip fracture and left ankle contractures to increase lower extremity positioning. During the interview, Resident #3 was observed in her wheel chair without bilateral leg support. During the observation the rehab manager stated that Resident #3 should still have lower extremity wheel chair devices in place for contractures management and for proper alignment/positioning. OT #1 was also present during the observation of Resident #3 in her wheel chair and stated that because Resident #3 had a history of a hip fracture and left ankle contractures, she should be positioned in the wheel chair with her hips and knees as close to 90 degrees as possible. OT #1 stated that both the leg rests and and foot buddy with a cushion would assist with proper positioning and should still be used for Resident #3.</p> <p>During an interview on 08/05/15 at 2:50 PM, the director of nursing (DON) revealed that therapy discharge recommendations were discussed daily during morning meetings with MDS staff present</p>	F 318	<p>How facility will monitor corrective action(s) to ensure deficient practice will not re-occur. The attached audit tool will be completed by the MDS coordinator and or assistant daily for 4 weeks then 3 times weekly for 4 weeks then weekly for 4 weeks to ensure all positioning devices are in place for all Residents requiring positioning devices. The results of these audits will be reviewed in Monthly Quality Assurance Meetings X4 for further problem resolution/revision if needed.</p> <p>Date of Compliance September 4, 2015</p>		

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F 318	<p>Continued From page 6</p> <p>and were expected to update care plans and computer instructions for nurse aides at that time. The DON stated she expected the therapy discharge recommendations to be followed.</p> <p>During an interview on 08/05/15 at 3:27 PM, NA #2 stated she last worked with Resident #3 on the 7AM - 3PM shift about a month ago, and recalled that at times she applied one, sometimes two leg rests with the foot buddy and cushion to the wheel chair of Resident #3. NA #2 further stated that since changing to the 3 PM - 11 PM shift about a month ago, she had not applied these devices to the wheel chair for Resident #3.</p> <p>During an interview on 08/05/15 at 3:30 PM, nurse #2 stated she worked with Resident #3 one to three times per week on the 3PM - 11PM shift for the last few years and had not observed Resident #3 use lower extremity positioning devices while in her wheel chair.</p> <p>During an interview on 08/05/15 at 4:55 PM, MDS nurse #1 stated she had been at the facility since July 2014. MDS nurse #1 stated she attended morning meetings which included discussion of therapy discharge recommendations, but she could not recall if she updated the care plan and computer used by nurse aides for Resident #3 regarding the use of wheel chair positioning devices.</p>	F 318			