STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345471	A. BUILDING ______ B. WING ______	C 10/24/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MECKLENBURG HEALTH & REHABILITATION CENTER	**2415 SANDY PORTER ROAD CHARLOTTE, NC 28273**

(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 On 11/09/17 an amended Statement of Deficiencies was provided to the facility because of changes made to the practice statement to tag F-514 by the State Agency. Event ID # B7C111.	F 000		
F 322 SS=D	NG TREATMENT/SERVICES - RESTORE EATING SKILLS CFR(s): 483.25(g)(4)(5) (g) Assisted nutrition and hydration. (Includes naso-gastric and gastrostomy tubes, both percutaneous endoscopic gastrostomy and percutaneous endoscopic jejunostomy, and enteral fluids). Based on a resident's comprehensive assessment, the facility must ensure that a resident- (4) A resident who has been able to eat enough alone or with assistance is not fed by enteral methods unless the resident’s clinical condition demonstrates that enteral feeding was clinically indicated and consented to by the resident; and (5) A resident who is fed by enteral means receives the appropriate treatment and services to restore, if possible, oral eating skills and to prevent complications of enteral feeding including but not limited to aspiration pneumonia, diarrhea, vomiting, dehydration, metabolic abnormalities, and nasal-pharyngeal ulcers. This REQUIREMENT is not met as evidenced by: Based on an observation, a resident interview, staff interviews and review of the medical record, the facility failed to provide a sampled resident with bolus tube feedings as ordered for 1 of 4 sampled residents reviewed for enteral nutrition (Resident #5).	F 322	The statements included in this plan of correction 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	11/21/17

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Electronically Signed
TITLE
(X6) DATE: 11/20/2017

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F 322	Continued From page 1 The findings included: Resident #5 was re-admitted to the facility on 9/24/17. Diagnoses included abnormal weight loss and dysphagia, among others. Review of the quarterly Minimum Data Set assessment, dated 10/8/17, and the October 2017 care plan, revealed Resident #5 was assessed with intact cognition, clear speech, able to be understood/understands, required extensive staff assistance with eating, had a history of weight loss, but not on a prescribed weight loss program and required the use of a feeding tube. Care plan interventions included to follow physician orders. An October 2017 progress note written by the registered dietitian (RD), documented that Resident #5 received 100% of his nutrition from bolus tube feedings, Jevity 1.5, 6 cans daily for nutrition support. The RD requested a reweigh for Resident #5 in October 2017 due to possible weight loss. Review of the weight data for September 2017 (151.6 pounds on re-admission) and the reweigh in October 2017 (152.9 pounds) revealed Resident #5 gained weight since readmission to the facility. Review of the October 2017 medication administration record (MAR) for Resident #5 revealed a physician order for bolus feedings, Jevity 1.5, 1 can every 4 hours via percutaneous endoscopic gastrostomy (PEG) feedings due at 4:00 PM was documented as administered after 8:00 PM on 10/5/17.	F 322	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. The plan of correcting the specific deficiency. The plan should address the processes that led to the deficiency cited. The expectation of administering bolus tube feeding to resident #5 in a timely manner in accordance with physician orders was immediately communicated to the nurses assigned to resident #5. The Director of Nursing also worked directly with any staff needing assistance with good organization in his or her workflow to prevent late administration. Resident #5 has shown a weight gain and has subsequently been discharged home from the facility. The procedure for implementing the acceptable plan of correction for the specific deficiency cited. Current facility nursing staff has received education regarding the acceptable range of time for the administration of physician orders and the procedure of notifying their supervisor and the physician if an unforeseeable circumstance causes a late administration. Nursing administration also reorganized the medication carts to increase efficiencies in locating medications during the medication pass	

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F 322	Continued From page 2 Review of the October 2017 MAR for Resident #5 revealed a physician order for bolus feedings, Jevity 1.5, 1 can every 4 hours via PEG feedings due at 4:00 AM was documented as administered after 7:00 AM on 10/5/17. Review of the October 2017 MAR for Resident #5 revealed a physician order for bolus feedings, Jevity 1.5, 1 can every 4 hours via PEG feedings due at 8:00 AM was documented as administered after 11:00 AM on 10/7/17 and 10/8/17. Review of the October 2017 MAR for Resident #5 revealed a physician order for bolus feedings, Jevity 1.5, 1 can every 4 hours via PEG feedings due at 4:00 PM was documented as administered after 8:00 PM on 10/5/17 and 10/16/17. Review of the October 2017 MAR for Resident #5 revealed a physician order for bolus feedings, Jevity 1.5, 1 can every 4 hours via PEG feedings due at 12 noon was documented as administered after 2:00 PM on 10/15/17. Review of the October 2017 MAR for Resident #5 revealed a physician order for bolus feedings, Jevity 1.5, 1 can every 4 hours via PEG feedings due at 12 midnight was documented as administered after 4:00 AM on 10/20/17. On 10/22/17, during a continuous observation, for Resident #5, from 6:03 PM - 6:18 PM, Nurse #1 was observed to administer Jevity 1.5, 1 can (240 ml) bolus, a 175 ml water flush and checked for residuals (none noted). Review of the October 2017 electronic MAR revealed the time of administration was ordered for 4:00 PM.	F 322	and reduce risk for a late medication administration to occur. The monitoring procedure to ensure that the plan of correction is effective and that specific deficiency cited remains corrected and/or in compliance with the regulatory requirements. Facility nursing administration will monitor bolus tube feeding administration for timeliness by observing at least one tube feeding bolus administration per week for eight weeks. Facility nursing administration will also audit tube feeding administration records, for those residents not on a continuous tube feeding, weekly for eight weeks to monitor compliance. Any staff found to be non-compliant with following the physician orders and timeliness of the administration of tube feeding will be disciplined using the progressive discipline process. New nurses will receive education on administration times during new hire orientation. The monitoring tools and the progress of the Plan of Correction will be reviewed by the QAPI committee quarterly x1 with recommendations for further education or systematic changes as indicated. The Director of Nursing is responsible for implementing the acceptable plan of correction by November 21, 2017.	

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F 322	Continued From page 3 An interview with Nurse #1 occurred on 10/22/17 at 6:20 PM. Nurse #1 was the assigned nurse for Resident #5 on the 7 - 3 PM shift on 10/8/17 and 3 - 11 PM shift on 10/5/17, 10/16/17 and 10/22/17. Nurse #1 stated that she was scheduled to work 7 AM - 11 PM on 10/22/17. She stated that the enteral feeding for Resident #5 was due at 4:00 PM, but due to a resident emergency on the 7 AM - 3 PM shift that day, a new admission and only 2 nurses working it was difficult to meet resident needs timely causing delays up to about an hour. Resident #5 stated in interview on 10/23/17 at 2:10 PM that getting his bolus feedings late happened "daily" on any shift. He further reported that he had no adverse outcome, that he was always full and had no stomach discomfort as a result of waiting on his enteral feedings. An interview with Nurse #2 occurred on 10/23/17 at 7:31 PM. Nurse #2 was the assigned nurse for Resident #5 on the 3 - 11 PM shift on 10/15/17. Nurse #2 stated that she worked all shifts and sometimes had as many as 25 residents to care for. Nurse #2 stated when she had that many residents it impacted her ability to get to her residents timely. Nurse #2 stated that the only reason she gave Resident #5 a bolus feeding late was because she had other residents and at times she had to prioritize resident care based on what residents were asking for. Nurse #2 stated that Resident #5 had not voiced discomfort due to getting his bolus feedings late. A telephone interview occurred with the physician on 10/24/17 at 3:07 PM. The physician stated that he would be concerned about late administration if it was happening daily, but an occasional delay	F 322		

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F 322	Continued From page 4 of 30 minutes or so, was ok. The physician stated that he expected physician orders to be followed, otherwise staff should inform him. The physician stated that he had been contacted recently regarding late administration for items that were due more than once per day and/or not given and that he advised staff on how to proceed. An interview occurred on 10/24/17 at 4:00 PM with the administrator. The interview revealed that the administrator ideally expected nurses to follow physician orders, or to notify the physician if the order could not be followed. The administrator further stated that current management had been working with the nurses to make sure that happened. She further stated that she was new in her role as administrator in the facility, hired within the past 2 weeks. The administrator stated that over the last 2 weeks residents and staff had made her aware of their ongoing concerns with late administration, but more time was needed to resolve these concerns.	F 322		
F 353 SS=D	SUFFICIENT 24-HR NURSING STAFF PER CARE PLANS CFR(s): 483.35(a)(1)-(4) 483.35 Nursing Services The facility must have sufficient nursing staff with the appropriate competencies and skills sets to provide nursing and related services to assure resident safety and attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident, as determined by resident assessments and individual plans of care and considering the number, acuity and diagnoses of the facility's resident population in	F 353		11/21/17

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F 353	Continued From page 5 accordance with the facility assessment required at §483.70(e). [As linked to Facility Assessment, §483.70(e), will be implemented beginning November 28, 2017 (Phase 2)] (a) Sufficient Staff. (a)(1) The facility must provide services by sufficient numbers of each of the following types of personnel on a 24-hour basis to provide nursing care to all residents in accordance with resident care plans: (i) Except when waived under paragraph (e) of this section, licensed nurses; and (ii) Other nursing personnel, including but not limited to nurse aides. (a)(2) Except when waived under paragraph (e) of this section, the facility must designate a licensed nurse to serve as a charge nurse on each tour of duty. (a)(3) The facility must ensure that licensed nurses have the specific competencies and skill sets necessary to care for residents' needs, as identified through resident assessments, and described in the plan of care. (a)(4) Providing care includes but is not limited to assessing, evaluating, planning and implementing resident care plans and responding to resident's needs. This REQUIREMENT is not met as evidenced by: Based on interviews with a resident, the physician and staff and review of the medical record, the facility failed to provide sufficient staff	F 353	F353 The plan of correcting the specific deficiency. The plan should address the	

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F 353	Continued From page 6 to administer enteral feedings to a resident per the physician order for 1 of 8 sampled residents (Resident #5). The findings included: This tag is cross referred to: F322, Nasogastric Treatment and Services: Based on an observation, a resident interview, staff interviews and review of the medical record, the facility failed to provide a sampled resident with bolus tube feedings as ordered for 1 of 4 sampled residents reviewed for enteral nutrition (Resident #5). A telephone interview with Nurse #4 occurred on 10/24/17 at 1:11 PM. Nurse #4 stated that once she started her medication pass, which included administering enteral feedings, it typically took 1.5 - 2.5 hours. Nurse #4 stated that at times she got behind especially if only 2 nurse were assigned. Nurse #4 stated when only 2 nurses were assigned, the nurses shared one of the halls and depending on what occurred during the shift, at times she was late getting to the shared hall. Nurse #4 also stated that at times, she arrived on shift at 11:00 AM and the 9:00 AM medication pass had not occurred, so she would have to start a medication pass that was already late. She stated "it all comes down to staffing." Nurse #4 stated that when this was reported to management, she was told "as long as you prioritize, it can get done." An interview occurred on 10/24/17 at 2:30 PM with the unit manager (UM). The UM stated that she was aware that at times nurses voiced they were not able to complete the medication pass	F 353	processes that led to the deficiency cited. The facility has hired additional nursing staff and has contracted with a staffing agency to assist current nurses and aides while new staff is undergoing orientation and training. The procedure for implementing the acceptable plan of correction for the specific deficiency cited. The facility will continue to review staffing levels and adjust as needed to meet resident needs. The monitoring procedure to ensure that the plan of correction is effective and that specific deficiency cited remains corrected and/or in compliance with the regulatory requirements. The Administrator and Director of Nursing will review the daily schedules with the facility staffing coordinator weekly for staffing needs. Nursing administration or agency staff will be utilized to assist with direct care as needed to meet residents needs. The staffing levels and the progress of the Plan of Correction will be reviewed by the QAPI committee quarterly x1 with recommendations for systematic changes as indicated. The Director of Nursing is responsible for implementing the acceptable plan of correction by November 21, 2017.	

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F 353	Continued From page 7 timely which included providing enteral feedings. The UM stated that when this occurred, she expected the nurse to notify the physician. The UM stated that last week, she began giving verbal reminders to nurses to make sure they documented the time of administration, administer timely or to notify the manager/physician if administration was not completed/completed timely.	F 353		
F 514 SS=D	RES RECORDS-COMPLETE/ACCURATE/ACCESSIB LE CFR(s): 483.70(i)(1)(5) (i) Medical records. (1) In accordance with accepted professional standards and practices, the facility must maintain medical records on each resident that are- (i) Complete; (ii) Accurately documented; (iii) Readily accessible; and (iv) Systematically organized (5) The medical record must contain- (i) Sufficient information to identify the resident; (ii) A record of the resident's assessments; (iii) The comprehensive plan of care and services provided; (iv) The results of any preadmission screening	F 514		11/21/17

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F 514	Continued From page 8 and resident review evaluations and determinations conducted by the State; (v) Physician's, nurse's, and other licensed professional's progress notes; and (vi) Laboratory, radiology and other diagnostic services reports as required under §483.50. This REQUIREMENT is not met as evidenced by: Based on interviews with staff and review of the medical record, the facility failed to accurately document the time of medication and enteral feeding administration in the medical record for 2 of 12 sampled residents (Residents #7 and #5). The findings included: 1. Resident #7 was admitted to the facility on 7/5/17. Review of the October 2017 medication administration record for Resident #7 revealed the following medications with a physician order to be administered in the morning (8:00 AM or 9:00 AM) were documented as administered after 2:00 PM on 10/6/17 and after 11:00 AM on 10/10/17: " Gabapentin capsule 300 milligrams (mg), give 3 capsules by mouth four times a day related to chronic pain " Miralax powder, give 17 gram by mouth two times a day " Colace 100 mg, give 1 capsule by mouth two times a day " Multiple vitamin tablet, give 1 tablet by mouth one time a day for supplementation " Zinc sulfate capsule, give 220 mg by mouth two times a day for wound healing	F 514	The plan of correcting the specific deficiency. The plan should address the processes that led to the deficiency cited. The expectation of documenting medication administration in a timely manner in accordance with physician orders was immediately communicated to the nurses assigned to resident #5 & #7. Resident #5 and resident #7 medical record was revised with a notation to indicate the actual administration times of the medications. The Director of Nursing also reviewed with licensed nursing staff the 5-rights of medication administration, including the documentation of medications at the time they are given. The procedure for implementing the acceptable plan of correction for the specific deficiency cited. Nursing staff has received education regarding the timeliness of documenting the medication administration and accurate medical records. The monitoring procedure to ensure that the plan of correction is effective and that	

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F 514	Continued From page 9 " Finasteride tablet 5 mg, give 1 tablet by mouth one time a day related to neuromuscular dysfunction of bladder " Hydrocodone-Acetaminophen Tablet 10-325 mg, give 1 tablet by mouth every 4 hours for pain " Celexa tablet 20 mg, give 1 tablet by mouth one time a day related to major depressive disorder " Furosemide Tablet 20 mg, give 1 tablet by mouth two times a day for edema " Baclofen tablet 20 mg, give 1 tablet by mouth four times a day for an autoimmune disease " Atenolol tablet 50 mg, give 1 tablet by mouth one time a day for high blood pressure An interview with Nurse #3 occurred on 10/24/17 at 2:20 PM. Nurse #3 stated that she medicated Resident #7 on 10/10/17 on the 7 - 3 PM shift, but that his medications were not late. Nurse #3 stated that she completed her medication pass and then went back later to document the time. Nurse #3 stated the time of medication administration in the medical record for Resident #7 on 10/10/17 was not accurate. An interview occurred on 10/24/17 at 2:30 PM with the unit manager (UM). The UM stated that she assisted the 200 unit on 10/6/17 with medication administration because "the unit had a lot going on." The UM stated that she could not speak specifically to what was going on, but she knew she went to the unit to help. The UM stated that she administered medication to Resident #7 timely, but waited until later to document the time which meant that the time recorded in the medical record of administration was not accurate. The UM stated "I know that means the medical record is not accurate." The UM stated that last week, she began giving verbal reminders	F 514	specific deficiency cited remains corrected and/or in compliance with the regulatory requirements. Facility nursing administration will monitor the documentation of medication administration in the medical record by reviewing a 10% sample of patients using the Medication Administration Report five times per week for two weeks, three times per week for two weeks, and once per week for four weeks. Any nursing staff found to be non-compliant with accurate documentation will be disciplined using the progressive discipline process. The 5 rights of medication administration and documentation guidelines will be reviewed with all licensed nurses during new hire orientation. The monitoring tools and the progress of the Plan of Correction will be reviewed by the QAPI committee quarterly x1 with recommendations for further education or systematic changes as indicated. The Director of Nursing is responsible for implementing the acceptable plan of correction by November 21, 2017.	

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F 514	Continued From page 10 to nurses to make sure they documented the time of administration, administer timely or to notify the manager/physician if administration was not completed/completed timely. An interview occurred on 10/24/17 at 4:00 PM with the administrator and the interim director of nursing (DON). An interview occurred on 10/24/17 at 4:00 PM with the administrator. The interview revealed that the administrator ideally expected nurses to follow physician orders, or to notify the physician if the order could not be followed. The administrator further stated that current management had been working with the nurses to make sure that happened. She further stated that she was new in her role as administrator in the facility, hired within the past 2 weeks. The administrator stated that over the last 2 weeks residents and staff had made her aware of their ongoing concerns with late administration, but more time was needed to resolve these concerns. The DON stated that she began on 10/23/17 to provide nurses with re-education regarding her expectation regarding accurate documentation in the medical record. 2. Resident #5 was re-admitted to the facility on 9/24/17. Review of the October 2017 medication administration record (MAR) for Resident #5 revealed a physician order for bolus feedings, Jevity 1.5, 1 can every 4 hours via percutaneous endoscopic gastrostomy (PEG) feedings. Review of the October 2017 MAR for Resident #5 revealed a physician order for bolus feedings, Jevity 1.5, 1 can every 4 hours via PEG feedings	F 514		

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F 514	Continued From page 11	F 514		

due at 8:00 AM was documented as administered at 10:21 AM on 10/5/17 and 10:30 on 10/16/17.

An interview with Nurse #3 occurred on 10/24/17 at 2:20 PM. Nurse #3 stated that she provided enteral feedings to Resident #5 on 10/5/17 on the 7 - 3 PM shift, but that his enteral feedings were not late. Nurse #3 stated that she administered the enteral feedings and then went back later to document the time. Nurse #3 stated the time of enteral feeding administration in the medical record for Resident #5 on 10/5/17 was not accurate.

An interview occurred on 10/24/17 at 2:30 PM with the unit manager (UM). The UM stated that last week, she began giving verbal reminders to nurses to make sure they documented the time of administration, administered timely or to notify the manager/physician if administration was not completed/completed timely.

An interview occurred on 10/24/17 at 4:00 PM with the administrator and the interim director of nursing (DON). An interview occurred on 10/24/17 at 4:00 PM with the administrator. The interview revealed that the administrator ideally expected nurses to follow physician orders, or to notify the physician if the order could not be followed. The administrator further stated that current management had been working with the nurses to make sure that happened. She further stated that she was new in her role as administrator in the facility, hired within the past 2 weeks. The administrator stated that over the last 2 weeks residents and staff had made her aware of their ongoing concerns with late administration, but more time was needed to resolve these concerns. The DON stated that she began on

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345471	A. BUILDING ______ B. WING ______	C 10/24/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MECKLENBURG HEALTH & REHABILITATION CENTER	**2415 SANDY PORTER ROAD CHARLOTTE, NC 28273**

(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 514	Continued From page 12 10/23/17 to provide nurses with re-education regarding her expectation regarding accurate documentation in the medical record.	F 514		