STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345405	A. BUILDING _____ B. WING _____	C 05/21/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHARLOTTE HEALTH & REHABILITATION CENTER	1735 TODDVILLE ROAD CHARLOTTE, NC 28214

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F 727 SS=D	RN 8 Hrs/7 days/Wk, Full Time DON CFR(s): 483.35(b)(1)-(3) §483.35(b) Registered nurse §483.35(b)(1) Except when waived under paragraph (e) or (f) of this section, the facility must use the services of a registered nurse for at least 8 consecutive hours a day, 7 days a week. §483.35(b)(2) Except when waived under paragraph (e) or (f) of this section, the facility must designate a registered nurse to serve as the director of nursing on a full time basis. §483.35(b)(3) The director of nursing may serve as a charge nurse only when the facility has an average daily occupancy of 60 or fewer residents. This REQUIREMENT is not met as evidenced by: Based on record review and staff interviews, the facility failed to schedule a Registered Nurse (RN) for at least 8 consecutive hours a day for 7 of the 20 days reviewed for May 2018 (5/5/18, 5/6/18, 5/10/18, 5/11/18, 5/14/18, 5/19/18 and 5/20/18). The findings included: A record review of the daily staffing posting for 5/20/18 revealed a Registered Nurse (RN) was not scheduled in the facility on 5/20/18. A record review of facility's time detail report for May 2018 revealed that a RN did not work 8 consecutive hours on the following days in May 2018: - Nurse #3 worked 5/11/18 (6.82 hours), and 5/14/18 (7.38 hours) on the 7A - 3P and 3P - 11P shifts.	F 727	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 centers allegation of compliance. All alleged deficiencies cited have been or will be completed by the dates indicated. F727: The plan of correcting the specific deficiency. The plan should address the processes that lead to the deficiency cited:	6/11/18

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

Electronically Signed | 06/06/2018

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F 727	Continued From page 1 - Nurse #5 worked 5/5/18 (8:50 AM - 1:12 PM or 4.37 hours), 5/6/18 (5 hours) and, 5/10/18 (6.58 hours) during the 7A - 3P shift. - Nurse #6 worked 5/19/18 (1.93 hours) during the 3P - 11P shift. - Nurse #7 worked 5/5/18 (8:30 A - 12:45 P or 4.25 hous) on the 7A - 3P shift. An interview on 5/20/18 at 2:30 PM with Nurse #8 revealed she routinely worked the 7A - 3P shift every other weekend. Nurse #8 stated that a RN did not work that day (5/20/18) on the 7A - 3P shift and that sometimes a RN would come to the facility to provide in-services, but did not stay for the duration of shift. An interview with Nurse #2 occurred on 5/20/18 at 2:43 and revealed she routinely worked the 7A - 3P shift. Nurse #2 stated that sometimes a RN worked in the facility on the 7A - 3P shift, but there was not a RN in the facility that day (5/20/18) on the 7A - 3Pm shift. An interview on 5/20/18 at 6:17 PM with the Administrator revealed that the facility currently had 6 RNs who worked either full time or as needed (prn) schedules in the facility. An interview on 5/20/18 at 8:00 PM with the Administrator and Director of Nursing (DON) revealed the RNs in the facility worked Monday - Friday and a RN also worked every other weekend. The facility had just hired a RN to fill a weekend manager position to provide RN coverage. Prior to this hire, the DON was always on call and other RNs worked to cover the vacant weekend supervisor position. The DON stated that she and a unit manager monitored the RN coverage, but the DON was not aware that a RN	F 727	The facility failed to have scheduled a Registered Nurse (RN) for at least 8 consecutive hours a day for 7 out of 20 days. (5/5/18, 5/10/18, 5/11/18, 5/14/18, 5/19/18, and 5/20/18) F727: The procedure for implementing the acceptable plan of correction for the specific deficiency cited: RN staffing coverage was reviewed for the rest of the schedule with the staffing coordinator to ensure there was at least 8 consecutive hours a day for 7 days a week. All RN□s employed and the staffing coordinator were in serviced by the Director of Nursing that there must be 8 consecutive hours a day for 7 days a week of Registered Nurse coverage and to ensure that they remain on the clock for the full 8 hours. The Director of Nursing cannot be included in the 8 hour of Registered Nurse coverage. F727: 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: Director of Nursing, staffing coordinator and or assigned designee will monitor the daily schedule and time clock punches Monday □ Friday, to ensure that there is 8 consecutive hours for 7 days a week of RN coverage. If any RN that does not fulfill the full 8 hours will be re-educated on the Plan and the requirements. If there is another infraction of not meeting the Plan of Correction requirements, the nurse will receive written coaching/education, if the infraction	

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F 727	Continued From page 2 had to be in the facility at least 8 consecutive hours each day. The DON stated "I'm always on call." The the Administrator and DON stated that they expected 7 days per week, 8 consecutive hours of RN coverage in the facility. A telephone interview with the Unit Manager (UM) occurred on 5/21/18 at 9:15 AM and revealed that she assisted the DON to ensure nurse and nurse aide coverage. The UM stated that a RN always worked Monday - Friday, but not every weekend. The UM stated the facility had a RN supervisor who worked every other weekend and that another RN weekend supervisor was just hired who would start next week. On 5/21/18 at 9:34 AM a telephone interview with the Staffing Coordinator, Nurse Aide #1 (NA #1) revealed she had been in this role since October 2017. NA #1 stated that the DON ensured the facility had RN coverage, but that she made sure there was sufficient nurses/nurse aides scheduled to work. NA #1 stated that for the last few months, the facility did not have RN coverage every weekend but that a RN supervisor had just been hired and would start next week. A telephone interview on 5/21/18 at 1:48 PM with Nurse #6 revealed she worked the 3P - 11P shift as the supervisor. Nurse #6 stated she had worked less than 8 hours lately due to the need to take some time off, she was aware of the requirement for RN coverage, but that she did not make her own schedule and thought the RN coverage was being monitored.	F 727	occurs again then it will result in written corrective action. This will be an ongoing audit and all results of audit will be reviewed at weekly QA/Risk meeting for 4 weeks, than monthly for 3 months. F727: The Title of the person responsible for implementing the acceptable plan of correction: Director of nursing and or assigned Designee.	
F 755 SS=D	Pharmacy Srvcs/Procedures/Pharmacist/Records CFR(s): 483.45(a)(b)(1)-(3)	F 755		6/11/18

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F 755	Continued From page 3 §483.45 Pharmacy Services The facility must provide routine and emergency drugs and biologicals to its residents, or obtain them under an agreement described in §483.70(g). The facility may permit unlicensed personnel to administer drugs if State law permits, but only under the general supervision of a licensed nurse. §483.45(a) Procedures. A facility must provide pharmaceutical services (including procedures that assure the accurate acquiring, receiving, dispensing, and administering of all drugs and biologicals) to meet the needs of each resident. §483.45(b) Service Consultation. The facility must employ or obtain the services of a licensed pharmacist who- §483.45(b)(1) Provides consultation on all aspects of the provision of pharmacy services in the facility. §483.45(b)(2) Establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and §483.45(b)(3) Determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled. This REQUIREMENT is not met as evidenced by: Based on staff interviews and record review, the facility failed to monitor the delivery and receipt of medication for 1 of 1 sampled residents who received family provided medications (Resident #4).	F 755	F755: The plan of correcting the specific deficiency. The plan should address the processes that lead to the deficiency cited: The facility failed to monitor the delivery	

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F 755	Continued From page 4 The findings included: Resident #4 was admitted to the facility on 03/02/18 with diagnoses which included chronic myeloid leukemia. Admission medication orders included direction to administer Ponatnib 45 milligrams daily. (Ponatnib is a medication used to treat chronic myeloid leukemia.) Review of Resident #4's electronic Medication Administration Record (eMAR) revealed documentation of daily administration of Ponatnib. Interview with Nurse #1 on 05/21/18 at 9:16 AM revealed Resident #4's Ponatnib was always available for administration from a bottle provided by Resident #4's family member. Interview with Nurse #2 on 05/21/18 at 11:15 AM revealed Resident #4's family member delivered the medication. Nurse #2 reported the medication bottle was placed in the medication cart. Nurse #2 explained there was no system to check in family provided, non-controlled medications. Telephone interview with Resident #4's family member on 05/21/18 at 11:38 AM revealed Resident #4 did not receive the Ponatnib on a regular basis. The family member reported the number of pills which remained on the day of discharge (04/25/18) provided evidence of non-administration. Interview with Nurse #3 on 05/21/18 at 11:50 AM revealed Resident #4's family member brought in opened medication bottles. Nurse #3 explained she did not count the number of pills but Resident	F 755	and receipt of medication received from a residents family member. The facility did not have a policy or procedure to monitor the delivery and receipt of non-narcotic, family provided medication. F755: The procedure for implementing the acceptable plan of correction for the specific deficiency cited: Resident #4 was discharged from the facility on 4/25/18. Resident #4 electronic Mar revealed documentation of daily administration of medication brought from home. At time of survey there were no residents with medications provided by family. All licensed nurses will be in serviced by staff development nurse of RN unit managers or director of Nursing on a facility policy and procedure to secure family provided medications. All new nurses will receive education by staff development nurse on this facility policy and procedure of securing family provided medications during general nursing orientation. F755: 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: Director of Nursing, staffing coordinator and or assigned designee will monitor if any medication is family provided and the correct procedure for securing the medication is followed. This will be done daily for 2 weeks, than weekly for 2 weeks than monthly. This will be an ongoing audit and all results of audit will be reviewed at weekly QA/Risk meeting for	

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F 755	Continued From page 5 #4 received daily administration of the Ponatnib. Nurse #3 reported one bottle remained sealed on the day of Resident #4's discharge. Interview with Nurse #4 on 5/21/18 at 12:05 PM revealed the facility received medications from family members. Nurse #4 reported the medication was verified with physician's orders and placed in the medication cart. Nurse #4 explained the amount of medication received was not checked and could not verify the amount delivered to the facility. Interview with the Director of Nursing on 05/21/18 at 2:05 PM revealed the facility did not have a policy or procedure to monitor the delivery and receipt of non-narcotic, family provided medications.	F 755	4 weeks, than monthly for 3 months. F755: The Title of the person responsible for implementing the acceptable plan of correction: Director of nursing and or assigned Designee.	