

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

PRINTED: 02/13/2019  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>345201</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>R-C</b> <b>02/07/2019</b>
NAME OF PROVIDER OR SUPPLIER  <b>COMPLETE CARE AT CHARLOTTE</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>2616 EAST 5TH STREET</b> <b>CHARLOTTE, NC 28204</b>		
(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 February 7, 2019, the Division of Health Service Regulation, Nursing Home Licensure and Certification, conducted a revisit. the facility was in compliance effective January 15, 2019.	F 000			
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE			TITLE		(X6) DATE

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.

STATEMENT OF ISOLATED DEFICIENCIES WHICH CAUSE NO HARM WITH ONLY A POTENTIAL FOR MINIMAL HARM FOR SNFs AND NFs	PROVIDER #  <b>345201</b>	MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	DATE SURVEY COMPLETE: <b>2/7/2019</b>
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ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES
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<b>F 576</b>	<p>Right to Forms of Communication w/ Privacy CFR(s): 483.10(g)(6)-(9)</p> <p>§483.10(g)(6) The resident has the right to have reasonable access to the use of a telephone, including TTY and TDD services, and a place in the facility where calls can be made without being overheard. This includes the right to retain and use a cellular phone at the resident's own expense.</p> <p>§483.10(g)(7) The facility must protect and facilitate that resident's right to communicate with individuals and entities within and external to the facility, including reasonable access to:</p> <ul style="list-style-type: none"> <li>(i) A telephone, including TTY and TDD services;</li> <li>(ii) The internet, to the extent available to the facility; and</li> <li>(iii) Stationery, postage, writing implements and the ability to send mail.</li> </ul> <p>§483.10(g)(8) The resident has the right to send and receive mail, and to receive letters, packages and other materials delivered to the facility for the resident through a means other than a postal service, including the right to:</p> <ul style="list-style-type: none"> <li>(i) Privacy of such communications consistent with this section; and</li> <li>(ii) Access to stationery, postage, and writing implements at the resident's own expense.</li> </ul> <p>§483.10(g)(9) The resident has the right to have reasonable access to and privacy in their use of electronic communications such as email and video communications and for internet research.</p> <ul style="list-style-type: none"> <li>(i) If the access is available to the facility</li> <li>(ii) At the resident's expense, if any additional expense is incurred by the facility to provide such access to the resident.</li> <li>(iii) Such use must comply with State and Federal law.</li> </ul> <p>This REQUIREMENT is not met as evidenced by: Based on resident and staff interviews, and record review, the facility failed to protect a resident's right to privacy by opening a package addressed to a resident without the resident's permission for 1 of 3 sampled residents who received packages at the facility (Resident #5).</p> <p>The findings included:</p> <p>Review of Resident #5's quarterly Minimum Data Set (MDS) dated 12/03/18 revealed an assessment of intact cognition.</p> <p>Interview with Resident #5 on 02/07/19 at 11:19 AM revealed he received a package addressed to him but prior to his receipt of the package, staff opened it without his permission. Resident #5 stated he preferred to receive his packages unopened but did not mind receipt of an opened package. Resident #5 explained the package contained a gift he ordered and intended for a family member.</p> <p>Interview with the medical records/central supply coordinator at 10:57 AM on 02/07/19 revealed she opened the package addressed to Resident #5 by mistake several weeks ago. The medical records/central supply</p>
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The above isolated deficiencies pose no actual harm to the residents

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<b>F 576</b>	<p>Continued From Page 1</p> <p>coordinator explained she usually delivered packages to residents unopened.</p> <p>Interview with the Administrator at 10:44 AM on 02/07/19 revealed the facility's medical records/central supply coordinator opened a package addressed to Resident #5. The Administrator explained he received immediate notification from the medical records/supply coordinator of the package opened in error. The Administrator reported the medical record/supply coordinator should not have opened the package addressed to Resident #5.</p>
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