

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

PRINTED: 11/16/2012
FORM APPROVED
OMB NO. 0938-0391

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345482 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | | (X3) DATE SURVEY COMPLETED 11/02/2012 |
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| NAME OF PROVIDER OR SUPPLIER THE CARRIAGE CLUB OF CHARLOTTE | | | STREET ADDRESS, CITY, STATE, ZIP CODE 5804 OLD PROVIDENCE RD CHARLOTTE, NC 28226 | | |
| (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 281 SS=D | <p>483.20(k)(3)(i) SERVICES PROVIDED MEET PROFESSIONAL STANDARDS</p> <p>The services provided or arranged by the facility must meet professional standards of quality.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, record review, resident and staff interview, the facility failed to observe the administration of medications for 1 of 1 resident. (Resident #33).</p> <p>The findings include:</p> <p>A facility policy entitled Administering Medication with a revision date of April 2010 read in part: individuals administering medication must initial the resident's MAR on the appropriate line after giving each medication.</p> <p>Resident # 33 was admitted October 16, 2012 with diagnoses of congestive heart failure, hypertension and atrial fibrillation. An interim plan of care dated 10/16/12 for potential fluid imbalance and risk for cardiovascular complications listed an intervention to administer medications as ordered. An admission Minimum Data Set (MDS) dated 10/23/12 indicated the Resident was cognitively intact. Review of Resident # 33's medical record revealed no order for self-administration of medications.</p> <p>During an observation of Resident #33's room on 11/01/12 at 8:44 AM, Resident #33 was not observed in the room and a medication cup was noted at bedside. The medication cup contained four pills.</p> | F 281 | <p>I have enclosed the Plan of Correction for the above-referenced facility in response to the Statement of Deficiencies. While this document is being submitted as confirmation of the facility's on-going efforts to comply with all statutory and regulatory requirements, it should not be construed as an admission or agreement with the findings and conclusions in the Statement of Deficiencies. In this document, we have outlined specific actions in response to identified issues. We have not provided a detailed response to each allegation or findings, nor have we identified mitigating factors.</p> <p>Any CCC resident could be affected by deficient practice. Resident #33 stated she took her medication after breakfast which is her normal practice. In order for such occurrence not to be repeated the following actions will be taken: all nurses will be in-serviced on Medication Administration Policy and Procedures as well as guidelines for self-medication.</p> | | |

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

TITLE

(X6) DATE

Jackie M Pittman, RHA 12/11/12

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 144 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.

original signature 11-21-12 mh



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| F 281 | Continued From page 2 During an interview with the Director of Nursing (DON) on 11/2/12 at 10:10 AM, the DON explained she expected nurses to observe residents during medication administration to ensure medications were taken and to sign the MAR after the medications were taken and document refusals if necessary. | F 281 | Results of audit will be reviewed by Interdisciplinary Team following each audit on a weekly, monthly and quarterly basis. Quarterly QA committee will review audits comparing with Policy and Procedures. The facility will utilize the in-service records and auditing tools to measure compliance and to assure that solutions have been achieved and sustained. | 12/07/2012 | |