

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

PRINTED: 06/19/2013
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345471	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 06/06/2013
NAME OF PROVIDER OR SUPPLIER MECKLENBURG HEALTH CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 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	F 000		6.28.13
F 274 SS=B	483.20(b)(2)(ii) COMPREHENSIVE ASSESS AFTER SIGNIFICANT CHANGE A facility must conduct a comprehensive assessment of a resident within 14 days after the facility determines, or should have determined, that there has been a significant change in the resident's physical or mental condition. (For purpose of this section, a significant change means a major decline or improvement in the resident's status that will not normally resolve itself without further intervention by staff or by implementing standard disease-related clinical interventions, that has an impact on more than one area of the resident's health status, and requires interdisciplinary review or revision of the care plan, or both.) This REQUIREMENT is not met as evidenced by: Based on record review and staff interviews, the facility failed to complete a Significant Change Minimum Data Set within 14 days of initiation of Hospice services for 2 of 2 residents reviewed for Hospice services. (Residents #147 and #105). The findings included: 1. Resident #147 was admitted to the facility 10/16/12. Diagnoses included stage 5 renal disease. A review of Resident #147's medical record revealed a physician's order for a Hospice consult	F 274	<p>How the corrective action will be accomplished for the resident(s) affected. The chart reviewed and Care Plan updated and significant change completed on Hospice and Palliative Patients.</p> <p>How corrective action will be accomplished for those residents with the potential to be affected by the same practice. All MDS's audited on Hospice and Palliative patients to ensure that they have been care planned for Hospice or Palliative care and significant change completed. Any patients found to not have the care plan in place will have one done and significant change completed during the audit and documented on audit tool.</p> <p>Measures in place to ensure practices will not occur. DON, MDS, Discharge Planning and Billing will discuss all Hospice or Palliative Care residents during the morning meeting Monday through Friday to ensure that there is a care plan in place and schedule completion of significant change submission.</p>	6.28.13 7.6.13

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

TITLE

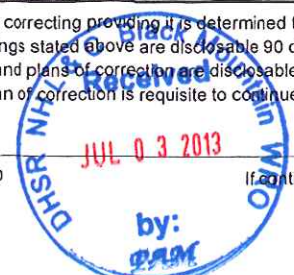
(X6) DATE

Ty Lewis

Administrative

6/28/13

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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NAME OF PROVIDER OR SUPPLIER MECKLENBURG HEALTH CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 2416 SANDY PORTER ROAD CHARLOTTE, NC 28273		
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F 274	<p>Continued From page 1 with admission to Hospice services on 04/04/13.</p> <p>Continued medical record review revealed a Quarterly Minimum Data Set (MDS) dated 05/29/13. This MDS did not reflect Resident #147 received any Hospice services. A Significant Change MDS dated 06/06/13 was noted to be in progress.</p> <p>An interview with the MDS Coordinator was conducted on 06/05/13 at 3:21 PM. The MDS Coordinator stated she was not aware Resident #147 had been admitted to Hospice until the chart review for the Quarterly MDS of 05/29/13. The MDS Coordinator explained the facility had no system to ensure she received notification when Hospice services were initiated for residents.</p> <p>An interview was conducted with the Director of Nursing (DON) and a Corporate Nurse (CN) on 06/06/13 at 2:13 PM. The CN explained before physician orders were obtained via computer, the MDS Coordinator received a copy of all physician hand written orders making her aware of ordered Hospice consults. The DON stated she expected the MDS Coordinator to be notified when Hospice services were provided to residents.</p> <p>2. Resident #105 was admitted to the facility 01/09/13 with diagnoses including chronic obstructive pulmonary disease (COPD) with dependency on Oxygen supplementation.</p> <p>A review of Resident #105's medical record revealed a physician's order dated 04/08/13 for a Hospice consult related to end stage COPD and chronic respiratory failure. Further medical</p>	F 274	<p>How the facility plans to monitor and ensure correction is achieved and sustained. Each patient discussed during the morning meeting that has a referral for Hospice or Palliative Care will have audit tool completed to document review to ensure care plan and significant change has been done. This audit is to be completed daily during morning meetings Monday-Friday for a period of 3 months. The results of the audits will be presented to the next QA meeting after the last set of audits and the information reviewed and needed process changes made if needed.</p>		

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F 274	<p>Continued From page 2</p> <p>record review revealed the resident was admitted to Hospice services 04/19/13.</p> <p>Continued medical record review revealed a Quarterly Minimum Data Set (MDS) dated 04/30/13 that did not reflect Resident #105 received Hospice Services. No Significant Change MDS was noted in the Resident's medical record.</p> <p>An interview was conducted with the MDS Coordinator on 06/06/13 at 2:02 PM. The MDS Coordinator stated she was not aware Resident #105 had been admitted to Hospice services until she viewed a list of residents on Hospice services generated by Business office personnel on 06/03/13. The MDS Coordinator stated she was under the impression Resident #105 had Hospice services initiated in May and still had time to meet the 14 day requirement for a Significant Change MDS. She stated the facility had no system in place to ensure she was informed when residents began receiving Hospice services.</p> <p>An interview was conducted with the Director of Nursing (DON) and a Corporate Nurse (CN) on 06/06/13 at 2:13 PM. The CN explained before physician orders were obtained via computer, the MDS Coordinator received a copy of all physician hand written orders making her aware of ordered Hospice consults. The DON stated she expected the MDS Coordinator to be notified when Hospice services were provided to residents</p>	F 274			