

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

PRINTED: 05/20/2015  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>345134</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>05/06/2015</b>
NAME OF PROVIDER OR SUPPLIER  <b>AVANTE AT CHARLOTTE</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>4801 RANDOLPH ROAD</b> <b>CHARLOTTE, NC 28211</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 253 SS=D	<p><b>483.15(h)(2) HOUSEKEEPING &amp; MAINTENANCE SERVICES</b></p> <p>The facility must provide housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observations, record review and interviews with facility staff, the facility failed to keep a resident room and the hallway free from strong, urine odors for 1 of 2 sampled units. (East Unit)</p> <p>The findings included:</p> <p>Observations on 5/5/15 at 5:40 PM revealed a strong urine odor coming from a resident room that was radiating into the hallway. Interview on 5/5/15 at 5:40 PM with a cognitively intact resident, (Resident #10) revealed that the odor was coming from across the hall and stinking up the whole hall. Interview on 5/6/15 with Nurse #1 revealed that the very strong urine odor in the hall and residents rooms was coming from the room Resident #16 resided in. Interview on 5/6/15 at 9:30 AM with Housekeeper #1 revealed that she did smell the urine odor, and because of the odor, she came in early every day to wipe down everything. She continued that she wiped down the bedside table, the night stand, the over bed table, the light, she then would mop the floor and clean the bathroom. Housekeeper #1 reported that Resident #16 did not like to be wet and he did not like to wait for assistance. He would void on the floor next to his bed and in inappropriate areas of the resident room.</p>	F 253	<ol style="list-style-type: none"> <li>1. Deficiency corrected. The resident's room and the adjacent hallway were cleaned and deodorized.</li> <li>2. A full-house audit was completed to identify odors in the facility. All staff were in-serviced on how to appropriately identify and address odors. Environmental services staff were in-serviced on implementing a more frequent cleaning schedule (at least twice daily) for resident rooms identified with odors.</li> <li>3. The Director of Environmental Services (or designee) will be responsible for making facility rounds at least three times daily to observe for odors for at least three months. Any areas of concern will be addressed and corrections implemented as appropriate to ensure compliance with standard is achieved and maintained.</li> <li>4. The trends and results from the audits will be reviewed at the monthly Quality Assurance Committee Meeting to maintain compliance and evaluate effectiveness for at least a three month period of time until the requirements of #3 are met.</li> </ol>	June 3, 2015

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

TITLE

(X6) DATE

*Dr. Stephanie Colett, MHA, MHA, PHM*

*Interim Executive Director*

*6/1/15*

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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F 253	<p>Continued From page 1</p> <p>Interview on 5/6/15 at 9:40 AM with Nurse #1 revealed that during the day Resident #16 would go to the hall and request assistance. Nurse #1 continued that Resident #16 should be on a two hour toileting program, beginning 5/6/15.</p> <p>Interview on 5/6/15 at 9:50 AM with NA (nurse aid) #1 revealed that she told the night shift nurse aid not to wake him up to void if he was sleeping, just leave him alone. NA #1 revealed that when she heard him moving around she would ask Resident #16 if he needed to go to the bathroom. Sometimes he would not give anyone a chance to assist him. The urine was strong smelling. He drank a lot of fluids. If he was asked if he wanted anything to drink he would always reply "yes". Resident #16 did not refuse care. He did not smell the odor in his room.</p> <p>Interview on 5/6/15 at 10:00 am the Director of Nursing (DON) revealed that she was working with maintenance for extra cleaning throughout the day. She continued that she did not know he was urinating in inappropriate places in his room. The Director of Nursing reported that she had not heard that. The DON said she would talk to the night shift nurses and staff to address where the urine odor had come from. The DON said she would contact maintenance. He usually could take care of the issue.</p> <p>Interview with the Maintenance Director on 05/06/2015 at 10:27 AM revealed that he would have the housekeeper clean the room twice a day. He thought it was an isolated incident.</p> <p>Observations from 5/3/15 to 5/6/15 revealed that the odor had been present since Sunday, 5/3/15.</p> <p>Interview on 5/6/15 at 12:24 PM with the Administrator revealed that her expectation was the facility should prevent odors by toileting residents frequently, ensure resident clothing was clean, linens were not soiled, make sure floors</p>	F 253		

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F 253  F 356 SS=B	Continued From page 2 and equipment were clean and round frequently. 483.30(e) POSTED NURSE STAFFING INFORMATION  The facility must post the following information on a daily basis: o Facility name. o The current date. o The total number and the actual hours worked by the following categories of licensed and unlicensed nursing staff directly responsible for resident care per shift: - Registered nurses. - Licensed practical nurses or licensed vocational nurses (as defined under State law). - Certified nurse aides. o Resident census.  The facility must post the nurse staffing data specified above on a daily basis at the beginning of each shift. Data must be posted as follows: o Clear and readable format. o In a prominent place readily accessible to residents and visitors.  The facility must, upon oral or written request, make nurse staffing data available to the public for review at a cost not to exceed the community standard.  The facility must maintain the posted daily nurse staffing data for a minimum of 18 months, or as required by State law, whichever is greater.  This REQUIREMENT is not met as evidenced by: Based on observations and interviews with	F 253  F 356	1. Deficiency corrected. The Human Resources Manager posted the nurse staffing information. 2. An audit was completed by the Executive Director to ensure that the nurse staffing information was posted in the facility by the Human Resources Manager. The Human Resources Manager and House Supervisor were in-serviced on posting nurse staffing information daily. 3. The Human Resource Manager (weekdays) and House Supervisor (weekends) were delegated responsibility for posting nurse staffing information daily. The Executive Director (or designee) will complete random spot checks to ensure that the nurse staffing information is posted daily. Any areas of concern will be addressed and corrections implemented as appropriate to ensure compliance is achieved. 4. The trends and results from the audits will be reviewed at the monthly Quality Assurance Committee Meeting to maintain compliance and evaluate effectiveness for at least a three month period of time until the requirements of #3 are met.	June 3, 2015	

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F 356	<p>Continued From page 3</p> <p>facility staff, the facility failed to ensure the daily staffing sheet was posted for one of four days of the survey. (Day 1)</p> <p>The findings included: Observation on 5/3/15 at 2:20 PM, revealed the daily nurse staffing was not posted all day. Observations on 5/4/15 at 1:30 PM revealed that the daily nurse staffing was posted.</p> <p>Interview on 5/4/15 at 2:30 PM with Human Resources Manager revealed that she could not remember what time she put out the daily nurse staffing. Normally she would post it at 7:00 AM. Normally, weekend staff look at schedule and fill out the daily nurse staffing and census. Nurse #2, the weekend charge nurse was responsible for posting the daily nurse staffing on day shift.</p> <p>Interview on 5/6/15 at 8:15 AM with Nurse #2, supervisor for weekend day shift revealed that he did not post the staff on Sunday, (the first day of the survey) "for no reason".</p> <p>Interview on 5/6/15 at 11:30 AM with the Director of Nursing revealed there was no policy or procedure for posting the daily nursing staff.</p> <p>Interview on 05/06/2015 at 12:26 PM with the Administrator revealed that the daily nurse staffing should be posted daily, posted by the Human Resource Manager or the weekend supervisor.</p>	F 356			