

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345405	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 05/29/2015
NAME OF PROVIDER OR SUPPLIER CHARLOTTE HEALTH & REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 1735 TODDVILLE ROAD CHARLOTTE, NC 28214		
(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 244 SS=B	<p>483.15(c)(6) LISTEN/ACT ON GROUP GRIEVANCE/RECOMMENDATION</p> <p>When a resident or family group exists, the facility must listen to the views and act upon the grievances and recommendations of residents and families concerning proposed policy and operational decisions affecting resident care and life in the facility.</p> <p>This REQUIREMENT is not met as evidenced by: Based on resident and staff interview, and record review the facility failed to respond to concerns of nurse aide staffing levels for 3 of 3 sampled residents who regularly attend resident council meetings (Residents #2, #7 and #8).</p> <p>The findings included:</p> <p>Review of resident council minutes from 11/07/14 to 05/01/15 revealed there was no documentation regarding a concern of nursing department staffing levels.</p> <p>1. Resident #2's quarterly Minimum Data Set (MDS) dated 04/07/15 revealed an assessment of intact cognition.</p> <p>Interview with Resident #2, resident council president, on 05/29/15 at 10:37 AM revealed concerns regarding lack of nurse aides were a frequent topic of discussion during resident council meetings. Resident #2 reported residents did not receive a response regarding the concern of staffing levels.</p> <p>Interview on 05/29/15 at 4:50 pm with the AD revealed she coordinated the resident council</p>	F 244	<p>The statements made in this plan of correction are not an admission and do not constitute agreement with the alleged deficiencies herein.</p> <p>To remain in compliance with all state and federal regulations, the center has taken or will take the actions set forth in this Plan of Correction. In addition, the following plan constitutes the center's allegation of compliance. All alleged deficiencies have been or will be corrected by the dates indicated.</p> <p>How the corrective action will be accomplished for each resident found to have been affected by the deficient practice: The Resident Council meeting for June was conducted on 6/5/15 and the staffing level concern was addressed by the Director of Nursing to ensure that the residents concern was acknowledged and addressed.</p> <p>How corrective action will be accomplished for those residents with the</p>	6/22/15	

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

TITLE

(X6) DATE

Electronically Signed

06/16/2015

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 244	<p>Continued From page 1</p> <p>meetings and recorded the minutes. The AD explained concerns expressed by residents during the meetings were forwarded to the appropriate department heads. The AD reported residents did not voice concerns regarding staffing levels during the resident council meeting. The AD explained residents voiced concerns regarding staffing either before the meeting or after adjournment. The AD explained she did not forward the concerns of staffing since the discussions did not occur during the meetings.</p> <p>Interview with the Administrator on 05/29/15 at 5:13 PM revealed she expected resident concerns to receive a response. The Administrator reported she was not aware of residents expressed concerns regarding staffing levels.</p> <p>2. Resident #7's quarterly MDS dated 03/23/15 revealed an assessment of intact cognition.</p> <p>Interview with Resident #7 on 05/29/15 at 4:28 PM revealed he discussed the concern of not enough staff during meetings with the Activity Director (AD). Resident #7 reported the concern regarding staffing levels was brought to the AD's attention at least twice a month. Resident #7 reported he did not receive a response regarding the concern of staffing levels.</p> <p>Interview on 05/29/15 at 4:50 pm with the AD revealed she coordinated the resident council meetings and recorded the minutes. The AD explained concerns expressed by residents during the meetings were forwarded to the appropriate department heads. The AD reported residents did not voice concerns regarding</p>	F 244	<p>potential to be affected by the same practice. An in-service was initiated with staff covering each department on 6/8/15. We will review the process by which a Service Concern is conducted from start to finish. Staff instructed to record (in writing) the details of the concern, pass the yellow copy on to the appropriate department manager and the original to be given to the NHA and followed through to completion, whether resolved or on-going in nature. The in-service will be completed by 6/22/15.</p> <p>Measures in place to ensure practice will not occur. The Service Concern Policy and Procedure ¿ Administrative Policy and Procedure / Number 602 / Standards for Reporting Service Concerns-will be reviewed during the new hire process, and explained by the Administrator or his/her designee.</p> <p>How the facility plans to monitor and to make sure solutions are sustained. NHA will continue to maintain grievance log, assure and follow through to completion and maintain tracking.</p>		

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F 244	<p>Continued From page 2</p> <p>staffing levels during the resident council meeting. The AD explained residents voiced concerns regarding staffing either before the meeting or after adjournment. The AD explained she did not forward the concerns of staffing since the discussions did not occur during the meetings.</p> <p>Interview with the Administrator on 05/29/15 at 5:13 PM revealed she expected resident concerns to receive a response. The Administrator reported she was not aware of residents expressed concerns regarding staffing levels.</p> <p>3. Resident #8's quarterly MDS dated 05/20/15 revealed an assessment of intact cognition.</p> <p>Interview with Resident #8 on 05/29/15 at 4:32 PM revealed residents voiced concerns regarding staffing levels at every resident meeting. Resident #8 reported she did not receive a response to the concern regarding staffing levels.</p> <p>Interview on 05/29/15 at 4:50 pm with the AD revealed she coordinated the resident council meetings and recorded the minutes. The AD explained concerns expressed by residents during the meetings were forwarded to the appropriate department heads. The AD reported residents did not voice concerns regarding staffing levels during the resident council meeting. The AD explained residents voiced concerns regarding staffing either before the meeting or after adjournment. The AD explained she did not forward the concerns of staffing since the discussions did not occur during the meetings.</p>	F 244			

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

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F 244	Continued From page 3 Interview with the Administrator on 05/29/15 at 5:13 PM revealed she expected resident concerns to receive a response. The Administrator reported she was not aware of residents expressed concerns regarding staffing levels.	F 244			