

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

PRINTED: 07/30/2015
FORM APPROVED
OMB NO. 0938-0391

| | | | | |
|---|--|---|--|---|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345541 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | (X3) DATE SURVEY COMPLETED C 05/26/2015 |
| NAME OF PROVIDER OR SUPPLIER OLDE KNOX COMMONS AT THE VILLAGES OF MECKLENBURG | | | STREET ADDRESS, CITY, STATE, ZIP CODE 13825 HUNTON LANE HUNTERSVILLE, NC 28078 | |
| (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 168 SS=C | <p>483.10(g)(2) RIGHT TO INFO FROM/CONTACT ADVOCATE AGENCIES</p> <p>A resident has the right to receive information from agencies acting as client advocates, and be afforded the opportunity to contact these agencies.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observations and staff interviews the facility failed to post and provide accurate state advocacy groups address and phone number for 22 of 22 new admissions from May 1-25, 2015. Findings included: During an observation on 5/26/15 at 10:00 AM revealed a posting on the lobby bulletin board of State Client Advisory/Advocacy Groups. The address and phone number for the North Carolina Department of Human Services-Complaints Investigation Branch revealed the wrong address and phone number. Posted: North Carolina Department of Human Resources Division of Facility Services-Complaints Investigation Branch 701 Barbour Drive (Location Biggs Drive) Raleigh North Carolina 27626 and Telephone: 919-733-8499. On 5/26/15 at 10:47 AM the posted phone number 919-733-8499 for the complaints investigation was called and the phone number had been disconnected and no longer in service. During an interview with the admissions director on 5/26/15 at 11:30 AM revealed that state advocacy groups with address and phone numbers are posted in the lobby and provided in a booklet during the admission process. Review of the admission booklet titled Resident and Family Responsible Party Handbook on</p> | F 168 | <p>THIS FACILITY'S RESPONSE TO THIS REPORT OF SURVEY DOES NOT DENOTE AGREEMENT WITH THE STATEMENT OF DEFICIENCIES; NOR DOES IT CONSTITUTE AN ADMISSION THAT ANY STATED DEFICIENCY IS ACCURATE. WE ARE FILING THE POC BECAUSE IT IS REQUIRED BY LAW.</p> <p>ADDRESS HOW CORRECTIVE ACTION (S) WILL BE ACCOMPLISHED FOR THOSE RESIDENTS FOUND TO HAVE BEEN AFFECTED BY THE DEFICIENT PRACTICE: On May 26, 2015 immediately upon realizing State Advocate Agencies telephone number(s) and address(es) were incorrect the Resident/Responsible Party Handbook was updated with correct information and the correct information was posted on the facility bulletin board. The facility bulletin board informs the current residents of the correct information; the facility bulletin board and Resident Handbook ensures that future residents and families will receive correct information concerning State Advocate Agencies.</p> | 6/4/15 |

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

TITLE

(X6) DATE

Electronically Signed

06/04/2015

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.

| | | | | | |
|---|---|---|--|----------------------|---|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345541 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | | (X3) DATE SURVEY COMPLETED C 05/26/2015 |
| NAME OF PROVIDER OR SUPPLIER OLDE KNOX COMMONS AT THE VILLAGES OF MECKLENBURG | | | STREET ADDRESS, CITY, STATE, ZIP CODE 13825 HUNTON LANE HUNTERSVILLE, NC 28078 | | |
| (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 168 | Continued From page 1 5/26/15 at 11:30 AM revealed on page 51, 52 and 53 a list of 11 contact address and phone numbers for State Client Advisory/Advocacy Groups. The contact address and phone number North Carolina Department of Human Services-Complaints Investigation Branch was incorrect and the same that was posted on the lobby bulletin board. During an interview with the administrator on 5/26/15 at 12:15 PM revealed that he was not aware that the posting for state advocacy groups was incorrect, he did not know when it was last updated. The posting is reviewed periodically but could not provide a date when it was last reviewed. | F 168 | ADDRESS HOW CORRECTIVE ACTION WILL BE ACCOMPLISHED FOR THOSE RESIDENTS HAVING POTENTIAL TO BE AFFECTED BY THE SAME DEFICIENT PRACTICE: On May 26, 2015 immediately upon realizing State Advocate Agencies telephone number(s) and address(es) were incorrect the Resident/Responsible Party Handbook was updated with correct information and the correct information was posted on the facility bulletin board. The facility bulletin board informs the current residents of the correct information; the facility bulletin board and Resident Handbook ensures that future residents and families will receive correct information concerning State Advocate Agencies. ADDRESS WHAT MEASURES WILL BE PUT INTO PLACE OR SYSTEMIC CHANGES MADE TO ENSURE THAT THE DEFICIENT PRACTICE WILL NOT REOCCUR: On May 26, 2015 immediately upon realizing State Advocate Agencies' telephone number(s) and address(s) were incorrect the Resident/Responsible Party Handbook was updated with correct information and the correct information was posted on the facility bulletin board. The facility bulletin board informs the current residents of the correct information; the facility bulletin board and Resident Handbook ensures that future residents and families will receive correct information concerning State Advocate Agencies. The Social Worker has been | | |

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

PRINTED: 07/30/2015
FORM APPROVED
OMB NO. 0938-0391

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345541 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | | (X3) DATE SURVEY COMPLETED C 05/26/2015 |
|---|--|---|--|----------------------|---|
| NAME OF PROVIDER OR SUPPLIER OLDE KNOX COMMONS AT THE VILLAGES OF MECKLENBURG | | | STREET ADDRESS, CITY, STATE, ZIP CODE 13825 HUNTON LANE HUNTERSVILLE, NC 28078 | | |
| (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 168 | Continued From page 2 | F 168 | <p>charged with accessing on a quarterly basis the NC Division of Aging and Adult Services web site to verify all state agency telephone numbers/contact information (addresses) have not changed including the NC Complaints Branch information. The Social Worker will also verify that the Ombudsman local Department of Social Services information is correct (phone number & address) as well. Any information found to not be correct will be immediately reported to the Administrator for correction in the Resident and Family handbook and on the facility bulletin board posting.</p> <p>INDICATE HOW THE FACILITY PLANS TO MONITOR ITS PERFORMANCE TO MAKE SURE THAT SOLUTIONS ARE SUSTAINED. THE FACILITY MUST DEVELOP A PLAN FOR ENSURING THAT CORRECTION IS ACHIEVED AND SUSTAINED. THE PLAN MUST BE IMPLEMENTED AND THE CORRECTIVE ACTION EVALUATED FOR ITS EFFECTIVENESS. THE PoC IS INTEGRATED INTO THE QUALITY ASSURANCE SYSTEM OF THE FACILITY:</p> <p>The Social Worker has been charged with accessing on a quarterly basis the NC Division of Aging and Adult Services web site to verify all state agency telephone numbers/contact information (addresses) have not changed including the NC Complaints Branch information. The Social Worker will also verify that the local Ombudsman and local Department of Social Services information is correct</p> | | |

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

PRINTED: 07/30/2015
FORM APPROVED
OMB NO. 0938-0391

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345541 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | | (X3) DATE SURVEY COMPLETED C 05/26/2015 |
|---|--|---|--|----------------------|---|
| NAME OF PROVIDER OR SUPPLIER OLDE KNOX COMMONS AT THE VILLAGES OF MECKLENBURG | | | STREET ADDRESS, CITY, STATE, ZIP CODE 13825 HUNTON LANE HUNTERSVILLE, NC 28078 | | |
| (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 168 | Continued From page 3 | F 168 | <p>(phone number & address) as well. Any information found to not be correct will be immediately reported to the Administrator for correction in the Resident and Family handbook and on the facility bulletin board posting.</p> <p>The information will also be reported quarterly to the QA Committee who will be responsible for reviewing the information as well for accuracy to ensure the systemic changes are effective in the facility's progress towards implementation of corrective action(s) and the facility's performance; to ensure that corrective performance is achieved and sustained. The QA Committee will review the facility's progress quarterly for effectiveness and revise or develop new measures as necessary to ensure that corrective action is integrated and the system is sustained or revised as needed to achieve and maintain corrective solutions.</p> | | |