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

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

NAME OF PROVIDER OR SUPPLIER  OLDE KNOX COMMONS AT THE VILLAGES OF MECKLENBURG  (X4) ID SUMMARY STATEMENT OF DEFICIENCIES  B. WING  STREET ADDRESS, CITY, STATE, ZIP CODE  13825 HUNTON LANE  HUNTERSVILLE, NC 28078  (X5)	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED		
STREET ADDRESS, CITY, SITH, ZIP CODE		<b>345541</b> B. V		B. WING _	VING			C 05/26/2015	
FREEDIX TAG REGULATORY OR ISC IDENTIFYING INFORMATION)  F188 483.10(g)(2) RIGHT TO INFO FROM/CONTACT ADVOCATE AGENCIES  A resident has the right to receive information from agencies acting as client advocates, and be afforded the opportunity to contact these agencies.  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 27626 and Telephone: 919-733-8499. On 5/26/15 at 10:04 7 AM the posted phone number and been disconnected and no longer in service. During an interview with the admissions of process. Review of the admission brooklet titled Resident advocacy groups with address and phone number residents of the correct information was posted on the facility bulletin board. The facility bulletin board and Resident Handbook ensures that future residents and families will receive correct information concerning State Advocate Agencies.					STREET ADDRESS, CITY, STATE, ZIP CODE  13825 HUNTON LANE				
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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 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 1919-733-8499 for the complaints investigation was called and the phone number had been disconnected and no longer in service. During an interview with the admission process. Review of the admission booklet titled Resident		ADVOCATE AGENCI A resident has the rig from agencies acting afforded the opportun agencies.  This REQUIREMENT by:	ht to receive information as client advocates, and be ity to contact these	F 1		FACILITY¿S RESPONSE TO T		/4/15	
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  TITLE (X6) DATE		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			REPO DENO STATE DOES THAT ACCU BECAI  ADDR (S) WI THOSI BEEN PRAC On Ma realizir telepho were ir Party I informa was po The fa curren informa Resider informa	RT OF SURVEY DOES NOT TE AGREEMENT WITH THE EMENT OF DEFICIENCIES; NO IT CONSTITUTE AN ADMISSIVANY STATED DEFICIENCY IS RATE. WE ARE FILING THE PUSE IT IS REQUIRED BY LAW ESS HOW CORRECTIVE ACT LL BE ACCOMPLISHED FOR E RESIDENTS FOUND TO HAY AFFECTED BY THE DEFICIENTICE: BY 26, 2015 immediately uponing State Advocate Agencies one number(s) and address(es) incorrect the Resident/Responsible Handbook was updated with containing and the correct information osted on the facility bulletin board at the residents of the correct ation; the facility bulletin board at the entitle and families will receive correct ation concerning State Advocate ites.	PON POC ION VE IT ble rrect rd. and re		

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

**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.

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		345541	B. WING				26/2015
NAME OF PROVIDER OR SUPPLIER  OLDE KNOX COMMONS AT THE VILLAGES OF MECKLENBURG				13	TREET ADDRESS, CITY, STATE, ZIP CODE  8825 HUNTON LANE  UNTERSVILLE, NC 28078	1 03/	20/2015
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFI TAG	EFIX (EACH CORRECTIVE ACTION SHOUL			(X5) COMPLETION DATE
F 168	5/26/15 at 11:30 AM 53 a list of 11 contact numbers for State Cli Groups. The contact North Carolina Depai Complaints Investiga and the same that wa bulletin board. During an interview w 5/26/15 at 12:15 PM aware that the postin was incorrect, he did	revealed on page 51, 52 and address and phone lent Advisory/Advocacy address and phone number address and phone number thent of Human Servicestion Branch was incorrect as posted on the lobby with the administrator on revealed that he was not g for state advocacy groups not know when it was last is reviewed periodically but	F	168	ADDRESS HOW CORRECTIVE ACTION WILL BE ACCOMPLISHED FOR THOST 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/Responsib Party Handbook was updated with corrinformation 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 a Resident Handbook ensures that future residents and families will receive correinformation concerning State Advocate Agencies.  ADDRESS WHAT MEASURES WILL EPUT INTO PLACE OR SYSTEMIC CHANGES MADE TO ENSURE THAT THE DEFICIENT PRACTICE WILL NO REOCCUR:  On May 26, 2015 immediately upon realizing State Advocate Agencies' telephone number(s) and address(s) wincorrect the Resident/Responsible Pal 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 a Resident Handbook ensures that future residents and families will receive correinformation concerning State Advocate Agencies. The Social Worker has been appeared to	sect  d.  defect  d.  rere  rty  d.  nd  eect	

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F 168	Continued From page	ge 2	F 168	charged with accessing on a quarterly basis the NC Division of Aging and Ad Services web site to verify all state age telephone numbers/contact information (addresses) have not changed including the NC Complaints Branch information. The Social Worker will also verify that Ombudsman local Department of Soci Services information is correct (phone number & address) as well. Any information found to not be correct will immediately reported to the Administration for correction in the Resident and Faminandbook and on the facility bulletin be posting.  INDICATE HOW THE FACILITY PLANTO MONITOR ITS PERFORMANCE TAMKE SURE THAT SOLUTIONS ARE SUSTAINED. THE FACILITY MUST DEVELOP A PLAN FOR ENSURING THAT CORRECTION IS ACHIEVED A SUSTAINED. THE PLAN MUST BE IMPLEMENTED AND THE CORRECT ACTION EVALUATED FOR ITS EFFECTIVENESS. THE POC IS INTEGRATED INTO THE QUALITY ASSURANCE SYSTEM OF THE FACILITY:  The Social Worker has been charged accessing on a quarterly basis the NC Division of Aging and Adult Services we site to verify all state agency telephone numbers/contact information (address have not changed including the NC Complaints Branch information. The Social Worker will also verify that the Information and local Department of Social Services information is correct.	ult ency n ng n. the al be ator iilly oard  IS TO TIVE  with eeb ees)		

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F 168	Continued From page	÷ 3	F 1	(phone number & address information found to not immediately reported to for correction in the Research handbook and on the faposting.  The information will als quarterly to the QA Corresponsible for reviewing as well for accuracy to systemic changes are a facility is progress town implementation of corrective performance sustained. The QA Costhe facility is progress and reviss measures as necessar corrective action is intestystem is sustained or to achieve and maintain solutions.	ot be correct will to the Administrate sident and Familiar sident side	be tor ly pard be on and lat d ew		