

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

PRINTED: 07/06/2017  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>345201</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>06/20/2017</b>
NAME OF PROVIDER OR SUPPLIER  <b>GOLDEN LIVINGCENTER - CHARLOTTE</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>2616 EAST 5TH STREET</b> <b>CHARLOTTE, NC 28204</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 000	INITIAL COMMENTS  On 07/03/17 it was discovered that an error had been made on the original 2567. F272 was cited in error. This citation was removed from the 2567. The facility was notified of an amended 2567. Event ID #RO8R11.	F 000			
F 278 SS=D	483.20(g)-(j) ASSESSMENT ACCURACY/COORDINATION/CERTIFIED  (g) Accuracy of Assessments. The assessment must accurately reflect the resident's status.  (h) Coordination A registered nurse must conduct or coordinate each assessment with the appropriate participation of health professionals.  (i) Certification (1) A registered nurse must sign and certify that the assessment is completed.  (2) Each individual who completes a portion of the assessment must sign and certify the accuracy of that portion of the assessment.  (j) Penalty for Falsification (1) Under Medicare and Medicaid, an individual who willfully and knowingly-  (i) Certifies a material and false statement in a resident assessment is subject to a civil money penalty of not more than \$1,000 for each assessment; or  (ii) Causes another individual to certify a material and false statement in a resident assessment is subject to a civil money penalty or not more than	F 278			

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

TITLE

(X6) DATE

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 278	<p>Continued From page 1</p> <p>\$5,000 for each assessment.</p> <p>(2) Clinical disagreement does not constitute a material and false statement. This REQUIREMENT is not met as evidenced by: Based on record review and staff interviews the facility failed to complete Section G of the Minimum Data Set for 1 of 5 sampled resident's reviewed for accurate Minimum Data Set completion (Resident #1).</p> <p>The findings included:</p> <p>Resident #1 was admitted to the facility on 12/21/15 with diagnoses of multiple sclerosis and high blood pressure.</p> <p>Review of the quarterly Minimum Data Set (MDS) dated 06/05/17 revealed Resident #1 was cognitively intact. The MDS further revealed Section G, Functional Status, was not assessed.</p> <p>During an interview conducted on 06/20/17 at 10:54 AM the MDS Nurse stated she completed the quarterly MDS dated 06/05/17 for Resident #1. She stated she did not assess Resident #1's functional status due to the facility changing ownership on 06/05/17 and losing all the Nurse Aide (NA) documentation from the previous system. She stated she did not assess Resident #1's function or interview NAs and nurses regarding her function. The MDS nurse stated she signed and dated the MDS as completed to the best of her ability and transferred it into the National Data Base.</p> <p>An interview conducted on 06/20/17 at 12:30 PM with the Director of Nursing (DON) revealed it</p>	F 278			

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F 278	Continued From page 2 was her expectation for the MDS Nurse to assess the resident's function and interview staff regarding her functional ability and for Section G, Functional Status to be completed on quarterly reviews. The DON further stated the MDS Nurse should not have signed the quarterly MDS dated 06/05/17 as complete since section G was not assessed.	F 278		