PRINTED: 11/02/2017 FORM APPROVED OMB NO. 0938-0391

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
						1	-C
		345405	B. WING			09/	21/2017
NAME OF P	ROVIDER OR SUPPLIER			S	STREET ADDRESS, CITY, STATE, ZIP CODE		
				1	735 TODDVILLE ROAD		
CHARLOT	TE HEALTH & REHABIL	ITATION CENTER		CHARLOTTE, NC 28214			
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID		PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX		Y MUST BE PRECEDED BY FULL	PREFI		(EACH CORRECTIVE ACTION SHOULD B		COMPLETION DATE
TAG	REGULATORY OR I	LSC IDENTIFYING INFORMATION)	TAG		CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	AIE	5/112
{F 000}	INITIAL COMMENTS		{F 0	000}			
	A						
		ation survey was conducted					
	from 09/07/17 through	n 09/08/17.					
	Immediate Jeopardy	was identified at:					
	CER 483 12 E 223 at	a scope and severity level					
	J.	a doope and deventy level					
	_	a scope and severity level					
	J.	a coope and coverny level					
	CFR 483.12 F 226 at J.	a scope and severity level					
	_	a scope and severity level					
	J.	a scope and severity level					
	The tags F 223, F 22s substandard quality of	5 and F 226 constituted f care.					
	Immediate Jeopardy ongoing.	began on 08/31/17 and is					
	A partial extended su	rvey was conducted.					
	The facility provided t	he State Agency and the					
		and Medicaid with an					
		for the removal of the					
	Immediate Jeopardy						
		conducted on 09/21/17 for					
		lity's Allegations for the					
		diate Jeopardy and to					
		of the ongoing Immediate					
		y provided evidence the					
		was removed on 09/14/17.					
		9/21/17 the facility remained					
	-	F 223, F 225, F 226 and F					
	-	and severity (D) isolated, no					
	actual harm with pote	ntial for more than minimal					
ADODATODY	DIDECTORIC OR PROVINCE	SUPPLIER REPRESENTATIVE'S SIGNATUR	<u> </u>		TITI E		(X6) DATE

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

09/29/2017

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.

Electronically Signed

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED			
		345405	B. WING_			R-C 09/21/2017		
NAME OF P	ROVIDER OR SUPPLIER	0.0.00		S	TREET ADDRESS, CITY, STATE, ZIP CODE	1 09/	21/2017	
CHARLOT	TE HEALTH & REHABIL	ITATION CENTER		1735 TODDVILLE ROAD CHARLOTTE, NC 28214				
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC 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}	facility continues the properties implementation of the	ediate jeopardy, while the process of monitoring the ir corrective actions.	{F 0					
{F 223} SS=D	483.12(a)(1) FREE FI ABUSE/INVOLUNTAL 483.12		{F 2	23}			9/22/17	
	neglect, misappropria and exploitation as de includes but is not lim corporal punishment, any physical or chem treat the resident's sy	involuntary seclusion and ical restraint not required to mptoms.						
	abuse, corporal punis seclusion; This REQUIREMENT by:	mental, sexual, or physical hment, or involuntary						
	Based on observations, staff, nurse practitioner and Law Enforcement interviews and record review, the facility failed to protect a resident from being assaulted by an unknown male for 1 of 3 sampled residents (Resident #2). The unknown male was arrested and charged on 09/05/17 with two 2nd degree sex offenses against Resident #2.				This allegation of compliance is submitted in compliance with applicable law and regulation. To demonstrate continuing compliance with applicable the center has taken or will take the actions set forth in the following allegat of compliance. The following credible allegations constitutes the center sallegation of compliance. All alleged deficiencies have been or will be	law,		
	Nurse #2 had to use to barricaded door and of in Resident #2's room bed and the resident's	began on 08/31/17 when force to open Resident # 2's observed an unknown male in the sheets were off the so brief had been removed. Index or the sheet in the she			completed by the dates indicated. F223 How the corrective action will be accomplished for those residents found have been affected by the deficient	d to		

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		` ′	PLE CONSTRUCTION S	(X3) DATE SURVEY COMPLETED		
		345405	B. WING		R-C 09/21/2017	
	ROVIDER OR SUPPLIER	LITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 1735 TODDVILLE ROAD CHARLOTTE, NC 28214	03/21/2017	
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{F 223}	Continued From pag	ge 2	{F 22	3}		
	Centers for Medicar	the State Agency and the e and Medicaid with an n for the removal of the on 09/14/17.		practice: " On the evening of August 31, 20 or around 9:30 pm, Nurse 2 observe Resident 2□s door closed. Nurse 2 opened Resident 2□s door and foun	d	
	A revisit survey was conducted on 09/21/17 to determine the status of the ongoing Immediate Jeopardy. The facility provided documentation for review of the following: - Systematic changes implemented to ensure visitors are identified before being allowed inside the facility Evidence of staff, resident and family education on abuse, emergency response and resident protection Documentation of audits for the in-servicing			unknown male in the room with Resi 2. Resident 2 was found with her co down and brief off. When questione unknown male told Nurse 2 that he was the nephew of Resident 2 and he was	dent vers d, the vas	
				changing his aunt strief. Nurse 2 approached House Coordinator, who in an office and on the phone with a member of a resident. House Coordinate changes are strictly approached.	o was family	
				heard Nurse 2 ask House Coordinat call 911, but House Coordinator dire Nurse 2 to ask Nurse 1 to call 911 w	or to	
	and procedures imp prohibition, protection emergency respons			House Coordinator finished her call. Nurse 1 overheard Nurse 2□s reque call 911, but did not hear House Coordinator□s response and therefore		
	procedures for visital interviews with staff	residents and visitor were		assumed House Coordinator called "Nurse 1 then joined Nurse 2 in Resident 2□s room, and continued t	911.	
	The facility provided support corrective a	ic changes implemented. sufficient evidence to ction by the facility to remove		question the unknown male. The unknown male insisted he was Residulation 2□s nephew and provided a first nar	ne	
	and severity (D) isol not immediate jeopa			and a last name that matched Resid #2□s last name. At this point, the unknown male began to show signs	of	
	continues the procesimplementation of the	-		aggression and Nurse 1 instructed N 2 to leave the room. Nurse 2 station herself in the hallway just outside		
	The findings include	d:		Resident 2 s room while Nurse 1 explained to the unknown male that was going to call Resident 2 s daug to confirm his identity. Nurse 1 left		
		mitted to the facility on oses that included acute		Resident 2 s room for privacy while called Daughter and Nurse 2 remain		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING				(X3) DATE SURVEY COMPLETED	
			A. BUILDI	NG		R-		
		345405	B. WING				21/2017	
NAME OF P	ROVIDER OR SUPPLIER		-	ST	FREET ADDRESS, CITY, STATE, ZIP CODE	1 00//	21/2017	
CHARLO	TTE LIEALTIL O DELLADI	LITATION CENTED		17	35 TODDVILLE ROAD			
CHARLO	TTE HEALTH & REHABI	LITATION CENTER		С	HARLOTTE, NC 28214			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG	x	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BI CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE	
{F 223}	Resident was curren antibiotics for a urina over the counter men The admission Minin 07/27/17 specified the long term memory in impaired cognitive slate The MDS also specific comatose, but had not to make herself under required two person activities of daily living A nurse's entry made at 11:38 PM specific arrived at the facility male observed in Resident and a medical transportation The report specified was dispatched at 11:52 the chief complaint won scene to find an 8 bed. The report also #2 reported the resident's brief. The allowed to leave the medical transport united to the service of the serv	th hypoxia, seizures, postomy and dementia. It being treated with any tract infections and an dication for a yeast infection. In the post of the resident had short and in pairment with severely kills for daily decision making. If the resident was not in the speech and the rare ability the prestood. The resident physical assistance with ing. The by Nurse #1 dated 08/31/17 dig 911 was called and police in relation to an unknown	{F 2	23}	stationed in the hallway just outside the room. However, the unknown male closed Resident 2 s door which prompted Nurse 1 to reopen the door a instruct the unknown male not to close door. This occurred several more time until the unknown male was instructed exit Resident 2 s room and remain in hallway. Nurse 1 called Daughter at 9: pm from Nurse 1 s cell phone. Howev Daughter did not pick up the call. Nurs returned to the area outside of Residen 2 room where the unknown man and Nurse 2 were waiting. Daughter return the phone call at 9:52 pm so Nurse 1 stepped away again and explained to Daughter what had transpired and that unknown male claimed he was a family member and provided a first name. Daughter advised Nurse 1 that they did have a family member by that first nam and that she was going to drive to the Center to confirm whether the unknown male was a family member. "Around 9:52 pm, when Nurse 1 stepped away to speak to Daughter, House Coordinator went to find Nurse 2 see if she could be of assistance. Not knowing yet what had transpired, House Coordinator found the unknown male a questioned whether he had signed in a the front desk. When the unknown mar responded that he had not signed in, House Coordinator escorted him to the front desk and observed him sign in. Tunknown male and House Coordinator returned to the hallway at which point House Coordinator asked Nurse 2 what was going on. Nurse 1 advised Nurse	nd the s to che 51 er, e 1 t d e the c t e t e t t t t e t t t t t t t t t		

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		345405	B. WING		0	9/21/2017	
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE	Ē		
011451.07	TE !!EA! T!! 0 DE!!AD!	LITATION OFNITED		1735 TODDVILLE ROAD			
CHARLOI	TE HEALTH & REHABI	LITATION CENTER		CHARLOTTE, NC 28214			
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	REFIX (EACH CORRECTIVE ACTION SHOUL		(X5) COMPLETION DATE	
{F 223}	Continued From pag	ge 4	{F 223	3}			
	document titled "Sex Examination" dated performed in the Emexam revealed that injuries from the ass revealed the resident excoriation on her later and provided to Law A nurse's entry madat 5:15 AM revealed the facility from the Industry from the	09/01/17 at 1:42 AM hergency Department. The Resident #2 had no physical ault. The exam report ht had a 4 millimeter hia. Evidence was collected		and House Coordinator that D on her way to identify the unkr Nurse 2 called the DON at 9:5 explain what had transpired. " Nurse 1, Nurse 2, and Ho Coordinator then worked toget an eye on the unknown male, contact with Daughter, care fo protect the residents, alert the try to alert other staff members situation while attempting to ke unknown male calm and not a to their actions. It was around that Nurse 1, Nurse 2, and Ho Coordinator realized that no or called 911. Nurse 1 then calle at 10:09 pm to obtain her statu Daughter advised that she was way and in close proximity to t The nurses would call 911 if the	use ther to keep keep in r and DON, and s of the eep the lert him as this time use ne had d Daughter us. s on her he center.		
	On 09/07/17 at 9:50 AM Resident #2 was observed in bed and her eyes were closed.			male was not identified by Dau family member. " At 10:18 pm, Daughter ca 1□s cell phone and advised the arrived at the Center and had	illed Nurse at she had		
	entrance for visitors 9:30 PM. She stated door was locked, vis staff member to let the The Nurse described working 3 PM to 11 her 9 PM medication Nurse explained that at the top of the 200 medication cart whe male walk past her to	5 AM Nurse #1 was orted the facility had one that automatically locked at d that after 9:30 PM when the sitors were dependent on a hem in and out of the facility. d that on 08/31/17 she was PM and was preparing to start in pass on the 200 A Hall. The t at 9:15 or 9:20 PM she was A Hall standing at her in she noticed an unknown of the end of the 200 A Hall, ed in the room, shut the door		through the window to observe unknown male. Daughter con the unknown male was wearin Nurse 1 and then Daughter staunknown male was not her far member. At this point, Nurse with Daughter and immediately at 10:20 pm. Per telephone in Detective assigned to case on Administrator, the 911 call was at 10:20pm, and dispatched at Around the same time, CNA 1 (by swiping her badge) the from allow the unknown male out of	firmed what g with ated that the mily 1 hung up y called 911 terview with 9/13/17 by s confirmed t 10:22pm. unlocked nt door to		

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CENTER	S FOR MEDICARE &	MEDICAID SERVICES				OMB NC	<u>). 0938-0391 </u>	
	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	I ' '	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
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		345405	B. WING			09/	21/2017	
NAME OF P	ROVIDER OR SUPPLIER			S	TREET ADDRESS, CITY, STATE, ZIP CODE			
CHARLOT	TE HEALTH & REHABIL	ITATION CENTER		17	735 TODDVILLE ROAD			
CHARLO	TE HEALIN & KEHADIE	TATION CENTER		С	HARLOTTE, NC 28214			
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{F 223}	Continued From page and walked back up to this was "odd" because male was and why he that Resident. The Nunknown male walker "Hi" and the unknown "Good night." The Nuremained in the same 200 A Hall and assume exited the building. Nuremained in the same 200 A Hall and assume exited the building. Nuroceeded with her mapproximately "5 min "boom" and Nurse #2 Coordinator to, "Call (Resident #2)." Nurs stopped her medication umbrella and went to Nurse #1 asked what reported that she four closed and when she unknown male in the Resident's bed sheet Nurse #1 stated that male she saw 5 minuthad left the building. nurses he was visiting provide incontinence staff were not doing to Resident #2. Nurse #1 stated she a identity and after state the situation because male was angry with unknown male to have	the hall. She stated she felt see she didn't know who the se would have been visiting turse added that when the diback up the hall, she said, a male waved and stated, turse reported that she se location at the top of the med the unknown male sturse #1 explained that she medication pass and tutes later" she heard a stylling for the House 1911! He's trying to rape her e #1 described that she	{F 2			nter at tion e ef, as dy ean d rself 11, s nit		
		ated she realized when she e room, the unknown male			reached patient⊡s room at 11:52pm. Arrived to Hospital at 12:24AM.			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED			
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		345405	B. WING _			09/	/21/2017		
NAME OF P	ROVIDER OR SUPPLIER	•	<u> </u>	ST	TREET ADDRESS, CITY, STATE, ZIP CODE	·			
				17	735 TODDVILLE ROAD				
CHARLOT	TE HEALTH & REHA	BILITATION CENTER		С	HARLOTTE, NC 28214				
(X4) ID	SUMMARY	STATEMENT OF DEFICIENCIES	ID		PROVIDER'S PLAN OF CORRECTION				
PREFIX TAG	,	ENCY MUST BE PRECEDED BY FULL OR LSC IDENTIFYING INFORMATION)	PREFI) TAG	X	(EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE		
{F 223}	Continued From pa	age 6	{F 2	23}					
	had shut the door	to the room. Nurse #1 opened			" Per hospital report no evidence of				
	the door and expla	ined to the unknown male that			break in skin, abrasions except for				
	he would need to s	sit in the room with the door			excoriation to labia, redness, bruising,				
	open. Nurse #2 st	ood outside the room			swelling, or bleeding to the body. No				
	continuing her med	dication pass to watch the			evidence of semen, DNA pending at the	is			
		le Nurse #1 used the			time, and detective assigned to case				
		#1 reported that the unknown			unable to tell us when we will get it bac				
		shut the door 4 times until she			and undetermined time at this point. P				
		had to get out of the room.			verbal transfer report from ED nurse to				
		ne didn't realize at the time but			Nurse 3 at the time of discharge from t	ne			
		ting the door, the unknown			Emergency Department, it appeared				
		esident #2" back. Nurse #1 nown male had reattached the			unidentified male was interrupted before he was able to do anything to resident.				
		d put the covers back on her			Family updated by hospital.				
	body.	put the covers back on her			r army apacted by nospital.				
	2009.				" Beginning 9/1, automatic front doc	or			
	Nurse #1 describe	d that she went to the nurses'			lock system was moved from auto lock				
	station area and ol	bserved the House Coordinator			9:30pm to auto lock at 8PM and will				
	on the telephone a	and assumed she was on the			remain locked until 9:00 AM; the				
	phone with 911 as	Nurse #2 had called for her to			receptionist hours are 9:00 AM -8:00 P	M.			
	do. The Nurse sta	ted her goal became to keep			The system does not allow any other				
	Resident #2 safe a	and contact the family. The			doors to be used for entry by visitors, a	ınd			
		aw the House Coordinator and			never has. All other doors are and have	re			
		ad called 911 and she hadn't.			always been locked continuously and				
		she was so confused and upset			require badge access for entry and exi				
		een called but she knew she			" Between the hours of 5pm and 9p				
		ident #2. Nurse #1 decided to			beginning 9/1/17, the patient received	а			
	,	because she knew the			sitter to ensure her safety.				
		s locked inside the facility since			" The perpetrator/unknown male wa				
		M. The nurse used her cell			apprehended/caught by law enforcement on 9/5/17. Sitter services were	31 IL			
		times and revealed she spoke daughter at 9:52 PM to ask if			discontinued on 9/6/17.				
		nember with the name provided			" Staff began to receive education				
		said, "Yes." Nurse #1 provided			immediately following the event on				
		e unknown male and the			8/31/17 by the DON, and designees or	1:			
		of match but the family stated			o Expectations for visitor identification				
		ay to the facility. Nurse #1			after door lock times. All visitors will c				
		all to the daughter at 10:18 PM			facility or ring front door bell to identify				
		she was and she was pulling			who they are and who whey want to se	e.			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	PLE CONSTRUCTION G	(X3) DATE SURVEY COMPLETED
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	345405	B. WING		09/21/2017
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CHARLOTTE HEALTH & REHABI	LITATION CENTER		CHARLOTTE, NC 28214	
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daughter sat in her withe unknown male the door of the facility. The unknown male with police. Nurse #1 en and called 911 at 10 Nurse #1 explained front door for the unlineral Nurse #1 added the "less than 5 minutes." In the same interview asked if she had every prior to the incident. had seen the unknown was not aware of white reason for being in the instances occurred and described that be was with someone exidentify. The Nurse she saw the unknown pm shift and the other pm shift. She could and she did not ask. On 09/07/17 at 11:15 interviewed and des 9:45 PM" she observing because monitoring because tracheostomy and un Nurse described than	During the phone call the rehicle and was able to see arough the window and front. The daughter told Nurse #1 was not family and to call the ded the call with the daughter: 20 PM. At the same time, nurse aide #1 unlocked the known male and he left. police arrived to the facility. The arrived to the facility after she called. We with Nurse #1 she was er seen the unknown male. Nurse #1 explained that she with male 2 previous times and to he was visiting or his the facility. She stated that the dover a two week period to the times the unknown male alse that she was unable to reported that one instance in male during the 7 am to 3 ter time was on the 3 pm to 11 not recall what he was doing thin his identity. 5 AM Nurse #2 was cribed on 08/31/17 "around yed the door to Resident #2's	{F 22	A staff member will then allow accessive them a visitor name badge. All have received education on this. "Root cause analysis determinate of Unknown male was not initially removed from room due to escalating situation and the unknown male spotential aggressive response. This escalated to his noncompliance to keeping door open, and he was permanently removed from room. Nurse #1, 2 and House Coording were all involved in calls with key pering in resolving the above situation; there all believed someone else had called When it became apparent that no or called 911, the nurses waited until the family confirmed that the unknown made was not a family member and then immediately called 911. Education/Coaching about 911 emergency procedures provided to 1, 2 and House Coordinator on 9/8/14 Administrator. Because the nurses did not war alarm the unknown male and wanter keep him in the Center until the policarrived, the unknown male and wanter keep him in the Center until the policarrived, the unknown male was not removed from all patient care areas. Communication occurred to other pacare areas, but communication did reach everyone. Walkie-talkies were provided to nurses for unit to unit communication. Nurse #1, upon initially noticing unknown male in center, did not inquito his identity and whom he was visited.	staff ions: g later ator arsons efore, d 911. he had he hale hale attent to to te attent hot re

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		345405	B. WING			1	21/2017	
NAME OF PI	ROVIDER OR SUPPLIER			S	TREET ADDRESS, CITY, STATE, ZIP CODE	1 031	21/2017	
					735 TODDVILLE ROAD			
CHARLOT	TE HEALTH & REHABI	LITATION CENTER			HARLOTTE, NC 28214			
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(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFI TAG		(EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE	
{F 223}	Continued From pag	ae 8	{F 2	23}				
, ,	· -	e door open and witnessed		,	" 9/6/17 Vice President of Operation	19		
		Resident #2's room and the			educated Administrator on reasonable			
		removed the resident's brief			suspicion of a crime/serious bodily			
		. The Nurse stated at first			reporting requirements and on 9/6/17			
		nown male had "killed her			Administrator educated DON of serious	3		
		eared he was going to rape			bodily injury reporting requirements.	ĺ		
	, ,	Nurse #2 described that the			" All visitors will be required to sign	in to		
		owered Resident #2's bed to			the visitor log, denoting name, name o			
	the floor, removed th	ne sheets and placed them in			individual they are visiting and entry/ex			
	the floor, removed th	ne pillows from the bed and,			time. All visitors will receive a dated gr	uest		
	extended the resider	nt's legs out straight and had			badge before entry into patient care			
	them separated and	the unknown male had taken			areas. Any visitor noted in the center			
	his shoes off.				without a guest badge will be stopped	and		
					taken to the lobby by a staff member, t	o		
					sign in/obtain a badge. All vendors or			
		3 PM the House Coordinator			contractors must display a visible name	9		
		the telephone and explained			badge. If not, one will be provided.			
	_	31/17 she was on the			Receptionist will be responsible for put	ting		
	-	ner resident's family for a			out dated guest badges every day.			
		ation when she heard Nurse			Facility now provides a receptionist 7 c	ays		
		The House Coordinator			per week from 9AM to 8PM, to follow			
		now what was going on for			above protocol. Receptionist will provi			
		for help and to call 911 but			guest badges during these hours. After	Г		
		n the phone and did not call			these hours, a nurse will answer front	20		
	911. The House Co				door bell, and provide guest badge usi	ıy		
		e did not respond to Nurse			same protocol above. o All staff were educated on this nev	V		
		The House Coordinator						
	•	she finished with the phone se #2 to find out what was			process beginning on 9/11, to complete on 9/14/17 by the Administrator and	UII		
		se Coordinator was unaware			designees. Any staff member that has	not		
	of how long she was				been educated will not be allowed to	1101		
	_	poke with the unknown male			return to work prior the receiving the	ĺ		
		gn the guest registry located			education.	ĺ		
	_	s. She added she walked him			" The center has initiated the use of			
		ched as he signed the guest			walkie-talkies to be kept on the nurse			
		Coordinator stated that			person on 9/14/17, to communicate	-		
		ved to the facility, the			immediate needs from unit to unit.	ĺ		
	-	eft the facility. The House			including a situation where there is a	ĺ		
		ad that in an attempt to keep			nationt protection emergency or			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	IPLE CONSTRUCTION NG	(X3)	(X3) DATE SURVEY COMPLETED	
		345405	B. WING			R-C	
NAME OF D		343403	D. WING _	OTDEET ADDRESS SITV STATE 71D SS		09/21/2017	
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CO	DE		
CHARLO	TE HEALTH & REHAB	ILITATION CENTER		1735 TODDVILLE ROAD			
				CHARLOTTE, NC 28214			
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO ((EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	ON SHOULD BE IE APPROPRIATE	(X5) COMPLETION DATE	
{F 223}	Continued From page the unknown male f	_	{F 22	*	talking are		
	(the 100 Hall nurse) facility. The House	rom leaving she told Nurse #4 not to let anyone out of the Coordinator stated that relayed the message to all I.		lock-down situation. Walkie stored on the medication car Walkie-talkies are charged v computer. Nurses will pass on when giving report. " All residents who are int (as evidenced by a BIMS of	rt. ria nurse walkie-talkies terviewable		
	Nurse #4 no longer unable to be reache	works in the facility and was ed for an interview.		verbal education by Administ other designees on: ¿ Residents to be free from expected reporting of residents.	trator and m abuse and		
	#1 was interviewed stated the unknown sexual crimes again Enforcement Office hospital concluded injury from the assa exam showed a 4 m Resident #2's vagin obtained from Resident #2's vagin obtained from Resident #at exam showed a 4 m Resident #2's vagin obtained from Resident #at exam the unknown that would not be exam. He added the currently in custody 08/31/17. The Official male stated he walk facility and entered intention to steal ite	PM Law Enforcement Officer The Law Enforcement Officer male had confessed to est Resident #2. The Law radded that he was aware the Resident #2 had no visible ult and that sexual assault nillimeter excoriated area on a. He explained that samples dent #2 had been sent to the take weeks to get results. s could show fingerprints and nown male on Resident #2 vident in the sexual assault e unknown male was for the crime committed on the reported the unknown the din the front entrance to the Resident #2's room with ms of value, sifted along her ters more than once.		¿ Visitation procedures o This education began of 11th, to completion on Septe and was documented in the record. All new patients will education via the admissions review of Residents Rights a Patient□s Bill of Rights. " All Responsible Parties written communication via le on September 13th, with info including the following: o Door lock times, and ga during these times o The Elder Justice Act o What a reasonable susp crime is o The use of one-time use identification, ie. Guest Badg o What methods we use to patients, employees and visi during and after normal busing	ember 14th, medical receive this s process with and Notice of received etter, mailed ormation unining entry diction of a e Visitor ges o keep our itors safe both ness hours.		
		de to contact the hospital d the sexual assault exam for		Measures to be put in place changes made to ensure that correction is effective and the deficiency cited remains corr in compliance with the regulation.	at the plan of at specific rected and/or		

<u> </u>	OT OIL MEDIO/ ILL G	INEBIOTIB CEITTICE					7. 0000 0001
	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ´		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
						R	-C
		345405	B. WING			09/	21/2017
	ROVIDER OR SUPPLIER	ITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 1735 TODDVILLE ROAD CHARLOTTE, NC 28214			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BI CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
{F 223}	On 09/07/17 at 2:16 Interviewed and state male in the facility sethis behavior was sus explained that he did unknown male's visits added that on each with the unknown male broken broke	PM floor technician #1 was ad he had seen the unknown weral times and did not feel picious. The floor technician not know the reason for so the floor technician witnessed account he noticed ought a fast food bag with then bag when he left. The did he assumed the unknown od to someone. The floor re was a lot of people in and unless they were wandering did out of rooms he would not them what they were doing. PM the Administrator was asined he would expect his dentity of a visitor that was ne Administrator did not male opening a closed door then leaving was suspicious director was out of the or be reached for an	{F 2	223}	requirements: " Administrator will daily M-F, for a period of four weeks, then twice weekly for four weeks, and weekly for four weeks will check to ensure visitors are adhering to guest badge protocols and walkie talkies are on the nurse person. Any deficient practice will be addressed immediately by the administrator. " Automatic front door lock system who lock door at 5PM and will remain locked until 9:00 AM " All new hires during orientation will receive education on abuse/neglect/misappropriation/crime Nursing P/P 10 Elder Justice Act and Visitor Badge protocols. " All new licensed nurses will receive education on use of walkie talkies. " Administrator will audit that all new patients received education via the admissions process with review of Residents Rights, Visitation procedure and Notice of Patient sell of Rights for three months. Any deficient practice where addressed immediately by the administrator. " Responsible parties for all new admission will receive a letter notifying them of: o Door lock times, and gaining entry during these times o Elder Justice Act o What a reasonable suspicion of a crime is o The use of one-time use Visitor identification, ie. Guest Badges	eks ng will d II or vill	
	acting suspicious. The believe the unknown to a resident's room, behavior. The facility's medical country and unable to interview. On 09/08/17 at 11:15	ting suspicious. The Administrator did not lieve the unknown male opening a closed door a resident's room, then leaving was suspicious havior. e facility's medical director was out of the untry and unable to be reached for an			admissions process with review of Residents Rights, Visitation procedure and Notice of Patient S Bill of Rights for three months. Any deficient practice we be addressed immediately by the administrator. "Responsible parties for all new admission will receive a letter notifying them of: o Door lock times, and gaining entry during these times o Elder Justice Act o What a reasonable suspicion of a crime is o The use of one-time use Visitor	rill ,	

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
				_		R-C	
		345405	B. WING _			09/	21/2017
	ROVIDER OR SUPPLIER	ITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 1735 TODDVILLE ROAD CHARLOTTE, NC 28214				
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFI TAG	×	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
{F 223}	Continued From page		{F 2		during and after normal business hours. How facility will monitor corrective actio (s) to ensure deficient practice will not re-occur: Results of all audits will be reviewed by the QAPI (Quality Assurance Performal Improvement) committee monthly times three, for continued compliance or revisions to the plan as needed. Administrator responsible for implementing the acceptable plan of correction.	on , nce	010047
{F 225} SS=D	ALLEGATIONS/INDIV 483.12(a) The facility		{F 2	25}			9/22/17
	exploitation, misappromistreatment by a configuration of the configurati	g entered into the State oncerning abuse, neglect, ment of residents or neir property; or y action in effect against his sense by a state licensure finding of abuse, neglect, ment of residents or					

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIP	LE CONSTRUCTION	COMPLI	(X3) DATE SURVEY COMPLETED	
		345405	B. WING		R-0	2 1/ 2017	
	ROVIDER OR SUPPLIER	ILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 1735 TODDVILLE ROAD CHARLOTTE, NC 28214	03/2	1 03/21/2017	
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORF (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE	
{F 225}	(c) In response to al exploitation, or misting (1) Ensure that all a abuse, neglect, expincluding injuries of misappropriation of reported immediate after the allegation is cause the allegation is erious bodily injury the events that cause abuse and do not return the administrator of officials (including to adult protective senfor jurisdiction in lon accordance with Staprocedures. (2) Have evidence to thoroughly investigation, or mistinvestigation is in procedure administrator or his representative and to with State law, including agency, within 5 words.	legations of abuse, neglect, reatment, the facility must: lleged violations involving loitation or mistreatment, unknown source and resident property, are y, but not later than 2 hours is made, if the events that involve abuse or result in , or not later than 24 hours if se the allegation do not involve esult in serious bodily injury, to the facility and to other or the State Survey Agency and vices where state law provides g-term care facilities) in late law through established that all alleged violations are stated. Interest a serious description of the state law through established that all alleged violations are stated. Interest a serious bodily injury, to the facility and to other or the state law provides g-term care facilities) in late law through established that all alleged violations are stated. Interest a serious service as a service as a service as a service and service as a service as	{F 225	5}			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		345405	B. WING			R	-
	20,4252.02.01.02.152	343403	D. WING_		TREET ARRESTO OFFICE THE CORE	09/	21/2017
NAME OF PI	ROVIDER OR SUPPLIER				TREET ADDRESS, CITY, STATE, ZIP CODE		
CHARLOT	TE HEALTH & REHABI	LITATION CENTER			735 TODDVILLE ROAD		
				С	HARLOTTE, NC 28214		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG	x	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BI CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
{F 225}	Officer Interview, nurrecord review the factor Care Personnel Inverse a resident within the failed to notify Adult incident and failed to immediately of suspiresident (Resident #2 Immediate Jeopardy Nurse #2 had to use barricaded door and in Resident #2's roor bed and the resident and the facility did not enforcement immediate Jeopardy is present. The facility provided Centers for Medicare acceptable allegation Immediate Jeopardy A revisit survey was determine the status Jeopardy. The facility for review of the following the facility. Systematic charvisitors are identified the facility. Evidence of stafeducation on abuse, resident protection.	views, Law Enforcement rise practitioner interview and cility failed to notify Health stigations of a crime against required 2 hour timeframe, Protective Services of the notify law enforcement cion of a crime for 1 of 1 2). began on 08/31/17 when force to open Resident # 2's observed an unknown male m, the sheets were off the 's brief had been removed; of notify local law ately. The Immediate and ongoing. the State Agency and the e and Medicaid with an off or the removal of the on 09/14/17. conducted on 09/21/17 to of the ongoing Immediate by provided documentation	{F 2	25}	F225 Charlotte Health Care Center This allegation of compliance is submit in compliance with applicable law and regulation. To demonstrate continuing compliance with applicable law, the cer has taken or will take the actions set fo in the following allegation of compliance. The following credible allegations constitutes the center's allegation of compliance. All alleged deficiencies habeen or will be completed by the dates indicated. How the corrective action will be accomplished for those residents found have been affected by the deficient practice: On the evening of August 31, 2017 or around 9:30 pm, Nurse 2 observed Resident 2's door closed. Nurse 2 opened Resident 2's door and found an unknown male in the room with Reside 2. Resident 2 was found with her cove down and brief off. When questioned, unknown male told Nurse 2 that he was the nephew of Resident 2 and he was changing his aunt's brief. Nurse 2 ther approached House Coordinator, who win an office and on the phone with a far member of a resident. House Coordinator call 911, but House Coordinator directed Nurse 2 to ask Nurse 1 to call 911 while House Coordinator finished her call.	nter rth e. ave d to 7, at n nt rs the s milly ator to ed	
		emented related to abuse			Nurse 1 overheard Nurse 2's request to call 911, but did not hear House	o	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		` IDENTIFICATION NI IMBED:		IPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
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011471.0				1735 TODDVILLE ROAD			
CHARLO	TTE HEALTH & REHAB	ILITATION CENTER		CHARLOTTE, NC 28214			
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{F 225}	procedures for visita interviews with staff aware of the system. The facility provided support corrective at the immediate jeopa and severity (D) iso not immediate jeopa continues the procesimplementation of the support of the findings included the system of the support of th	facility's new security ation were made and residents and visitor were nic changes implemented. I sufficient evidence to ction by the facility to remove ardy at F 225 at a lower scope lated, no actual harm that is ardy while the facility ss of monitoring and ne corrective action.	{F 2	Coordinator's respons assumed House Coordinator's respons assumed House Coordinator 1 Nurse 1 then joined Resident 2's room, and question the unknown unknown male insisted 2's nephew and provide a last name that match last name. At this point male began to show signed and Nurse 1 instructed the room. Nurse 2 states hallway just outside Rewhile Nurse 1 explained male that she was goin 2's daughter to confirm 1 left Resident 2's room she called Daughter all remained stationed in	dinator called 911. ed Nurse 2 in d continued to male. The d he was Resident ded a first name and hed Resident #2's nt, the unknown igns of aggression d Nurse 2 to leave ationed herself in the esident 2's room ed to the unknown ing to call Resident in his identity. Nurse m for privacy while nd Nurse 2		
	Resident #2 was admitted to the facility on 07/20/17 with diagnoses that included acute respiratory failure with hypoxia, seizures, tracheostomy, gastrostomy, dementia, and urinary tract infections. The admission Minimum Data Set (MDS) dated 07/27/17 specified the resident had short and long term memory impairment with severely impaired cognitive skills for daily decision making. The MDS also specified the resident was not comatose, but had no speech and the rare ability to make herself understood. The resident required two person physical assistance with activities of daily living. The facility provided a 24-Hour Initial Report dated 09/01/17 that specified an allegation of Resident Abuse with reasonable suspicion of crime had occurred on 08/31/17 for Resident #2. The facility documented there was a Reasonable			outside the room. How male closed Resident prompted Nurse 1 to reinstruct the unknown redoor. This occurred so until the unknown male exit Resident 2's room hallway. Nurse 1 called pm from Nurse 1's cell Daughter did not pick returned to the area of 2's room where the une Nurse 2 were waiting, the phone call at 9:52 stepped away again at Daughter what had train unknown male claimed member and provided Daughter advised Nurse a family member.	wever, the unknown 2's door which eopen the door and male not to close the everal more times e was instructed to an and remain in the ed Daughter at 9:51 I phone. However, up the call. Nurse 1 utside of Resident aknown man and Daughter returned pm so Nurse 1 nd explained to anspired and that the d he was a family a first name.		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		I DENTIFICATION NUMBED:		PLE CONSTRUCTION IG		(X3) DATE SURVEY COMPLETED	
		245405	D WING			R-C	
		345405	B. WING _		•	09/21/2017	
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, Z	IP CODE		
CHARL OT	TE HEALTH & REHA	RII ITATION CENTER		1735 TODDVILLE ROAD			
OHARLO	TE HEALIN & KENA	BILITATION GENTER		CHARLOTTE, NC 28214			
(X4) ID PREFIX TAG	(EACH DEFICIE	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL DR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN (EACH CORRECTIVE A CROSS-REFERENCED T DEFICIE	ACTION SHOULD BE TO THE APPROPRIATE	(X5) COMPLETION DATE	
{F 225}	Continued From page	age 15	{F 22	25}			
,	· ·	facility notified the Police	(,	and that she was going Center to confirm wheth male was a family member	er the unknown ber.		
	Personnel Investig allegation on 09/02 The facility did not	documented Health Care ations was notified of the I/17 at 4:39 PM. provide documentation that ervices (APS) was notified of		Around 9:52 pm, what stepped away to speak to thouse Coordinator went see if she could be of as knowing yet what had traccoordinator found the unquestioned whether he to the front desk. When the transported that he had a see the see that the see t	to Daughter, t to find Nurse 2 to ssistance. Not anspired, House nknown male and had signed in at te unknown male		
	interviewed and de 9:45 PM" she obseroom closed. The concerning because tracheostomy and Nurse described the door but it was bloroom and there was stated she forced to an unknown male unknown male had leaving her expose she thought the un (Resident #2) and her (Resident #2). The room and yelle call 911. Nurse #2 replied that she was explained that it was police were called keep the Resident when the police ar	as a secribed on 08/31/17 "around berved the door to Resident #2's nurse stated this was see the resident required close to see she was a fall risk and had a numble to call for help. The nat she attempted to open the coked and she called inside the sent of an answer. The Nurse she door open and witnessed in Resident #2's room and the second res		responded that he had recordinator esconfront desk and observed unknown male and House returned to the hallway at House Coordinator asked was going on. Nurse 1 and House Coordinator on her way to identify the Nurse 2 called the DON explain what had transpional new on the unknown contact with Daughter, of protect the residents, alled try to alert other staff mesituation while attempting unknown male calm and to their actions. It was at that Nurse 1, Nurse 2, a Coordinator realized that called 911. Nurse 1 their at 10:09 pm to obtain her Daughter advised that sway and in close proxim The nurses would call 9	orted him to the dhim sign in. The se Coordinator at which point ed Nurse 2 what advised Nurse 2 that Daughter was e unknown male. at 9:59 pm to ired. and House d together to keep male, keep in care for and ert the DON, and embers of the end to alert him as around this time and House at no one had in called Daughter er status. The was on her nity to the center.		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ` ′	IPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
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NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODI	=		
CHARLOT	TE HEALTH & REHA	ABILITATION CENTER		1735 TODDVILLE ROAD			
				CHARLOTTE, NC 28214			
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{F 225}	Continued From p	page 16	{F 2:	25}			
, ,		2:03 PM the House Coordinator	, , _	family member.			
		on the telephone and explained		At 10:18 pm, Daughter ca	alled Nurse		
		8/31/17 she was on the		1's cell phone and advised that			
	_	other resident's family for a		arrived at the Center and had			
	-	ituation when she heard Nurse		through the window to observ			
		911. The House Coordinator		unknown male. Daughter con			
		know what was going on for		the unknown male was wearing			
		or help and to call 911 but that		Nurse 1 and then Daughter st	-		
		the phone and did not call 911.		unknown male was not her fa			
	The House Coord	inator offered no explanation		member. At this point, Nurse	1 hung up		
	why she did not re	espond to Nurse #2's yell to call		with Daughter and immediate	y called 911		
	911. The House	Coordinator explained that when		at 10:20 pm. Per telephone ir	nterview with		
		the phone call she went to		Detective assigned to case or	•		
	Nurse #2 to find o	ut what was going on. The		Administrator, the 911 call wa			
		or was unaware of how long she		at 10:20pm, and dispatched a			
	-	. The House Coordinator		Around the same time, CNA 1			
		the police arrived to the facility,		(by swiping her badge) the fro			
	the unknown male	e had left the facility.		allow the unknown male out o			
				building at 10:19 pm. CNA 1			
	On 00/07/17 at 1:	34 PM Law Enforcement Officer		knowledge as to what had training related to the unknown male.	ispired		
		ed on the telephone and		Based on information pro	vided by		
		the reporting officer for the		Detective, the police arrived a	-		
		ident #2. The Law Enforcement		at 10:23 pm. Nurse 1 and Da			
		police reports and stated police		spoke with police outside the	•		
		y the facility on 08/31/17 at		which time Nurse 1 provided a			
	·	re dispatched immediately. The		of the unknown male and Dau	•		
		Officer explained that when the		provided a description of the	-		
	police arrived to the	ne facility, the unknown male		fled in. Based on information	and belief,		
	had been allowed	to leave the facility. He added		per interview of Detective, the	event was		
	that witnesses in	the parking lot were able to give		closed by the police at 10:42p	m.		
		e unknown male and make and		 Visual assessment of res 	ident body		
		cle he was driving. The Law		done by Nurse #2 for any sigr	is of		
		er added that once the resident		bruising, redness, bleeding,			
		o the Emergency Department		agitation/anxiety-none found.			
		ult examination, police were		decision was made to not cha	-		
	re-dispatched to t	he facility at 11:41 PM.		resident prior to sending for po	ossible		
				sexual assault examination.			
				 Daughter visited with Res 	sident 2,		

OLITICAL	O T OTT WEDTON THE C	T CELLATOR OF TAXABLE				<u> </u>	. 0000 0001
	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	I ` ′		CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
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CHARLO	TE HEALTH & REHABIL	ITATION CENTER		С	HARLOTTE, NC 28214		
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID		PROVIDER'S PLAN OF CORRECTION		(X5)
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{F 225}	Continued From page	e 17	{F 2	251			
()	· -	PM the Administrator was	ا ا	.205	facility staffed consoled the family, and		
		ained he was notified of the			family was counseled by the nurses ab		
		by the Corporate Consultant			sending Resident 2 to hospital to be	Jui	
		acation. He stated that in			evaluated. Decision was made to send	<u>,</u>	
		ctor of Nursing, Corporate			resident to hospital to rule out sexual		
		tor of Operations oversaw			assault. While family was questioned b	y	
		he Administrator added that			Nurse #1 whether they wanted the		
	he returned to work of	on 09/05/17 and started the			assessment done, the nurse stated she		
	_	incident and intended to			did this only to include them since it wa		
		t completed and submitted to			significant event, but intentioned to sen		
		09/08/17. The Administrator			her anyway to protect the resident, her	self	
		agencies had been notified			and the center.	1.1	
	of the allegation.				 As a result of this second call to 9 both EMS and law enforcement officers 		
					were dispatched to the center. EMS un		
	On 09/07/17 at 3:55 F	PM the interim Director of			dispatched per 911 call at 11:38pm, an		
		nterviewed and reported she			reached patient's room at 11:52pm.	_	
		rse #2 on 08/31/17 at 9:59			Arrived to Hospital at 12:24AM.		
		unknown male was found in			Per hospital report no evidence of		
	Resident #2's room a	and had removed her brief.			break in skin, abrasions except for		
		directed Nurse #2 to call the			excoriation to labia, redness, bruising,		
		plained that it did not matter			swelling, or bleeding to the body. No		
		le was alleging to be family			evidence of semen, DNA pending at th	S	
		e #2 had witnessed in the			time, and detective assigned to case	ا	
	were called. But the	unaware when the police			unable to tell us when we will get it bac and undetermined time at this point. P		
		een able to leave the facility			verbal transfer report from ED nurse to		
		ed. The DON added an			Nurse 3 at the time of discharge from the		
	-	vas initiated that night when			Emergency Department, it appeared		
	she contacted the Co				unidentified male was interrupted befor	e	
					he was able to do anything to resident.		
					Family updated by hospital.		
	On 09/08/17 at 11:10	•			 A 24 hour initial report was filed wi 		
		viewed and reported that she			the Health Care Personnel Investigatio	n	
	-	Director of Nursing (DON)			on 9/1/17		
		egation on 08/31/17. The			A 5 day working report was filed w the Lie Mr. Care Basistan data:	ith	
	·	that the facility proceeded			the Health Care Registry detailing the		
	reported the Health C	gation. The Consultant			incident 9/8/17, within 5 working days.APS was notified on 9/11/17.		
	reported the Health C	Jaio i Giaulillei				ļ	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	PLE CONSTRUCTION G	(X3) DATE SURVEY COMPLETED		
		345405	B. WING			R-C 09/21/2017	
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE			
OUADI O	TE	ITATION OFNITED		1735 TODDVILLE ROAD			
CHARLO	TE HEALTH & REHABIL	ITATION CENTER		CHARLOTTE, NC 28214			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORF (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AF DEFICIENCY)	SHOULD BE		(X5) COMPLETION DATE
{F 225}	Continued From page Investigations was not the 2 hour timeframe "serious bodily injury" The Consultant state allegation of sexual a injury because the reinjury to her body subleeding. The Consultant refere Assault Nurse Exami specified the Resider from the assault. The facility's medical country and unable to interview. On 09/08/17 at 2:10 In (NP) was interviewed would expect staff to they suspected assauthe resident to the Errore page 12.	e 18 of notified of the crime within because there was no sustained to Resident #2. If sustained to serious bodily sident did not have signs of the as vaginal trauma or enced Resident #2's "Sexual nation" dated 09/01/17 that in thad no physical injuries	{F 22	DEFICIENCY)	minations pordinator ey persor ; therefor called 91 no one h ntil the own male hen appropria s provide dinator o n the Agency, ed on did not a result o e will repore	s: r ns re, 11. lad ate ed n	DATE
	that it would be helpf communication syste to alert all staff of a d	ul if the facility had a m such as a "code" system angerous situation to er from letting a perpetrator		educated Administrator on reas suspicion of a crime/serious bore reporting requirements and on suspicions administrator educated DON of abuse/crime reporting requirents. All staff re-inserviced on re	sonable dily 9/6/17 f all nents.		
	On 09/08/17 at 11:15 notified of Immediate	AM the Administrator was Jeopardy.		requirements on 9/14/17. The of initiated the use of walkie-talkie kept on the nurse's person on 9 communicate immediate needs to unit, including a situation who a patient protection emergency lock-down situation. Walkie-ta	es to be 9/14/17, s from un ere there	to it e is	

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		1 ' '	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		345405	B. WING			1	-C
NAME OF P	ROVIDER OR SUPPLIER	343405	B. WING_	STREET A	DDRESS, CITY, STATE, ZIP CODE	09/	21/2017
CHARLO	TE HEALTH & REHABII	LITATION CENTER		1735 TODDVILLE ROAD CHARLOTTE, NC 28214			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)	3E	(X5) COMPLETION DATE
{F 225}	Continued From pag	e 19	{F 23	store Walk componic on w is co polic (as e verb othe ¿ expe o 11th, and reco educ revie Patie writte on S inclu o crime Mea chan corre defic in co requ peric for fo will c to gu talkie	ed on the medication cart. kie-talkies are charged via nurse puter. Nurses will pass walkie-tall when giving report. Once information municated staff will follow abuse sies and procedures. All residents who are interviewable evidenced by a BIMS of 12+) rece al education by Administrator and residents to be free from abuse a exted reporting of residents/staff. This education began on September, to completion on September 14th was documented in the medical rd. All new patients will receive the eation via the admissions process ew of Residents Rights and Notice ent's Bill of Rights. All Responsible Parties received en communication via letter, mailed eptember 13th, with information anding the following: The Elder Justice Act What a reasonable suspicion of a exist is effective and that specific existency cited remains corrected and exist is effective and that specific existency cited remains corrected and exist in the regulatory irements: Administrator will daily M-F, for a exist in the regulatory irements: Administrator will daily M-F, for a confidency cited remains corrected and exist in the regulatory irements: Administrator will daily M-F, for a exist in the regulatory irements: Administrator will daily M-F, for a confidency cited remains corrected and the regulatory irements: Administrator will daily M-F, for a confidency cited remains corrected and exist in the regulatory irements: Administrator will daily M-F, for a confidency cited remains corrected and exist in the regulatory irements: Administrator will daily M-F, for a confidency cited remains corrected and exist in the regulatory irements: Administrator will daily M-F, for a confidency cited remains corrected and exist in the regulatory irements: Administrator will daily M-F, for a confidency cited remains corrected and exist in the regulatory irements:	e e ived and ber n, is with of is d/or	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		IDENTIFICATION NUMBER		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		345405	B. WING			l	-C 21/2017	
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 1735 TODDVILLE ROAD CHARLOTTE, NC 28214				
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE	
{F 225}	Continued From page	e 20	{F 2	225}	immediately by the administrator. Automatic front door lock system word lock door at 5PM and will remain locked until 9:00AM. All new hires during orientation will receive education on abuse/neglect/misappropriation/crime Nursing P/P 10 Elder Justice Act and Visitor Badge protocols. All new licensed nurses will receive education on use of walkie talkies. Administrator will audit that all new patients received education via the admissions process with review of Residents Rights, Visitation procedure and Notice of Patient's Bill of Rights for three months. Any deficient practice where addressed immediately by the administrator. Responsible parties for all new admission will receive a letter notifying them of: Door lock times, and gaining entry during these times Elder Justice Act What a reasonable suspicion of a crime is The use of one-time use Visitor identification, ie. Guest Badges What methods we use to keep our patients, employees and visitors safe be during and after normal business hours. How facility will monitor corrective action (s) to ensure deficient practice will not re-occur: Results of all audits will be reviewed by the QAPI (Quality Assurance Performal Improvement) committee monthly times three, for continued compliance or	d I I I I I I I I I I I I I I I I I I I		

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	FION NUMBER		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		345405	B. WING			l	-C
NAME OF D	ROVIDER OR SUPPLIER	040400			TREET ADDRESS, CITY, STATE, ZIP CODE	09/	21/2017
	TE HEALTH & REHABIL	ITATION CENTER		1	735 TODDVILLE ROAD CHARLOTTE, NC 28214		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BI CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
{F 225}	Continued From page	21	{F 2	225}	revisions to the plan as needed. Administrator responsible for implementing the acceptable plan of correction.		
{F 226} SS=D	483.12(b)(1)-(3), 483. DEVELOP/IMPLMEN POLICIES	95(c)(1)-(3) T ABUSE/NEGLECT, ETC	{F 2	26}	Concosion.		9/22/17
	483.12 (b) The facility must d written policies and pr	evelop and implement rocedures that:					
		ent abuse, neglect, and nts and misappropriation of					
	(2) Establish policies investigate any such a						
	(3) Include training as §483.95,	required at paragraph					
	the freedom from aburequirements in § 483	nd exploitation. In addition to se, neglect, and exploitation 3.12, facilities must also ir staff that at a minimum					
		onstitute abuse, neglect, appropriation of resident at § 483.12.					
		reporting incidents of abuse, or the misappropriation of					
	(c)(3) Dementia mana	agement and resident abuse					

STATEMENT OF DEFICIENCIES (X1) AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	PLE CONSTRUCTION G		(X3) DATE SURVEY COMPLETED	
		345405	B. WING			R-C	
NAME OF D	ROVIDER OR SUPPLIER	343403	1 5: 11:110 _	STREET ADDRESS, CITY, STATE, ZIP CO		9/21/2017	
NAME OF F	ROVIDER OR SUFFLIER				DE		
CHARLOT	TE HEALTH & REHA	ABILITATION CENTER		1735 TODDVILLE ROAD			
				CHARLOTTE, NC 28214			
(X4) ID PREFIX TAG	(EACH DEFICI	Y STATEMENT OF DEFICIENCIES ENCY MUST BE PRECEDED BY FULL OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE E APPROPRIATE	(X5) COMPLETION DATE	
{F 226}	Continued From p		{F 22	26}			
		ENT is not met as evidenced					
	by:						
		ations, staff, nurse practitioner		F226			
		ment interviews and record		Charlotte Health Care Cente	er		
		rfailed to follow policy and buse Prohibition for protecting a		This allegation of compliance	o is submitted		
	·	assault for 1 of 3 sampled		in compliance with applicable			
		nt #2). After the assault, the		regulation. To demonstrate			
		e unknown male to remain in the		compliance with applicable la			
		ident, waited to contact police		has taken or will take the act			
		nknown male to flee the facility.		in the following allegation of	compliance.		
	The unknown ma	le was arrested on 09/05/17 and		The following credible allega			
	confessed to two	2nd degree sex offenses.		constitutes the center's alleg			
				compliance. All alleged defice			
				been or will be completed by	the dates		
		rdy began on 08/31/17 when		indicated.			
		ise force to open Resident # 2's ind observed an unknown male		How the corrective action will	ll bo		
		oom, the sheets were off the		accomplished for those resid			
		ent's brief had been removed.		have been affected by the de			
		d the unknown male to stay in		practice:	CHOICH		
		sing staff waited before calling		On the evening of Augusta	st 31. 2017. at		
		d the unknown male to flee the		or around 9:30 pm, Nurse 2			
	-	police arrived. The Immediate		Resident 2's door closed. N	urse 2		
	Jeopardy is prese	ent and ongoing.		opened Resident 2's door ar	nd found an		
				unknown male in the room w			
		ed the State Agency and the		Resident 2 was found wit			
		are and Medicaid with an		down and brief off. When qu			
		tion for the removal of the		unknown male told Nurse 2 t			
	Immediate Jeopa	ray on 09/14/17.		the nephew of Resident 2 ar			
	A revisit survey w	as conducted on 00/21/17 to		changing his aunt's brief. No approached House Coordinates			
		as conducted on 09/21/17 to tus of the ongoing Immediate		in an office and on the phone			
		cility provided documentation		member of a resident. Hous	-		
	for review of the fe			heard Nurse 2 ask House Co			
	.556			call 911, but House Coordina			
	- Systematic c	hanges implemented to ensure		Nurse 2 to ask Nurse 1 to ca			
		ied before being allowed inside		House Coordinator finished			

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	PLE CONSTRUCTION G		(X3) DATE SURVEY COMPLETED	
			A. BOILDIN	<u> </u>	R	-C	
		345405	B. WING _			21/2017	
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE			
OLIA DI OT	TE !!E &! T!! 0 DE!! 4	DII ITATION OFNITED		1735 TODDVILLE ROAD			
CHARLOI	IE HEALIH & REHA	BILITATION CENTER		CHARLOTTE, NC 28214			
(X4) ID	SUMMARY	STATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECT		(X5)	
PREFIX TAG		ENCY MUST BE PRECEDED BY FULL OR LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPF DEFICIENCY)		COMPLETION DATE	
{F 226}	Continued From p	age 23	{F 22	(6)			
, ,	the facility.			Nurse 1 overheard Nurse 2's requ	est to		
	•	taff, resident and family		call 911, but did not hear House	00110		
		se, emergency response and		Coordinator's response and there	fore		
	resident protection	- · · · · · · · · · · · · · · · · · · ·		assumed House Coordinator calle			
	•	on of audits for the in-servicing		Nurse 1 then joined Nurse 2 i			
		plemented related to abuse		Resident 2's room, and continued	to		
	prohibition, protect	tion of residents and		question the unknown male. The			
	emergency respor	nse procedures.		unknown male insisted he was Re	sident		
				2's nephew and provided a first na			
		e facility's new security		a last name that matched Resider			
	•	itation were made and		last name. At this point, the unknown			
		ff, residents and visitor were		male began to show signs of aggr			
	-	emic changes implemented.		and Nurse 1 instructed Nurse 2 to			
		ed sufficient evidence to		the room. Nurse 2 stationed hers			
		action by the facility to remove pardy at F 226 at a lower scope		hallway just outside Resident 2's while Nurse 1 explained to the un			
		olated, no actual harm that is		male that she was going to call Re			
		pardy while the facility		2's daughter to confirm his identity			
		cess of monitoring and		1 left Resident 2's room for privace			
		the corrective action.		she called Daughter and Nurse 2	,		
				remained stationed in the hallway	iust		
				outside the room. However, the u			
	The findings include	ded:		male closed Resident 2's door wh	ich		
				prompted Nurse 1 to reopen the d	oor and		
				instruct the unknown male not to	lose the		
	A policy titled			door. This occurred several more			
		isappropriation/Crime" dated		until the unknown male was instru			
		art, "There is a zero tolerance		exit Resident 2's room and remain			
	for mistreatment, a			hallway. Nurse 1 called Daughter			
		of property, or any crime against		pm from Nurse 1's cell phone. Ho			
	-	ealth and Rehabilitation Center."		Daughter did not pick up the call.			
	Procedures includ	Ե.		returned to the area outside of Re 2's room where the unknown man			
				Nurse 2 were waiting. Daughter r			
	- Anv staff men	nber observing or suspecting		the phone call at 9:52 pm so Nurs			
	-	isappropriation of property,		stepped away again and explaine			
		reasonable suspicion of a		Daughter what had transpired and			
		the patient from any observed		unknown male claimed he was a f			
		d immediately report the		member and provided a first name			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION A. BUILDING				(X3) DATE SURVEY COMPLETED	
			, 50.25	_		R	-C
		345405	B. WING			09/	21/2017
	ROVIDER OR SUPPLIER	ITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 1735 TODDVILLE ROAD CHARLOTTE, NC 28214			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BI CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
{F 226}	initial report to the Sta o Serious bodily in later than two hours a - The Administrato will immediately initial investigation of the all occurrence. The investinctude but not limited interviewing alleged vinvolving other appro- authorities to assist in determinations. - The Administrato 24 hours of knowledge Adult Protective Serv Ombudsman and the enforcement authorities	liate supervisor. or will immediately file an ate Agency. jury must be reported no after forming the suspicion. or and/or Director of Nursing te a thorough internal leged/suspected estigative protocol will d to, collecting evidence, victims and witnesses and priate individuals, agents or in the process and or will immediately (within 2 or ge of the allegation) notify the ices Agency, the local appropriate law es.	{F 2	226}	Daughter advised Nurse 1 that they did have a family member by that first nam and that she was going to drive to the Center to confirm whether the unknowr male was a family member. • Around 9:52 pm, when Nurse 1 stepped away to speak to Daughter, House Coordinator went to find Nurse 2 see if she could be of assistance. Not knowing yet what had transpired, House Coordinator found the unknown male a questioned whether he had signed in a the front desk. When the unknown mar responded that he had not signed in, House Coordinator escorted him to the front desk and observed him sign in. Tunknown male and House Coordinator returned to the hallway at which point House Coordinator asked Nurse 2 what was going on. Nurse 1 advised Nurse and House Coordinator that Daughter won her way to identify the unknown male	tee	
	respiratory failure wit tracheostomy, gastro urinary tract infection Data Set (MDS) date resident had short an impairment with seve for daily decision mal specified the resident no speech and the raunderstood. The resiphysical assistance w	stomy, dementia, and s. The admission Minimum d 07/27/17 specified the d long term memory rely impaired cognitive skills			Nurse 2 called the DON at 9:59 pm to explain what had transpired. Nurse 1, Nurse 2, and House Coordinator then worked together to ke an eye on the unknown male, keep in contact with Daughter, care for and protect the residents, alert the DON, ar try to alert other staff members of the situation while attempting to keep the unknown male calm and not alert him a to their actions. It was around this time that Nurse 1, Nurse 2, and House Coordinator realized that no one had called 911. Nurse 1 then called Daugh at 10:09 pm to obtain her status.	as	
	at 11:38 PM specified	I 911 was called and police n relation to an unknown			Daughter advised that she was on her way and in close proximity to the cente	r.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	(X2) MULTIPLE CONSTRUCTION A. BUILDING		TE SURVEY MPLETED
		345405	B. WING			R-C
		343405			•	9/21/2017
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP COD)E	
CHARLOT	TTE HEALTH & REHAI	BILITATION CENTER		1735 TODDVILLE ROAD		
CHARLO	TIE HEALIN & KENA	SILITATION CENTER		CHARLOTTE, NC 28214		
(X4) ID	SUMMARY	STATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CO	RRECTION	(X5)
PREFIX TAG	(EACH DEFICIE	NCY MUST BE PRECEDED BY FULL OR LSC IDENTIFYING INFORMATION)	PREFIX TAG		N SHOULD BE	COMPLETION DATE
{F 226}	Continued From pa	age 25	{F 22	6)		
(- ==-)	1		η τ 22	•	مريده مريام م	
	male observed in F	Resident #2's room.		The nurses would call 911 if t		
				male was not identified by Da	iugiilei as a	
	Pavious of Pacidon	t #2's medical record revealed		family member. • At 10:18 pm, Daughter c	allad Nuraa	
		tation report dated 08/31/17.		1's cell phone and advised th		
				arrived at the Center and had		
	The report specified the medical transport was			through the window to observ		
	dispatched at 11:38 PM and arrived to Resident #2 at 11:52 PM. The report specified the chief			unknown male. Daughter co		
		ault and that they arrived on		the unknown male was weari		
		year old "semi-flower" in bed.		Nurse 1 and then Daughter s	•	
		realed family reported the		unknown male was not her fa		
		been sexually assaulted by an		member. At this point, Nurse	-	
		barricaded himself in the		with Daughter and immediate		
		oved the resident's brief. The		at 10:20 pm. Per telephone i		
		been allowed to leave the		Detective assigned to case of		
		ted to the medical transport		Administrator, the 911 call wa	-	
		nt had not been changed or		at 10:20pm, and dispatched a		
	cleaned since the	-		Around the same time, CNA	•	
				(by swiping her badge) the fro		
				allow the unknown male out of		
	Further review of the	ne medical record revealed a		building at 10:19 pm. CNA 1	had no	
	document titled "Se	exual Assault Nurse		knowledge as to what had tra		
	Examination" dated	d 09/01/17 at 1:42 AM		related to the unknown male.	•	
	performed in the E	mergency Department. The		Based on information pro	ovided by	
		t Resident #2 had no physical		Detective, the police arrived a	at the Center	
	injuries from the as	sault. The exam report		at 10:23 pm. Nurse 1 and Da	aughter	
	revealed the reside	ent had a 4 millimeter		spoke with police outside the		
	excoriation on her	labia. Evidence was collected		which time Nurse 1 provided	a description	
	and provided to La			of the unknown male and Da	•	
		de by Nurse #3 dated 09/01/17		provided a description of the		
		ed Resident #2 was returning to		fled in. Based on information		
	T	Emergency Department after		per interview of Detective, the		
		al assault exam. The nurse		closed by the police at 10:42p		
	· ·	ort was received from the		Visual assessment of res	•	
		ding to the assessment and		done by Nurse #2 for any sig	ns of	
		the unidentified male was		bruising, redness, bleeding,		
		he could do anything to the		agitation/anxiety-none found.		
	resident."	1.04111.77.15		decision was made to not cha	•	
	Line tacility provide	d a 24-Hour Initial Report	1	resident prior to sending for n	necible	1

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	· ′	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
			71. 501251	_		l R	_{-C}	
		345405	B. WING _				21/2017	
NAME OF PI	ROVIDER OR SUPPLIER			S	TREET ADDRESS, CITY, STATE, ZIP CODE			
				17	735 TODDVILLE ROAD			
CHARLOT	TE HEALTH & REHABIL	LITATION CENTER		С	HARLOTTE, NC 28214			
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID		PROVIDER'S PLAN OF CORRECTION		(X5)	
PREFIX TAG	,	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFI: TAG	X	(EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		COMPLETION DATE	
{F 226}	Continued From page	e 26	{F 2	26}				
, ,		specified an allegation of	(-	,	sexual assault examination.			
		reasonable suspicion of			 Daughter visited with Resident 2, 			
		on 08/31/17 for Resident #2.			facility staffed consoled the family, and			
		ted there was a Reasonable			was counseled by the nurses about			
	_	but there was no Serious			sending Resident 2 to hospital to be			
		cility notified the Police			evaluated. Decision was made to send	t		
	Department.				resident to hospital to rule out sexual			
					assault. While family was questioned b	у		
					Nurse #1 whether they wanted the			
		d "Criminal Investigations			assessment done, the nurse stated she			
		ted on 09/01/17 and updated			did this only to include them since it wa			
		the unknown male became			significant event, but intentioned to ser			
		on 09/01/17 for possible			her anyway to protect the resident, her	self		
		he was found in Resident			and the center.	4.4		
		dent's gown was opened			As a result of this second call to 9 As a result of this secon			
	-	n. The report revealed the			both EMS and law enforcement officers			
		een allowed to flee. The ocated and interviewed on			were dispatched to the center. EMS undispatched per 911 call at 11:38pm, an			
		own male was arrested and			reached patient's room at 11:52pm.	u		
		d degree sex offenses			Arrived to Hospital at 12:24AM.			
	against Resident #2 of	_			 Per hospital report no evidence of 			
	agamot reolaem #2 c	511 00/00/11.			break in skin, abrasions except for			
					excoriation to labia, redness, bruising,			
	On 09/07/17 at 9:50 A	AM Resident #2 was			swelling, or bleeding to the body. No			
	observed in bed and	her eyes were closed.			evidence of semen, DNA pending at th	is		
					time, and detective assigned to case			
					unable to tell us when we will get it bac	k,		
	On 09/07/17 at 10:35	AM Nurse #1 was			and undetermined time at this point. P	er		
	_ ·	rted the facility had one			verbal transfer report from ED nurse to			
		hat automatically locked at			Nurse 3 at the time of discharge from the	ne		
		that after 9:30 PM visitors			Emergency Department, it appeared			
	-	staff member to let them in			unidentified male was interrupted before			
	-	Nurse #1 described that on			he was able to do anything to resident.			
		orking 3 PM to 11 PM and			Family updated by hospital. Excoriatio	n to		
		t her 9 PM medication pass			labia noted in ER record, but			
		ne Nurse explained that at			undetermined as to source.	_		
		was at the top of the 200 A			Beginning 9/1, automatic front doc			
	_	nedication cart when she			lock system was moved from auto lock	OT		
	i nonceo an unknown i	male walk past her to the	ſ	- 1	9:30pm to auto lock at 8PM and will		1	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	LE CONSTRUCTION	, ,	(X3) DATE SURVEY COMPLETED		
7.1.12 . 27.1.1 01	0011112011011		A. BUILDING	<u> </u>				
		345405	B. WING			R-C 09/21/2017		
NAME OF P	ROVIDER OR SUPPLIER	I .	'	STREET ADDRESS, CITY, STATE, ZIP CO		00/21/2017		
				1735 TODDVILLE ROAD				
CHARLOT	TE HEALTH & REHABI	LITATION CENTER						
				CHARLOTTE, NC 28214				
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF ((EACH CORRECTIVE ACTIVE) CROSS-REFERENCED TO THE DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETION DATE		
{F 226}	Continued From pag	e 27	{F 226	6}				
	end of the 200 A Hal	I, opened a door, looked in		remain locked until 9:00 AM	: the			
		oor and walked back up the		receptionist hours are 9:00				
		felt this was "odd" because		The system does not allow				
		the male was and why he		doors to be used for entry b	-			
		iting that Resident. The		never has. All other doors a				
		en the unknown male		always been locked continu				
		nall she said, "Hi" and the		require badge access for en	•			
	unknown male wave	d and stated, "Good night."		Between the hours of 5	pm and 9pm			
				beginning 9/1/17, the patien				
				sitter to ensure her safety.				
	During the same inte	erview the Nurse continued		 The perpetrator/unknown 	vn male was			
	with her story that sh	e remained in the same		apprehended/caught by law	enforcement			
	location at the top of	the 200 A Hall and assumed		on 9/5/17. Sitter services w	ere			
	the unknown male e	xited the building. Nurse #1		discontinued on 9/6/17.				
		roceeded with her medication		Staff began to receive e	education			
		tely "5 minutes later" she		immediately following the ev				
		Nurse #2 yelling for the		8/31/17 by the DON, and de	-			
		o, "Call 911! He's trying to		o Expectations for visitor				
		2)." Nurse #1 described that		after door lock times. All vi				
		dication pass, grabbed an		facility or ring bell to identify				
		Nurse #2 on the 200 B Hall.		and who whey want to see.				
		t was going on and Nurse #2		person in change will then				
		ınd Resident #2's door		and give them a visitor nam				
		e opened it she saw an		staff have received education				
		room and he had taken the		A 24 hour initial report \ the Health Care Barrages				
		ts off and removed her brief. it was the same unknown		the Health Care Personnel I	nvestigation			
		it was the same unknown		on 9/1/17A 5 day working report	was filed with			
		The unknown male told the		the Health Care Registry de				
		ig his "aunt" and needed to		incident 9/8/17, within 5 wor	•			
		care because the nursing		APS was notified on 9/2				
	l ·	their jobs of providing care to		Ai G was notined on 9/	11/1/.			
	Resident #2.	and jobs of providing care to		Systemic Correction:				
				9/6/17 Vice President of	f Operations			
				educated Administrator on r	•			
	Continuing the interv	riew, Nurse #1 stated she		suspicion of a crime/serious				
		male his identity and after		reporting requirements and				
		several times, he provided		Administrator educated DOI				
		d she wanted to try to diffuse		bodily injury reporting requir				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:			CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		345405	B. WING			l	-C
	201/1252 02 01/221/52	345405	B. WING _			09/	21/2017
NAME OF PI	ROVIDER OR SUPPLIER				REET ADDRESS, CITY, STATE, ZIP CODE		
CHARLOT	TE HEALTH & REHABIL	ITATION CENTER			35 TODDVILLE ROAD		
				CI	HARLOTTE, NC 28214		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	(PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BI CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
{F 226}	Continued From page	e 28	{F 22	26}			
		she could tell the unknown			 All staff began to receive education 	າ on	
	male was angry with	Nurse #2, so she asked the			9/6/17 by the DON/designee on:		
		e a seat in Resident #2's			o Abuse policy/procedures; Nursing	P/	
		d the family to verify his			101, titled "Abuse,		
	•	ated she realized when she			Neglect/Misappropriation/Crime"		
	•	e room, the unknown male			including:		
		the room. Nurse #1 opened			¿ reasonable suspicion of a crime ar	ia	
	-	ed to the unknown male that in the room with the door			examples of things that fall into this category		
	open. Nurse #2 stoo				¿ protecting the resident first		
	· ·	ation pass to watch the			¿ calling 911 immediately after and/o	or	
	unknown male while				simultaneously if possible		
	telephone. Nurse #1	reported that the unknown			¿ reporting timeframes of a 2-hour		
	male attempted to sh	ut the door 4 times until she			period vs. the 24 hour period of the		
	_	d to get out of the room.			Federal Elder Justice Act to the		
		unknown male was shutting			appropriate persons (police, State		
		was "fixing Resident #2"			Agency, APS)		
	back.				o Education began on 9/6/17 and		
					completed on 9/14/17; Any staff that ha	is	
	Nurse #1 explained t	he unknown male had			not received the education will not be allowed to work until education comple	tod	
	-	ent's brief and put the covers			 Root cause analysis determination 		
		urse #1 described that she			o Unknown male was not initially	J.	
	•	tation area and observed the			removed from room due to escalating		
	House Coordinator o	n the telephone and			situation and the unknown male's		
		the phone with 911 as			potential aggressive response. This lat	er	
	Nurse #2 had called	for her to do. The Nurse			escalated to his noncompliance to		
	_	me to keep Resident #2 safe			keeping door open, and he was		
		y. The nurse stated she saw			permanently removed from room.		
		or and asked her if she had			o Nurse #1, 2 and house coordinator		
		adn't. The Nurse stated she			were all involved in calls with key perso		
		l upset that 911 had not been			in resolving the above situation; therefor		
		she had to protect Resident d to contact the family			all believed someone else had called 9 When it became apparent that no one l		
		ie unknown male was locked			called 911, the nurses waited until the	iau	
		e it was after 9:30 PM. The			family confirmed that the unknown male	e	
	•	hone to track call times and			was not a family member and then	-	
		with Resident #2's daughter			immediately called 911.		
		he had a family member			Education/Coaching provided to nurses	3 1,	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	PLE CONSTRUCTION G		(X3) DATE SURVEY COMPLETED	
		345405	B. WING			R-C 0/21/2017	
	ROVIDER OR SUPPLIER	BILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 1735 TODDVILLE ROAD CHARLOTTE, NC 28214		72 1720 17	
(X4) ID PREFIX TAG	(EACH DEFICIE	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL PR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPF DEFICIENCY)	ULD BE	(X5) COMPLETION DATE	
{F 226}	with the name prov "Yes." Nurse #1 pr unknown male and but the family state facility. Nurse #1 p daughter at 10:18 F and she was pulling the phone call the o was able to see the window and front d daughter told Nurse not family and to ca the call with the dai PM. At the same ti aide #1 unlocked th male and he left. N arrive to the facility she called.	with the name provided and the daughter said, "Yes." Nurse #1 provided a description of the unknown male and the descriptions did not match but the family stated she was on her way to the facility. Nurse #1 placed a second call to the daughter at 10:18 PM asking her where she was and she was pulling into the parking lot. During the phone call the daughter sat in her vehicle and was able to see the unknown male through the window and front door of the facility. The daughter told Nurse #1 the unknown male was not family and to call the police. Nurse #1 ended the call with the daughter and called 911 at 10:20 PM. At the same time, Nurse #1 explained nurse aide #1 unlocked the front door for the unknown male and he left. Nurse #1 added the police arrive to the facility "less than 5 minutes" after she called.		Administrator. o Because the nurses did not walarm the unknown male and wankeep him in the Center until the positive arrived, the unknown male was not removed from all patient care area. Communication occurred to other care areas, but communication did reach everyone. o Nurse #1, upon initially noticing unknown male in center, did not into his identity and whom he was woon. Facility did not report within the required 2-hour period to State Age because it was determined based hospital report that the patient did suffer serious bodily injury, as a react the abuse. Moving forward, we wanyway, given the nature of the all	2 and house coordinator on 9/8/17 by Administrator. o Because the nurses did not want to alarm the unknown male and wanted to keep him in the Center until the police arrived, the unknown male was not removed from all patient care areas. Communication occurred to other patient care areas, but communication did not reach everyone. o Nurse #1, upon initially noticing unknown male in center, did not inquire as to his identity and whom he was visiting. o Facility did not report within the required 2-hour period to State Agency, because it was determined based on hospital report that the patient did not suffer serious bodily injury, as a result of the abuse. Moving forward, we will report anyway, given the nature of the allegation.		
	and to protect the resident. On 09/07/17 at 11:15 AM Nurse #2 was interviewed and described on 08/31/17 "around 9:45 PM" she observed the door to Resident #2's room closed. The nurse stated this was concerning because the resident required close monitoring because she was a fall risk and had a tracheostomy and unable to call for help. The Nurse described that she attempted to open the door but it was barricaded and she called inside the room and there was no answer. The Nurse stated she forced the door open and witnessed an unknown male in Resident #2's room and the unknown male had removed the resident's brief			time. All visitors will receive a dat badge before entry into patient ca areas. Any visitor noted in the cer without a guest badge will be stop taken to the lobby by a staff meml sign in/obtain a badge. All vendor contractors must display a visible badge. If not, one will be provided Receptionist will be responsible for out dated guest badges every day Facility now provides a receptionist per week from 9AM to 8PM, to fol above protocol. Receptionist will guest badges during these hours, these hours, a nurse will answer for door bell, and provide guest badges	re inter ipped and oper, to re or name d. or putting f. st 7 days low provide After ront		

CENTER	S FOR MEDICARE &	MEDICAID SERVICES			OIVID IV	O. 0930-039 I	
	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	LE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
						R-C	
		345405	B. WING		09	9/21/2017	
NAME OF P	ROVIDER OR SUPPLIER	1		STREET ADDRESS, CITY, STATE, ZIP CODE	•		
				1735 TODDVILLE ROAD			
CHARLO	TTE HEALTH & REHABII	LITATION CENTER		CHARLOTTE, NC 28214			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COI (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE.	SHOULD BE	(X5) COMPLETION DATE	
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{F 226}	Continued From pag	e 30	{F 226	5}			
	leaving her exposed.	. The Nurse stated at first		same protocol above.			
	she thought the unkr	nown male had "killed her		o All staff were educated or	n this new		
	(Resident #2) and fe	ared he was going to rape		process beginning on 9/11, to	completion		
	her (Resident #2)." I	Nurse #2 reported she left		on 9/14/17 by the Administrate	or and		
	the room and yelled	for the House Coordinator to		designees. Any staff member	that has not		
		tated the House Coordinator		been educated will not be allo			
	replied that she was	"on the phone." Nurse #2		return to work prior the receivi	ng the		
		15- 20 minutes before the		education.	J		
		ecause she was trying to		The center has initiated the center has a cente	ne use of		
	T -	2 safe. Nurse #2 stated that		walkie-talkies to be kept on the			
	-	red a staff member had		person on 9/14/17, to commu			
		n male to leave the facility.		immediate needs from unit to			
		that the unknown male had		including a situation where the			
		's bed to the floor, removed		patient protection emergency			
		ed them in the floor, removed		lock-down situation. Walkie-t			
		ped and, extended the		stored on the medication cart.	antioo aro		
	resident's legs out st			Walkie-talkies are charged via	nurse		
		nknown male had taken his		computer. Nurses will pass w			
	shoes off.	ikilowii iliaic ilac takcii ilis		on when giving report.	aikic-taikics		
	311003 011.			All residents who are inte	nyiewahle		
				(as evidenced by a BIMS of 12			
	On 00/07/17 at 12:03	3 PM the House Coordinator		verbal education by Administra	•		
		he telephone and explained		other designees on:	ator and		
	that the night of 08/3			¿ Residents to be free from	abuse and		
		ner resident's family for a		expected reporting of resident			
		ation when she heard Nurse		V C - 10 - C	3/ Stail		
		1. The House Coordinator			Sontombor		
				o This education began on 11th, to completion on Septem	•		
		low what was going on for		- I			
	-	for help and to call 911 but		and was documented in the market record. All new patients will re			
		n the phone and did not call		· ·			
	911. The House Cod			education via the admissions			
		did not respond to Nurse		review of Residents Rights an	u Notice of		
		The House Coordinator		Patient's Bill of Rights.	aniund		
		she finished with the phone		All Responsible Parties re			
		se #2 to find out what was		written communication via lette			
		e Coordinator was unaware		on September 13th, with infor	mation		
	of how long she was			including the following:			
		ooke with the unknown male		o Door lock times, and gain	ing entry		
	and asked him to sig	n the guest registry located		during these times			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	PLE CONSTRUCTION G		(X3) DATE SURVEY COMPLETED	
					R-C	
	345405	B. WING _		0	9/21/2017	
NAME OF PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP COD	E		
OLIABI OTTE LIEALTIL & BELLA	DILITATION OF NEED		1735 TODDVILLE ROAD			
CHARLOTTE HEALTH & REHA	BILITATION CENTER		CHARLOTTE, NC 28214			
PREFIX (EACH DEFICII	Y STATEMENT OF DEFICIENCIES ENCY MUST BE PRECEDED BY FULL OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE	(X5) COMPLETION DATE	
to the front and waregistry. The Houwhen the police are unknown male had Coordinator explains the unknown male (the 100 Hall nurse facility. The House assumed Nurse # staff on the 100 Hall nurse facility. The House assumed Nurse # staff on the 100 Hall nurse facility. The House assumed Nurse # staff on the 100 Hall nurse facility. The House assumed Nurse # staff on the 100 Hall nurse facility. The House assumed Nurse # staff on the 100 Hall nurse facility. The House assumed Nurse # staff on the 100 Hall nurse facility. The House facility is the facility of the Indianate in the Indianate is the Indianate in the Indianate is the	ce. She added she walked him atched as he signed the guest se Coordinator stated that rrived to the facility, the d left the facility. The House ined that in an attempt to keep from leaving she told Nurse #4 e) not to let anyone out of the e Coordinator stated that she 4 relayed the message to all	{F 22	o The Elder Justice Act o What a reasonable suspicrime is o The use of one-time use identification, ie. Guest Badge o What methods we use to patients, employees and visite during and after normal busin • All new patients will receivia the admission process wit visitation guidelines. • Policies and procedures Abuse/Neglect/Misappropriatiand Policy #516 Patient Visita reviewed on 9/14/17 by Admindetermine whether revisions was required, or whether add training was required for adhe policies and procedures. No updates to policies were mad staff have been retrained on the All abuse allegations will investigated by the Administratime it is reported to him to enteresident was immediately take harms way and that abuse powas followed. All staff will be on abuse policies, and future non-compliance with policy and will result in corrective action including termination from emmasures to be put in place of changes made to ensure that correction is effective and that deficiency cited remains correction compliance with the regular requirements: • Administrator will daily Ministrator will daily Minist	Visitor es les keep our ors safe both less hours. live education th review of # 101 titled lion/Crime lation were listrator to or updating litional staff lerence to revisions or e, but all liche policies. be lator at the lessure en out of lolicy #101 re-educated and procedure up to and laployment. or system lithe plan of t specific lected and/or tory		

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	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '		CONSTRUCTION	(X3) DATE COMP	SURVEY
						R	-C
		345405	B. WING_			09/	21/2017
NAME OF P	ROVIDER OR SUPPLIER	-		S	TREET ADDRESS, CITY, STATE, ZIP CODE		
CHARLOT	TE UEALTH & DEHADII	ITATION CENTED		17	735 TODDVILLE ROAD		
CHARLO	TE HEALTH & REHABII	LITATION CENTER		С	HARLOTTE, NC 28214		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG	X	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI, DEFICIENCY)		(X5) COMPLETION DATE
					,		
{F 226}	Continued From page 32 that witnesses in the parking lot were able to give a description of the unknown male and make and model of the vehicle he was driving. The Law Enforcement Officer added that once the resident was transported to the Emergency Department for a sexual assault examination, police were			26}	for four weeks, and weekly for four weekll check to ensure visitors are adhering to guest badge protocols and walkie talkies are on the nurse person. Any deficient practice will be addressed immediately by the administrator.		
	re-dispatched to the Law Enforcement Of male had confessed #2. He also explaine Resident #2 had bee could take weeks to results could show fit the unknown male of be evident in the sex the unknown male with crime committed reported the unknown the front entrance to Resident #2's room walue, sifted along here	facility at 11:41 PM. The ficer stated the unknown to crimes against Resident at that samples taken from an sent to the crime lab and get results. He stated the angerprints and saliva from an Resident #2 that would not ual assault exam. He added as currently in custody for on 08/31/17. The Officer an male stated he walked in the facility and entered with intention to steal items of er body looking for items to her vagina with his fingers			 Automatic front door lock system volume lock door at 5PM and will remain locked until 9:00AM. All new hires during orientation will receive education on abuse/neglect/misappropriation/crime Nursing P/P 10 Elder Justice Act and Visitor Badge protocols. All new licensed nurses will receive education on use of walkie talkies. Administrator will audit that all new patients received education via the admissions process with review of Residents Rights. Visitation procedure and Notice of Patient's Bill of Rights for three months. Any deficient practice will be addressed immediately by the administrator. 	ed II D1, re v	
	interviewed and explincident on 09/01/17 because he was on whis absence the Dire Consultant and Direct facility operations. The returned to work of investigation into the reported the police sisooner on 08/31/17 a	PM the Administrator was ained he was notified of the by the Corporate Consultant vacation. He stated that in ctor of Nursing, Corporate ctor of Operations oversaw he Administrator added that on 09/05/17 and started the incident. The Administrator hould have been called and would expect staff to call ly if there was suspicion of a			Responsible parties for all new admission will receive a letter notifying them of: Door lock times, and gaining entry during these times Elder Justice Act What a reasonable suspicion of a crime is The use of one-time use Visitor identification, ie. Guest Badges What methods we use to keep our patients, employees and visitors safe be during and after normal business hours. How facility will monitor corrective actions.	r poth s.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	(X2) MULTIPLE CONSTRUCTION A. BUILDING		E SURVEY IPLETED
		345405	B. WING			R-C
NAME OF D	DOVIDED OD CUIDDUED	343403	B: Wiito _	CTDEET ADDRESS CITY CTATE 71D CO		9/21/2017
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CO	DDE	
CHARLOT	TE HEALTH & REHA	BILITATION CENTER		1735 TODDVILLE ROAD		
				CHARLOTTE, NC 28214		
(X4) ID PREFIX TAG	(EACH DEFICI	Y STATEMENT OF DEFICIENCIES ENCY MUST BE PRECEDED BY FULL OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF ((EACH CORRECTIVE ACTIVE) CROSS-REFERENCED TO TIVE DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETION DATE
{F 226}	On 09/07/17 at 3:8 Nursing (DON) was was contacted by PM informing her Resident #2's roor The DON stated spolice. The DON that the unknown based on what Nuroom. The DON were called. But the unknown male has facility prior to the 08/31/17 the first the facility. The Dinvestigation was contacted the Corstated she expect immediately of sus would want staff to in the facility after. The facility's medicountry and unablinterview. On 09/08/17 at 2:1 (NP) was interview would expect staff they suspected as the resident to the	age 33 55 PM the interim Director of as interviewed and reported she Nurse #2 on 08/31/17 at 9:59 an unknown male was found in mand had removed her brief. The directed Nurse #2 to call the explained that it did not matter male was alleging to be family are #2 had witnessed in the vas unaware when the police he DON was aware the dibeen able to leave the locked police arriving at the facility on time they were dispatched to ON added an abuse initiated that night when she porate Consultant. The DON ed staff to call police spicion of a crime and that she of question the identity of anyone 9:30 PM they did not recognize. Cal director was out of the e to be reached for an 10 PM the Nurse Practitioner wed and explained that she it o call police immediately if is sault on a resident and send in Emergency Department	{F 22	DEFICIENC	reviewed by e Performance onthly times ance or ded. or	
	that it would be he communication sy to alert all staff of prevent a staff me from leaving the b	valuation. The NP also stated elpful if the facility had a stem such as a "code" system a dangerous situation to mber from letting a perpetrator uilding. :15 AM the Administrator was				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
			7 50.25			R	-C
		345405	B. WING				21/2017
	ROVIDER OR SUPPLIER	ITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 1735 TODDVILLE ROAD CHARLOTTE, NC 28214				
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	1	ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)			(X5) COMPLETION DATE
{F 226} {F 490}	Continued From page notified of Immediate 483.70 EFFECTIVE	Jeopardy.	{F 2				9/22/17
SS=D	483.70 Administration A facility must be adrenables it to use its refficiently to attain or practicable physical, well-being of each re This REQUIREMENT by: Based on observation and Law Enforcement review, the administrative expectations related when sexual abuse wimpose expectations removing a perpetrate failed to impose experimmediately calling lacrime was suspected to respond to suspect sending the resident evaluation, failure to whereby staff in the bimmediate threat to rempower staff to known emergency situation the best interest of all sampled residents (Rummediate Jeopardy Nurse #2 had to use barricaded door and in Resident #2's room	ninistered in a manner that esources effectively and maintain the highest mental, and psychosocial sident. T is not met as evidenced ons, staff, nurse practitioner at interviews and record ation failed to impose to immediately intervening was suspected; failed to related to immediately or from resident care areas; ectations related to aw enforcement when a ; failed to empower the staff ted sexual abuse and not out for professional have systems in place ouilding are notified of an esidents safety and failed to w how to respond to an immediately that would be in I the residents for 1 of 3			F490 Charlotte Health Care Center This allegation of compliance is submittin compliance with applicable law and regulation. To demonstrate continuing compliance with applicable law, the cerhas taken or will take the actions set for in the following allegation of compliance. The following credible allegations constitutes the center's allegation of compliance. All alleged deficiencies habeen or will be completed by the dates indicated. How the corrective action will be accomplished for those residents found have been affected by the deficient practice: On the evening of August 31, 2017 or around 9:30 pm, Nurse 2 observed Resident 2's door closed. Nurse 2 opened Resident 2's door and found ar unknown male in the room with Reside 2. Resident 2 was found with her cove down and brief off. When questioned,	nter rth e. ave d to 7, at n ent rs	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		I DENTIFICATION NUMBED:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		345405	B. WING _				R-C 09/21/2017	
NAME OF P	ROVIDER OR SUPPLIER		-	ST	REET ADDRESS, CITY, STATE, ZIP CODE	1 00.		
				17	35 TODDVILLE ROAD			
CHARLOT	TE HEALTH & REHABIL	ITATION CENTER		CI	HARLOTTE, NC 28214			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	×	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE	
{F 490}	Continued From page	(F 49	90}					
		immediately respond in a	,	1	unknown male told Nurse 2 that he wa	s		
		The Immediate Jeopardy is			the nephew of Resident 2 and he was			
	present and ongoing.				changing his aunt's brief. Nurse 2 ther	า		
					approached House Coordinator, who w			
	The facility provided	the State Agency and the			in an office and on the phone with a far			
	Centers for Medicare	and Medicaid with an			member of a resident. House Coordinate	ator		
		for the removal of the			heard Nurse 2 ask House Coordinator			
	Immediate Jeopardy	on 09/14/17.			call 911, but House Coordinator directed			
					Nurse 2 to ask Nurse 1 to call 911 whil	е		
	-	conducted on 09/21/17 to			House Coordinator finished her call.			
		of the ongoing Immediate			Nurse 1 overheard Nurse 2's request to	5		
	Jeopardy. The facility provided documentation for review of the following:				call 911, but did not hear House Coordinator's response and therefore			
	lor review or the lollo	wing.			assumed House Coordinator called 91	1		
					Nurse 1 then joined Nurse 2 in			
	- Systematic chan	ges implemented to ensure			Resident 2's room, and continued to			
		before being allowed inside			question the unknown male. The			
	the facility.	C			unknown male insisted he was Reside	nt		
	 Evidence of staff 	f, resident and family			2's nephew and provided a first name a	and		
	education on abuse,	emergency response and			a last name that matched Resident #2'	s		
	resident protection.				last name. At this point, the unknown			
		of audits for the in-servicing			male began to show signs of aggression			
		emented related to abuse			and Nurse 1 instructed Nurse 2 to leav	-		
	prohibition, protection				the room. Nurse 2 stationed herself in			
	emergency response	procedures.			hallway just outside Resident 2's room			
					while Nurse 1 explained to the unknow male that she was going to call Reside			
	Observations of the f	acility's new security			2's daughter to confirm his identity. No			
	procedures for visitat	· ·			1 left Resident 2's room for privacy whi			
	•	residents and visitor were			she called Daughter and Nurse 2	.0		
		c changes implemented.			remained stationed in the hallway just			
	The facility provided				outside the room. However, the unknown	wn		
		tion by the facility to remove			male closed Resident 2's door which			
		dy at F 490 at a lower scope			prompted Nurse 1 to reopen the door a	and		
		ited, no actual harm that is			instruct the unknown male not to close	the		
	not immediate jeopar				door. This occurred several more time	-		
	continues the proces	-			until the unknown male was instructed			
	implementation of the	e corrective action.			exit Resident 2's room and remain in the			
					hallway. Nurse 1 called Daughter at 9:	51		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED									
		345405	B. WING			R-C 09/21/2017									
NAME OF P	ROVIDER OR SUPPLIER			S	STREET ADDRESS, CITY, STATE, ZIP CODE	007	21/2017								
CHARLOT	TE HEALTH & REHABIL	ITATION CENTER			735 TODDVILLE ROAD										
CHARLOI	TE REALTH & REHABIL	TIATION CENTER	CHARLOTTE,		CHARLOTTE, NC 28214										
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{F 490}	staff, nurse practition interviews and record protect a resident from unknown male for 1 c (Resident #2). The ur	223: Based on observations, er and Law Enforcement I review, the facility failed to m being assaulted by an of 3 sampled residents alknown male was arrested 5/17 with two 2nd degree	{F 4	90}	pm from Nurse 1's cell phone. Howeve Daughter did not pick up the call. Nurs returned to the area outside of Residen 2's room where the unknown man and Nurse 2 were waiting. Daughter return the phone call at 9:52 pm so Nurse 1 stepped away again and explained to Daughter what had transpired and that unknown male claimed he was a family member and provided a first name. Daughter advised Nurse 1 that they did have a family member by that first nam and that she was going to drive to the	e 1 t ed the									
	2. Cross refer to F 225: Based on staff interviews, Law Enforcement Officer Interview, nurse practitioner interview and record review the facility failed to notify Health Care Personnel Investigations of a crime against a resident within the required 2 hour timeframe, failed to notify Adult Protective Services of the incident and failed to notify law enforcement immediately of suspicion of a crime for 1 of 1 sampled resident (Resident #2). An unknown male was arrested and charged on 09/05/17 with two second degree sex offenses against Resident #2.												Center to confirm whether the unknowr male was a family member. • Around 9:52 pm, when Nurse 1 stepped away to speak to Daughter, House Coordinator went to find Nurse 2 see if she could be of assistance. Not knowing yet what had transpired, House Coordinator found the unknown male a questioned whether he had signed in a the front desk. When the unknown mal responded that he had not signed in, House Coordinator escorted him to the front desk and observed him sign in. Tunknown male and House Coordinator returned to the hallway at which point	2 to se and at ale	
	staff, nurse practition interviews and record follow policy and proof for protecting a reside sampled residents (R assault, the facility all remain in the room w contact police and all flee the facility. The or	226: Based on observations, er and Law Enforcement I review, the facility failed to bedures for Abuse Prohibition ent after an assault for 1 of 3 lesident #2). After the lowed the unknown male to owed the unknown male to owed the unknown male to unknown male was arrested ged with two 2nd degree			House Coordinator asked Nurse 2 what was going on. Nurse 1 advised Nurse and House Coordinator that Daughter won her way to identify the unknown mal Nurse 2 called the DON at 9:59 pm to explain what had transpired. Nurse 1, Nurse 2, and House Coordinator then worked together to ke an eye on the unknown male, keep in contact with Daughter, care for and protect the residents, alert the DON, ar	2 was e. ep									

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		1 ' '	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
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{F 490}	interviewed and state way of knowing a cri resident and felt the	PM the Administrator was ed he felt that facility had no me like this could occur to a facility had necessary dures in place for handling	{F 4	190}	try to alert other staff members of the situation while attempting to keep the unknown male calm and not alert him at to their actions. It was around this time that Nurse 1, Nurse 2, and House Coordinator realized that no one had called 911. Nurse 1 then called Daugh at 10:09 pm to obtain her status. Daughter advised that she was on her way and in close proximity to the cente The nurses would call 911 if the unknownale was not identified by Daughter as family member. • At 10:18 pm, Daughter called Nurse 1's cell phone and advised that she had arrived at the Center and had looked through the window to observe the unknown male. Daughter confirmed with unknown male was wearing with Nurse 1 and then Daughter stated that unknown male was not her family member. At this point, Nurse 1 hung u with Daughter and immediately called 9 at 10:20 pm. Per telephone interview we Detective assigned to case on 9/13/17 Administrator, the 911 call was confirm at 10:20pm, and dispatched at 10:22pm Around the same time, CNA 1 unlocked (by swiping her badge) the front door to allow the unknown male out of the building at 10:19 pm. CNA 1 had no knowledge as to what had transpired related to the unknown male. • Based on information provided by Detective, the police arrived at the Center, a which time Nurse 1 provided a descript of the unknown male and Daughter spoke with police outside the Center, a which time Nurse 1 provided a descript of the unknown male and Daughter	ter r. wn s a se d hat the p 911 with by ed n. d o	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		1 ' '	PLE CONSTRUCTION G		(X3) DATE SURVEY COMPLETED	
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{F 490}	Continued From page	e 38	{F 49	provided a description of fled in. Based on inform per interview of Detective closed by the police at 1 Visual assessment of done by Nurse #2 for an bruising, redness, bleeding agitation/anxiety-none for decision was made to not resident prior to sending sexual assault examinati Daughter visited wit facility staffed consoled to was counseled by the nusending Resident 2 to he evaluated. Decision was resident to hospital to rul assault. While family was Nurse #1 whether they wassessment done, the nudid this only to include the significant event, but interest her anyway to protect the and the center. As a result of this set both EMS and law enfort were dispatched to the of dispatched per 911 call a reached patient's room at Arrived to Hospital at 12 Per hospital report residence of semen, DNA time, and detective assigunable to tell us when we and undetermined time as verbal transfer report from the content of the content of the second of the second of the second of the content of the second of	ation and belie e, the event wa 0:42pm. of resident body y signs of ing, bund. The ot change or cle for possible ion. h Resident 2, the family, and urses about ospital to be a made to send le out sexual is questioned by wanted the urse stated she mem since it was entioned to send e resident, herse econd call to 91 cement officers enter. EMS unat 11:52pm. :24AM. The evidence of except for less, bruising, he body. No a pending at thi gned to case e will get it back at this point. Pe	f, is y ean y

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CHARLOI	TE HEALTH & REHABIL	HATION CENTER		С	HARLOTTE, NC 28214				
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					and who whey want to see. A staff member will then allow access and give them a visitor name badge. All staff has received education on this on 9/14/17. • A 24 hour initial report was filed with the Health Care Personnel Investigation on 9/1/17 it is health care personnel investigation, not registry • A 5 day working report was filed w	ave th n			

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
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CHARLO	TE HEALITI & KEHADIL	ENATION CENTER		C	HARLOTTE, NC 28214		
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{F 490}	Continued From page	e 40	{F 4	90}	the Health Care Registry detailing the incident 9/8/17, within 5 working days. APS was notified on 9/11/17. Root cause analysis determination on Unknown male was not initially removed from room due to escalating situation and the unknown male's potential aggressive response. This latescalated to his noncompliance to keeping door open, and he was permanently removed from room. Nurse #1, 2 and House Coordinated were all involved in calls with key person in resolving the above situation; therefor all believed someone else had called 9 When it became apparent that no one called 911, the nurses waited until the family confirmed that the unknown malwas not a family member and then immediately called 911. Education/Coaching provided to nurses 2 and House Coordinator on 9/8/17 by Administrator. Because the nurses did not want to alarm the unknown male arwanted to keep him in the Center until police arrived, the unknown male was removed from all patient care areas. Communication occurred to other paties care areas, but communication did not reach everyone. Nurse #1, upon initially noticing unknown male in center, did not inquire to his identity and whom he was visiting Facility did not report within the require 2-hour period to State Agency, because was determined based on hospital report and the patient did not suffer serious bodily injury, as a result of the abuse. Moving forward, we will report anyway,	ter or ons ore, 11. had e s 1, d the hot ort e it	

AND PLAN OF CORRECTION IDENTIFICATION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
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{F 490}	Continued From page	ge 41	{F 4	90}	given the nature of the allegation within two hours. Systemic Correction: 9/6/17 Vice President of Operations educated Administrator on reasonable suspicion of a crime/serious bodily reporting requirements and on 9/6/17 Administrator educated DON of serious bodily injury reporting requirements. All staff began to receive education 9/6/17 by the DON/designee on: Abuse policy/procedures; Nursing 101, titled "Abuse, Neglect/Misappropriation/Crime" including: reasonable suspicion of a crime are examples of things that fall into this category protecting the resident first calling 911 immediately after and/osimultaneously if possible reporting timeframes of a 2-hour period vs. the 24 hour period of the Federal Elder Justice Act to the appropriate persons (police, State Agency, APS) Education began on 9/6/17 and completed on 9/14/17; any staff that hanot received the education will not be allowed to work until education comple All visitors will be required to sign if the visitor log, denoting name, name of individual they are visiting and entry/extime. All visitors will receive a dated gubadge before entry into patient care areas. Any visitor noted in the center without a guest badge will be stopped at taken to the lobby by a staff member. It	es n on P/ nd or ted. in to f cit uest		

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{F 490}	Continued From pag	e 42	{F 4	90}	sign in/obtain a badge. All vendors or contractors must display a visible name badge. If not, one will be provided. Receptionist will be responsible for put out dated guest badges every day. Facility now provides a receptionist 7 d per week from 9AM to 8PM, to follow above protocol. Receptionist will provide guest badges during these hours. After these hours, a nurse will answer front door bell, and provide guest badge using same protocol above. o All staff were educated on this new process beginning on 9/11, to completion 9/14/17 by the Administrator and designees. Any staff member that has been educated will not be allowed to return to work prior the receiving the education. • The center has initiated the use of walkie-talkies to be kept on the nurse's person on 9/14/17, to communicate immediate needs from unit to unit, including a situation where there is a patient protection emergency or lock-down situation. Walkie-talkies are stored on the medication cart. Walkie-talkies are charged via nurse computer. Nurses will pass walkie-talk on when giving report. • All residents who are interviewable (as evidenced by a BIMS of 12+) receiverbal education by Administrator and other designees on: ¿ Residents to be free from abuse a expected reporting of residents/staff ¿ Visitation procedures o This education began on September 14th, to completion on September 14th	ting ays de r ng v on not e ies e ved		

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{F 490}	Continued From page	; 43	{F 4	and was documented in the medical record. All new patients will receive the ducation via the admissions process review of Residents Rights and Notice Patient's Bill of Rights. All Responsible Parties received written communication via letter, mailed on September 13th, with information including the following: Door lock times, and gaining entroduring these times The Elder Justice Act What a reasonable suspicion of a crime is The use of one-time use Visitor identification, i.e. Guest Badges What methods we use to keep out patients, employees and visitors safe during and after normal business hour. Staff will be re-educated and futu non-compliance with policy and proce will result in corrective action up to an including termination from employmer. All abuse allegations will be investigated by the Administrator at the time it is reported to him, to ensure resident was immediately taken out of harms way and that abuse policy #10 was followed. All staff will be re-education abuse policies, and future non-compliance with policy and proce will result in corrective action up to an including termination from employmer Measures to be put in place or system changes made to ensure that the plan correction is effective and that specific deficiency cited remains corrected and in compliance with the regulatory requirements:	with e of ed y ir both es. re dure d tit. e it dure d tit. of es	

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{F 490}	Continued From page	ge 44	{F 4	Administrator weeks for four weeks, and will check to ensure to guest badge professional talkies are on the nedeficient practice wimmediately by the Automatic fron lock door at 5PM at until 9:00AM. All new hires does receive education of misappropriation/crestled Justice Act ar protocols. All new licenses education on use of Administrator we patients received enamissions process Residents Rights, when and Notice of Patients three months. Any be addressed immediately administrator. Regional Vice and Regional Nurse twice monthly for the corporate personner adherence to the grand randomly audit Correction. Any defined will be corrected im coaching/discipline vice President of Oregional Nurse Correctional Nurs	aurse person. Any vill be addressed administrator. It door lock system vind will remain locked during orientation will on abuse/neglect/rime Nursing P/P 10 and Visitor Badge and nurses will received will audit that all new ducation via the swith review of Visitation procedure and shift of the consultant will visit or enough to portions of the Plar ficient practice will round for uest badge protocol to portions of the Plar ficient practice noted the portions of the Plar ficient practice noted the same dedd. Region operations and onsultant will attendenting X's 2 and more	eks ng vill d 1, e / ill ions it n of d nal	

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{F 490}	Continued From pag	e 45	{F 4	490}	Responsible parties for all new admission will receive a letter notifying them of: Door lock times, and gaining entry during these times Elder Justice Act What a reasonable suspicion of a crime is The use of one-time use Visitor identification, ie. Guest Badges What methods we use to keep our patients, employees and visitors safe be during and after normal business hours. How facility will monitor corrective actic (s) to ensure deficient practice will not re-occur: Results of all audits will be reviewed by the QAPI (Quality Assurance Performa Improvement) committee monthly times three, for continued compliance or revisions to the plan as needed. Administrator responsible for implementing the acceptable plan of correction.	ooth S. on / nce		