PRINTED: 12/10/2019 FORM APPROVED OMB NO. 0938-0391

	F DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	PLE CONSTRUCTION G	(X3) DATE SURVEY COMPLETED	
		345142	B. WING			C 01/2019
	ROVIDER OR SUPPLIER TY PLACE NURSING AN	D REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 9200 GLENWATER DRIVE CHARLOTTE, NC 28262			
(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 CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETION DATE
F 658 SS=E	S483.21(b)(3) Compressional services provided as outlined by the cormust- (i) Meet professional strains REQUIREMENT by: Based on record revisinterviews the facility errors when medication as ordered between 70/26/19 and/or on 10 residents reviewed for (Residents #5, 8, 21 at 10/9/11 with diagnose and diabetes. Review Set (MDS) assessme Resident #5 was able about activities of dail Review of the physici for Lisinopril 10mg dail Review of the Medica (MAR) revealed Lising 9:00 AM, was not doo 10/26/19 and 10/27/1 readings were noted clients on 600, 700 ar	ehensive Care Plans d or arranged by the facility, inprehensive care plan, standards of quality. It is not met as evidenced ew, staff and physician failed to prevent medication ons were not administered fr.00 AM and 3:00 PM on 0/27/19 for 4 of 27 sampled or medication errors and 22). dmitted to the facility on es including hypertension of the 5-day Minimum Data int dated 10/16/19 revealed to make his own decisions by living. an orders revealed an order illy for blood pressure. tion Administration Record opril 10 mg, scheduled for cumented as given on 9. No blood pressure	F 65	University Place Nursing and Rehabilitation Center acknowledges receipt of the Statement of Deficien and proposes this Plan of Correctio required by Federal and State regul and statutes applicable to long term providers. This plan does not const an admission of liability on the part facility, and such liability is hereby specifically denied. The submission plan does not constitute an agreem the facility that the surveyor s findin conclusions are accurate, that the ficonstitute a deficiency, or the scope severity regarding any of the deficiencited are correctly applied. F658 The plan of correcting the specific deficiency By 11/1/19 resident # 5 was assess facility licensed nurse with no negate effects related to the medication documentation error, failure to follow plan. By 11/1/19 resident # 8 was assess facility licensed nurse with no negate	cies in as ations care itute of the of this ent by ings or indings or incies ed by ve	11/21/19
ABORATORY I	DIRECTOR'S OR PROVIDER/S	SUPPLIER REPRESENTATIVE'S SIGNATURE		TITLE		(X6) DATE

Electronically Signed

11/20/2019

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING				(X3) DATE SURVEY COMPLETED	
		345142	B. WING				C 01/2019	
NAME OF P	ROVIDER OR SUPPLIER	<u> </u>		STI	REET ADDRESS, CITY, STATE, ZIP CODE	1 11/	01/2019	
					00 GLENWATER DRIVE			
UNIVERSI	TY PLACE NURSING AN	D REHABILITATION CENTER			HARLOTTE, NC 28262			
(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 BI CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE	
F 658	Continued From page	e 1	F6	558				
	to take the facility's 10 administer any medic 10/26/19 and 10/27/1 An interview, conduct (MD) on 11/1/19 at 12 notified by staff on 10 1000 hall did not rece first shift on 10/26/19 stated there was no received.	ted with the Medical Director 2:00 PM, revealed he was 1/28/19 that residents on the vive their medications during and 10/27/19. The MD regative outcomes, no d no residents were sent to			effects related to the medication documentation error, failure to follow caplan. By 11/1/19 resident # 21 was assessed facility licensed nurse with no negative effects related to the medication documentation error, failure to follow caplan. By 11/1/19 resident # 22 was assessed facility licensed nurse with no negative effects related to the medication documentation error, failure to follow caplan.	I by are I by		
	Nursing (DON) and A (ADON) on 11/1/19 at #1 was assigned to w 10/26/19 and 10/27/1 scheduled nursed ref assignment. The DON no problem and all re of because she heard. The DON stated she Saturday 10/26/19 or 1000 hall because the taken the assignment. An interview, conduct 11/1/19 at 12:45 PM, aware of the staffing it the afternoon and cor confirmed there was a between the DON and the first shift on 10/26 medications were not She stated she expect	N stated she felt there was sidents had been taken care d nothing from the nurses. did not go into the facility on Sunday 10/27/19 to work ey thought Nurse #1 had it. Ited with the Administrator on revealed she was made issue on Sunday 10/27/19 in intacted the DON. She a misunderstanding d Nurse #1 on duty during			The procedure for implementing the acceptable plan of correction for the specific deficiency cited By 11/1/19 the director of nursing and assistant director of nursing audited the medication administration records for residents on affected assignment 1000 hall for medication documentation error Audit revealed no negative resident outcomes, based on facility nurse assessment of affected residents. Systemic change On 10/30/19 the director of nursing completed an in-service with licensed nurses on medication administration including adherence to medication administration times, and documenting medications as ordered, included in the care plan, to prevent the medication errors. On 11/1/19 the director of nursir started an in-service with licensed nursion acceptance and completion of assignments, including communicating	rs.		

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		, ,	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
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		345142	B. WING _			11/	01/2019
	ROVIDER OR SUPPLIER TY PLACE NURSING AN	D REHABILITATION CENTER		92	TREET ADDRESS, CITY, STATE, ZIP CODE 200 GLENWATER DRIVE HARLOTTE, NC 28262		
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F 658	would be administered physician. 2. Resident #8 was at 4/28/16 with diagnose Review of the quarter revealed Resident #8 long-term memory lost decisions about activition Review of the physicity dated 4/28/16 for Listin Review of the MAR rescheduled at 8:30 AM given on Saturday 10 10/27/19. Resident's weekly on Tuesdays. An interview, conduct at 8:15 AM, revealed clients on 600, 700 at 3:00 PM on 10/26/19 stated she did not und to take the facility's 10 administer any medic 10/26/19 and 10/27/1 An interview, conduct (MD) on 11/1/19 at 12 notified by staff on 10 1000 hall did not recefirst shift on 10/26/19 stated there was no medical residual received for the physical residual received for the physical receive	chall, so that medications d as ordered by the dmitted to the facility on es including hypertension. By MDS dated 9/26/19 had short term and es and was unable to make ties of daily living. an orders revealed an order mopril 20 mg one tablet daily. Evealed Lisinopril 20 mg was not documented as 1/26/19 and Sunday blood pressure was checked ed with Nurse #1 on 11/1/19 she was assigned to 30 and 900 halls from 7:00 AM to and 10/27/19. Nurse #1 derstand she was supposed 1/2000 hall, so she did not ations to Resident #8 on 9. Ed with the Medical Director 12:00 PM, revealed he was 1/28/19 that residents on the ive their medications during and 10/27/19. The MD egative outcomes, no dino residents were sent to	F	658	concerns or inability to complete with nurse management. Both in-services were added to the orientation for newly hired licensed nurses. The monitoring procedure to ensure that the plan of correction is effective and the specific deficiency cited remains correct and/or in compliance with the regulator requirements The director of nursing, assistant direct of nursing, unit manager, and/or staff facilitator will audit medication administration records, including 1000 hall, weekly x 12 weeks to ensure medications are administered and documented according to the order and care plan. This audit will be documented on the MAR audit tool. The monthly quality improvement (QAF committee will review the results of the MAR audit tools for 3 months for identification of trends, actions taken, at to determine the need for and/or frequency of continued monitoring, and make recommendations for monitoring continued compliance. The administrator and/or DON will prest the findings and recommendations of the monthly QAPI committee to the quarter executive quality improvement (QAPI) committee for further recommendations and oversight.	es e	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED		
		345142	B. WING _				C 01/2019	
	ROVIDER OR SUPPLIER TY PLACE NURSING AN	ID REHABILITATION CENTER		9200 GI	ADDRESS, CITY, STATE, ZIP CODE LENWATER DRIVE LOTTE, NC 28262			
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F 658	on 11/1/19 at 11:43 A assigned to work 7:00 10/26/19 and 10/27/1 scheduled nursed ref assignment. The DOI no problem and all re of because she heard. The DON stated she Saturday 10/26/19 or 1000 hall because the taken the assignment. An interview, conduct 11/1/19 at 12:45 PM, aware of the staffing the afternoon and conconfirmed there was between the DON and the first shift on 10/26 medications were not She stated she expert facility was staffed and the DON worked the would be administered physician. 3. Resident #21 was 7/13/18 with diagnost Review of the quarter revealed Resident #2 long-term memory lost decisions about his a Review of the physicid dated 1/25/19 for List for high blood pressure.	M revealed Nurse #1 was O AM to 3:00 PM on 9 on 1000 hall after the used to accept the N stated she felt there was sidents had been taken care of nothing from the nurses. did not go into the facility on Sunday 10/27/19 to work the ey thought Nurse #1 had to the dissue on Sunday 10/27/19 in the extended she was made issue on Sunday 10/27/19 in the extended she was made in the extended the DON. She is a misunderstanding do Nurse #1 on duty during of and 10/27/19 and in the extended she was unable to make the extended she was unable to make civities of daily living.	F	658				

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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	ROVIDER OR SUPPLIER TY PLACE NURSING AN	ID REHABILITATION CENTER		STREET ADDRESS, CITY, STATE, 9200 GLENWATER DRIVE CHARLOTTE, NC 28262	ZIP CODE		.2010
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVI CROSS-REFERENCEI	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 658	given on 10/27/19. O pressure (BP) was 13 133/69, on 10/28/19 10/29/19 BP was 128 An interview, conduct at 8:15 AM, revealed clients on 600, 700 a 3:00 PM on 10/26/19 stated she did not un to take the facility's 1 administer any medic 10/26/19 and 10/27/11 An interview, conduct (MD) on 11/1/19 at 13 notified by staff on 10/1000 hall did not receive first shift on 10/26/19 stated there was no reported incidents and the hospital as a resumedications. An interview, conduct on 11/1/19 at 11:43 A assigned to work 7:00/10/26/19 and 10/27/13 scheduled nursed refassignment. The DOI no problem and all reformed to the control of the cause she heard The DON stated she Saturday 10/26/19 or 1000 hall because the taken the assignment.	M, was not documented as in 10/25/19, resident's blood 30/78, on 10/26/19 BP was BP was 139/88 and on 3/74. Ited with Nurse #1 on 11/1/19 she was assigned to 30 and 900 halls from 7:00 AM to and 10/27/19. Nurse #1 derstand she was supposed 000 hall, so she did not sations to Resident #21 on 9. Ited with the Medical Director 2:00 PM, revealed he was 0/28/19 that residents on the eive their medications during and 10/27/19. The MD negative outcomes, no do no residents were sent to all to f the missed Ited with the DON and ADON M revealed Nurse #1 was 0/2 AM to 3:00 PM on 9 on 1000 hall after the fused to accept the N stated she felt there was sidents had been taken care do nothing from the nurses. did not go into the facility on Sunday 10/27/19 to work ey thought Nurse #1 had	Fé	558			

	ND PLAN OF COPPECTION INDESTRUCTION NUMBERS		` ′	PLE CONSTRUCTION G		(X3) DATE SURVEY COMPLETED	
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	ROVIDER OR SUPPLIER TY PLACE NURSING A	AND REHABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP COD 9200 GLENWATER DRIVE CHARLOTTE, NC 28262	•		
(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)	SHOULD BE	(X5) COMPLETION DATE	
F 658	aware of the staffing the afternoon and confirmed there was between the DON at the first shift on 10/2 medications were now the stated she experienced at the DON worked the would be administed physician. 4. Resident #22 was 7/27/13 with diagnor Review of the quartice revealed Resident #1 long-term memory ledecisions about his Review of the physicians about his Review of the physicians about his Review of the physicians about his Review of the MAR scheduled at 8:30 are scheduled at 8:30 are scheduled at 9:30 are given on 10/26/19 are resident's blood pre 10/25/19 BP was 13 132/72, and on 10/2 An interview, conduct at 8:15 AM, revealed clients on 600, 700 3:00 PM on 10/26/10	If, revealed she was made g issue on Sunday 10/27/19 in ontacted the DON. She is a misunderstanding and Nurse #1 on duty during 26 and 10/27/19 and ot administered as ordered. Sected the DON to assure the adequately, even if it meant is hall, so that medications ared as ordered by the ses including hypertension. Serly MDS dated 8/9/19 422 had short term and coss and was not able to make activities of daily living. Cian orders dated 4/3/19 for oldet every morning for excess dated 2/26/18 for Hydralazine ice daily for blood pressure	F 6	58			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	IPLE CONSTRUCTION NG		(X3) DATE SURVEY COMPLETED	
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	ROVIDER OR SUPPLIER TY PLACE NURSING AI	ND REHABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIF 9200 GLENWATER DRIVE CHARLOTTE, NC 28262	CODE		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI) TAG	PROVIDER'S PLAN C ((EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEI	CTION SHOULD BE O THE APPROPRIA		(X5) COMPLETION DATE
F 658	administer any media 10/26/19 and 10/27/2 An interview, conduct (MD) on 11/1/19 at 1 notified by staff on 10/26/19 stated there was no reported incidents are the hospital as a resumedications. An interview, conduct on 11/1/19 at 11:43 A assigned to work 7:00 10/26/19 and 10/27/2 scheduled nursed reassignment. The DO no problem and all reassignment. The DON stated she Saturday 10/26/19 on 1000 hall because the taken the assignment. An interview, conduct 11/1/19 at 12:45 PM, aware of the staffing the afternoon and coconfirmed there was between the DON are the first shift on 10/26 medications were not the staffing the afternoon were not the staffing the afternoon were not the staffing the distance of the staffing the afternoon were not the staffing the afternoon and coconfirmed there was between the DON are the first shift on 10/26 medications were not the staffing the afternoon were not the staffing the staffin	on thall, so she did not cations to Resident #22 on 19. Ited with the Medical Director 2:00pm, revealed he was 0/28/19 that residents on the eive their medications during and 10/27/19. The MD negative outcomes, no not no residents were sent to all of the missed Ited with the DON and ADON AM revealed Nurse #1 was 0 AM to 3:00 PM on 19 on 1000 hall after the fused to accept the N stated she felt there was esidents had been taken care d nothing from the nurses. did not go into the facility on r Sunday 10/27/19 to work ley thought Nurse #1 had list. Ited with the Administrator on revealed she was made issue on Sunday 10/27/19 in intacted the DON. She a misunderstanding of Nurse #1 on duty during 6 and 10/27/19 and t administered as ordered.	F6				
	facility was staffed a	cted the DON to assure the dequately, even if it meant hall, so that medications ed as ordered by the					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			` ′	IPLE CONSTRUCTION NG	(X3) DATE SURVEY COMPLETED	
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	ROVIDER OR SUPPLIER TY PLACE NURSING A	AND REHABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP CO 9200 GLENWATER DRIVE CHARLOTTE, NC 28262		
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F 658 F 725 SS=E	the appropriate con provide nursing and resident safety and practicable physica well-being of each resident assessmer and considering the diagnoses of the far accordance with the at §483.70(e). §483.35(a)(1) The final by sufficient number types of personnel or nursing care to all resident care plans: (i) Except when waith this section, license (ii) Other nursing personnel or nursing personnel or nursing care to all resident care plans: (ii) Except when waith section, license (iii) Other nursing personnel or nurse aid (iii) Other nursing personnel or nurse aid (iiii) Other nursing personnel or nurse aid (iiiii) Other nursing personnel or nurse aid (iiii) Other nursing personnel or nurse aid (iiiiii) Other nursing personnel or nurse aid (iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii	staff 1)(2) Int Staff. Int Staff. In the sufficient nursing staff with expetencies and skills sets to experience attain or maintain the highest existent, and psychosocial existent, as determined by existent and individual plans of care experience and individual plans of care experie		258 225		11/21/19
	nurse on each tour This REQUIREMEN by: Based on record re interviews, the facili nursing staff to ensi medications during			University Place Nursing an Rehabilitation Center acknow receipt of the Statement of D and proposes this Plan of Co required by Federal and Stat	wledges Deficiencies orrection as	

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NAME OF PE	ROVIDER OR SUPPLIER	0.01.12	 	STREET ADDRESS, CITY, STATE, ZIP CODE	•	1/01/2019	
TVAINE OF T	COVIDER OR OUT FEEL			9200 GLENWATER DRIVE			
UNIVERSI	TY PLACE NURSING A	ND REHABILITATION CENTER		CHARLOTTE, NC 28262			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES YMUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE	
F 725	Continued From pag	e 8	F 72	25			
		viewed (Residents #1, 4, 5, 14, 15, 16, 17, 18, 20, 21		and statutes applicable to long providers. This plan does not an admission of liability on the facility, and such liability is here specifically denied. The submis	constitute part of the eby		
	This tag is cross-refe	renced to:		plan does not constitute an agr the facility that the surveyor □s	reement by		
	F-760: Based on reconverse Practitioner (Note that facility failed to precome when medicate	ord review, resident, staff, IP) and physician interviews revent significant medication ions were not administered 7:00 AM and 3:00 PM on		conclusions are accurate, that constitute a deficiency, or the s severity regarding any of the dicited are correctly applied.	the findings scope or		
	10/26/19 and/or on 1 residents whose med	0/27/19 for 14 of 27 sampled dications were reviewed		F725			
	(Residents #1, 4, 6, 7, 17, 18, and 20).	7, 9, 11, 12, 13, 14, 15, 16,		The plan of correcting the spect deficiency By 11/1/19 resident # 5 was as			
	medication errors wh administered as orde 3:00 PM on 10/26/19	the facility failed to prevent en medications were not ered between 7:00 AM and and/or on 10/27/19 for 4 of s whose medications were		facility licensed nurse with no reffects related to the medication documentation error, failure to plan. By 11/1/19 resident # 8 was as facility licensed nurse with no reffects related to the medication documentation error, failure to	negative n n follow care sessed by negative n		
	10/31/19 at 9:30 AM, medications during fi PM) on 10/26/19 and			plan. By 11/1/19 resident # 21 was a facility licensed nurse with no reffects related to the medicatio documentation error, failure to	ssessed by negative n		
	Administrator on 11/ she worked 7:00 AM assignment has been The Administrator sta understand that on 1 assigned to 1000 hal	ted with Nurse #1 and the I/19 at 8:15 AM, revealed to 3:00 PM and her n 600, 700 and 900 halls. ated Nurse #1 did not 0/26/19, after the nurse I walked out, she became upposed to change her		plan. By 11/1/19 resident # 22 was a facility licensed nurse with no reffects related to the medicatio documentation error, failure to plan. By 11/1/19 resident #1 was ass facility nurse with no negative f	negative n follow care sessed by		

Facility ID: 923015

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		345142	B. WING _			11/	01/2019
NAME OF PR	ROVIDER OR SUPPLIER	•	•	S	TREET ADDRESS, CITY, STATE, ZIP CODE	-	
				92	200 GLENWATER DRIVE		
UNIVERSI	TY PLACE NURSING AN	ND REHABILITATION CENTER		С	HARLOTTE, NC 28262		
(X4) ID	SUMMARY ST	TATEMENT OF DEFICIENCIES	ID		PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX TAG	•	CY 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 725	Continued From page	e 9	F 7	725			
	assignment to 1000 h	nall and Rooms 601 to 604			related to medication administration err	or.	
	on 10/26/19 and 10/2				By 11/1/19 resident # 4 was assessed	by	
					facility nurse with no negative findings		
	An interview, conduc	ted with the Clinical Social			related to medication administration err	or.	
	-	/1/19 at 9:00 AM, revealed			By 11/1/19 resident # 6 was assessed	by	
	she was the Manage	•			facility nurse with no negative findings		
		d she arrived at the facility			related to medication administration en		
		Sunday morning. When she			By 11/1/19 resident # 7 was assessed	by	
	_	she noticed there was no			facility nurse with no negative findings		
		all. Nurse #1 told CSW there 00 hall. CSW #1 stated she			related to medication administration err		
		Director of Nursing (ADON)			By 11/1/19 resident # 9 was assessed facility nurse with no negative findings	Uy	
		hort one nurse for first shift.			related to medication administration err	or	
	•	e would take care of it. After			By 11/1/19 resident # 11 was assessed		
		eard nothing from the ADON			facility nurse with no negative findings	~ ,	
		irector of Nursing (DON),			related to medication administration error.		
		#1 to tell the five nurses in			By 11/1/19 resident # 12 was assessed	l by	
	the building to split th	ne carts. CSW #1 notified the			facility nurse with no negative findings		
	DON that all the nurs	ses were upset about splitting			related to medication administration err	or.	
	the carts. The DON r	esponded that the nurses			By 11/1/19 resident #13 was assessed	by	
	=	CSW #1 stated she then			facility nurse with no negative findings		
		ator who stated she would			related to medication administration en	-	
	contact the DON.				By 11/1/19 resident # 14 was assessed	l by	
	linable to reach # "	Managar on Duty for			facility nurse with no negative findings related to medication administration error		
	Unable to reach the I	wanager on Duty for					
	Saturday 10/26/19.				By 11/1/19 resident #15 was assessed facility nurse with no negative findings	Dy	
	An interview conduc	ted with the Scheduler on			related to medication administration err	or	
	•	evealed on Saturday			By 11/1/19 resident # 16 was assessed		
		locked in at 7:00 AM. She			facility nurse with no negative findings		
		Care unit, which was not her			related to medication administration err	or.	
	assigned unit for the				By 11/1/19 resident # 17 was assessed		
	~	er she was assigned to			facility nurse with no negative findings	-	
		cluded 1000 hall. She refused			related to medication administration en	or.	
	the assignment, clock	ked out and left the facility.			By 11/1/19 resident # 18 was assessed	l by	
	The night shift superv	visor notified the Scheduler			facility nurse with no negative findings		
	_	irst shift on 10/26/19 and			related to medication administration err		
		uler stated she sent a text			By 11/1/19 resident # 20 was assessed	l by	
	message to the five r	nurses, who were working			facility nurse with no negative findings		

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		345142	B. WING _		1	1/01/2019	
NAME OF PI	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CO	DE		
IINIVEDQI	ITV DI ACE NI IDGING	AND REHABILITATION CENTER		9200 GLENWATER DRIVE			
UNIVERSI	ITT PLACE NURSING	S AND REHABILITATION CENTER		CHARLOTTE, NC 28262			
(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 IE APPROPRIATE	(X5) COMPLETION DATE	
F 725	Continued From p	page 10	F 7	25			
F 725	first shift, to split the model used for this would take 1000 herson 2 would ta 100-114 B; Person hall, 700 hall, 800. There should has hall and 200 hall a unit. The Schedul nurses that they herson 1 she should have to 604. On Sunda stated she talked after she had talked after she had talked after she had talked carts. The DON sonurses telling there. An interview, cond (UM) on 11/1/19 a #1 complained to Saturday about no gave Resident #1 while she was in the following Monday. Practitioner and the residents on 1000 medications durin 10/26/19 and Sun (ADON) on 11/1/1 nurse who was so	the carts based on the staffing and shift as follows: Person 1 hall and Rooms 601 to 604; alke 300 hall and Rooms 600, 900 hall and Rooms 115 A to 118 B we been a nurse in Rehab, 400 and a nurse in the Memory Care for stated she explained to the lad to shift up which meant that excond on the schedule would and an explained to the lad to shift up which meant that excond on the schedule would and an explained to the schedule would and 1000 hall and rooms 601 and 10/27/19, the Scheduler to the DON around 7:00 AM and to the staff about splitting the last a text message to the last the treatment nurse on the staff about splitting the last 9:30 AM, revealed Resident the treatment nurse on the building on Saturday. On the last the building on Saturday. On the last the medical Director about the last last price of last price to for a dassistant Director of Nursing 9 at 11:43 AM revealed the sheduled to work 7:00 AM to	F 7	related to medication admini On 11/1/19 the facility admin director of nursing met to dis alternative communication micensed nurses regarding the assignments. The procedure for implement acceptable plan of correction specific deficiency cited By 11/1/19 the director of nursing medication administration reresidents on affected assign hall for medication document Audit revealed no negative moutcomes, based on facility assessment of affected residents of affected residents of a medication administration times, and domedications as ordered, including adherence to medications as ordered, including adherence to medications as ordered, including an in-service with nurses on 11/1/19 the direct started an in-service with lice on acceptance and completed sassignments, including communications or inability to compurse management. Both incompleted by 11/1/19. These were added to the orientations.	distration and scuss hethods with heir witing the for the an audited the ecords for ment 1000 tation errors. The esident hourse dents. The existing in licensed distration for the dication for of nursing hensed nurses on of municating better with eservices were the in-services.		
	refused to accept out and left the bu	/19 and 10/27/19 on 1000 hall the assignment. She clocked illding. The night shift supervisor luler. The scheduler notified the		hired licensed nurses. On 11/1/19 as an outcome of between the facility administ director of nursing staffing sl	rator and		

Facility ID: 923015

STATEMENT OF DEFICIENCIES (X AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
			7 BOILDII			Ι,	С	
		345142	B. WING _				01/2019	
NAME OF PI	ROVIDER OR SUPPLIER	1		STRI	EET ADDRESS, CITY, STATE, ZIP CODE	<u>,</u>	0.,,20.10	
				9200	GLENWATER DRIVE			
UNIVERSI	ITY PLACE NURSING A	AND REHABILITATION CENTER		CHA	ARLOTTE, NC 28262			
(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE	
F 725	Continued From page DON and ADON on that she instructed to in the building to spot to the paper they has scheduler reference would take 1000 has Both the DON and Awas good because the nurses. On 10/2 scheduler sent a text and ADON that Nurses needed to spoke felt there was not had been taken care heard anything from saw a missed call from time unknown. She not get an answer. The received a text mes stating that all the not first shift (7:00am - ADON stated they continued the stating that all the not first shift (7:00am - ADON stated they continued the stating that all the not stating that all the not first shift (7:00am - ADON stated they continued the stating that all the not stating th	ge 11 10/26/19 at 8:18am by text he five nurses who were left lit the assignments according ad access to. The paper the ed indicated that Person 1 III. Person 1 was Nurse #1. ADON stated they thought all they did not hear from any of 16/19 at 12:58pm, the et message to both the DON use #1 was upset about her DN told the scheduler that the polit the carts. The DON stated to problem and all residents are of because she had not the nurses. She stated she tom Nurse #1 later in the day, called Nurse #1 back but did The DON stated that she did a problem with the first shift Saturday 10/26/19. On 7:14am the DON and ADON usage from the scheduler ursing carts were covered for 3:00 pm). The DON and did not go into the facility on or Sunday 10/27/19 to work se they thought Nurse #1 had				e to at hat cted ry tor	DATE	
	11/1/19 at 12:30pm, understood the chai 10/26/19 and 10/27, messages sent from assignments, stating hall." Nurse #1 did r Person 1. The Admi	cted with the Administrator on a revealed Nurse #1 had not only in her assignment on 19. There were text on the DON with the g "Person 1 assigned to 1000 not understand that she was inistrator stated she was 10/27/19 by the Manager on		- - - - - - - - - - - - - - - - - - -	minutes. The monthly quality improvement (QAI committee will review the results of the MAR audit tools for 3 months for identification of trends, actions taken, at to determine the need for and/or frequency of continued monitoring, and make recommendations for monitoring	and		

			(X3) DATE SURVEY COMPLETED		
		345142	B. WING _		C 11/01/2019
	ROVIDER OR SUPPLIER TY PLACE NURSING	AND REHABILITATION CENTER	•	STREET ADDRESS, CITY, STATE, ZIP CO 9200 GLENWATER DRIVE CHARLOTTE, NC 28262	•
(X4) ID PREFIX TAG	(EACH DEFICIE	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL DR LSC IDENTIFYING INFORMATION)	ID PREFI) TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE COMPLETION HE APPROPRIATE DATE
F 725 F 760 SS=E	nurses about resid Administrator conta 10/27/19 about the shift on Saturday 1 The Administrator to make sure staffi to assure medication physician orders.	s some confusion among the ent assignments. The acted the DON on Sunday missed assignments on first 0/26/19 and Sunday 10/27/19. Stated she expected the DON ong is adequate during all shifts ons are administered per e of Significant Med Errors	F 7	continued compliance. The administrator and/or DC the findings and recommend monthly QAPI committee to executive quality improvement (committee for further recommittee for further recommittee and oversight	dations of the the quarterly ent QAPI)
55=E	The facility must en §483.45(f)(2) Resident errors. This REQUIREME by: Based on record in Practitioner (NP) a facility failed to preerrors when medicas ordered for 14 comedications were in 7, 9, 11, 12, 13, 14. The findings include 1. Resident #1 was 6/29/19 with diagnomal (high blood pressure) quarterly Minimum dated 10/16/19 revenue his own decisions a living. Resident #1's Octorevealed an order,	nsure that its-dents are free of any significant NT is not met as evidenced eview, resident, staff, Nurse nd physician interviews the vent significant medication ations were not administered of 27 sampled residents whose reviewed (Residents #1, 4, 6, 1, 15, 16, 17, 18, and 20).		University Place Nursing ar Rehabilitation Center acknoreceipt of the Statement of E and proposes this Plan of C required by Federal and State and statutes applicable to loproviders. This plan does not an admission of liability on the facility, and such liability is his specifically denied. The subplan does not constitute and the facility that the surveyor conclusions are accurate, the constitute a deficiency, or the severity regarding any of the cited are correctly applied. F760 The plan of correcting the specificancy	wledges Deficiencies orrection as Ite regulations Ite part of the Ite part of the Ite part of the Ite part of this Ite part of the Ite par

	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	X2) MULTIPLE CONSTRUCTION (X3) DATE SURVE COMPLETED			
		345142	B. WING			(
NAME OF D		343142	D. WING_		TREET ARRESTO OLTV STATE ZIR CORE	11/	01/2019
NAME OF PI	ROVIDER OR SUPPLIER				TREET ADDRESS, CITY, STATE, ZIP CODE		
UNIVERSI	TY PLACE NURSING AN	ID REHABILITATION CENTER			200 GLENWATER DRIVE		
				CI	HARLOTTE, NC 28262		
(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 BI CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 760	Continued From page	e 13	F 7	'60			
	blood pressure and G	Glucotrol XL 2.5mg one tablet					
	once daily for blood s				By 11/1/19 resident #1 was assessed by	v	
					facility nurse with no negative findings	,	
	Resident #1's Octobe	er 2019 Medication			related to medication administration err	or.	
		d (MAR) revealed the Coreg			By 11/1/19 resident # 4 was assessed		
		XL 2.5 mg, scheduled daily			facility nurse with no negative findings	- ,	
	•	documented as given on			related to medication administration err	or.	
	10/26/19 and 10/27/1				By 11/1/19 resident # 6 was assessed	οy	
					facility nurse with no negative findings		
	An interview, conduct	ted with Resident #1 on			related to medication administration en	or.	
	10/31/19 at 4:30 PM	revealed he did not get his			By 11/1/19 resident # 7 was assessed	ру	
	scheduled medication	ns during first shift on			facility nurse with no negative findings		
	Saturday 10/26/19 ar	nd Sunday 10/27/19. He			related to medication administration err	or.	
	stated he had no side	e effects from not receiving			By 11/1/19 resident # 9 was assessed	ру	
	the medications.				facility nurse with no negative findings		
					related to medication administration err	or.	
		ted with Nurse #1 on 11/1/19			By 11/1/19 resident # 11 was assessed	by	
		she was assigned to 30			facility nurse with no negative findings		
		nd 900 halls from 7:00 AM to and 10/27/19. Nurse #1			related to medication administration err By 11/1/19 resident # 12 was assessed		
		derstand she was supposed			facility nurse with no negative findings	,	
		000 hall, so she did not			related to medication administration err	or.	
		ations to Resident #1 on			By 11/1/19 resident #13 was assessed	bv	
	10/26/19 and 10/27/1				facility nurse with no negative findings	- ,	
					related to medication administration en	or.	
	An interview, conduct	ted with the Director of			By 11/1/19 resident # 14 was assessed	by	
		ssistant Director of Nursing			facility nurse with no negative findings	•	
	(ADON) on 11/1/19 a	t 11:43 AM revealed Nurse			related to medication administration err	or.	
	#1 was assigned to w	ork on the 1000 hallway on			By 11/1/19 resident #15 was assessed	by	
	10/26/19 and 10/27/1	9 during the 7:00 AM to 3:00			facility nurse with no negative findings		
		eduled nurse refused to			related to medication administration err		
		nt. The DON stated she felt			By 11/1/19 resident # 16 was assessed	by	
	•	n and all residents had been			facility nurse with no negative findings		
	taken care of because				related to medication administration err		
	anything from the nur				By 11/1/19 resident # 17 was assessed	by	
		and ADON stated they did			facility nurse with no negative findings		
		on Saturday 10/26/19 or			related to medication administration en		
		vork 1000 hall because they			By 11/1/19 resident # 18 was assessed	by	
	thought Nurse #1 had	taken the assignment. The			facility nurse with no negative findings		

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3 AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING		1, ,	(X3) DATE SURVEY COMPLETED			
		345142	B. WING			C
NAME OF D	DOVIDED OD CLIDDLIED	343142	B: Willo _	STREET ADDRESS, CITY, STATE, ZIP CODE	11	/01/2019
NAME OF PI	ROVIDER OR SUPPLIER					
UNIVERSI	TY PLACE NURSING AN	ID REHABILITATION CENTER		9200 GLENWATER DRIVE		
				CHARLOTTE, NC 28262		
(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 CORR ((EACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE AF DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE
F 760	Continued From page	e 14	 F7	60		
F 760	DON and ADON state residents on the 1000 medications as order 3:00 PM shift on 10/2 Monday 10/28/19. An interview, conduct Practitioner (NP) on revealed she was ma 10/28/19 that Reside scheduled medication and 10/27/19. She ex 10/28/19 and determined outcome from the resprescribed medication Glucotrol XL during the 10/27/19. An interview, conductive states of the states of th	ed they were unaware the D hall did not receive their red during the 7:00 AM to 26/19 or 10/27/19 until red with the Nurse 11/1/19 at 10:00 AM, ade aware on Monday ont #1 had not been given his as at 9:30 AM on 10/26/19 valuated Resident #1 on ined there was no negative sident not receiving one first shift on 10/26/19 and red with the Medical Director	F 7	related to medication administra By 11/1/19 resident # 20 was as facility nurse with no negative fir related to medication administra The procedure for implementing acceptable plan of correction for specific deficiency cited By 11/1/19 the director of nursing assistant director of nursing aud medication administration recon- residents on affected assignmentall for medication documentation Audit revealed no negative residents Audit revealed no negative residents outcomes, based on facility nurs assessment of affected resident Systemic change On 10/30/19 the director of nurs completed an in-service with lice nurses on medication administra	sessed by ndings tion error. The rest the grand litted the ds for not 1000 on errors. Ident see ss.	
	notified by staff on 10 1000 hall did not receive the first shift on 10/26/19 stated there was no reported incidents and the hospital as a resumedications. An interview, conduct 11/1/19 at 12:45 PM, afternoon of 10/27/19 residents, who reside did not receive their of the first shift on 10/26 contacted the DON. There was a misunder and Nurse #1 during 10/27/19 and medical	ted with the Administrator on		including adherence to medication administration times, and docume medication administration as or prevent the medication errors. Of the director of nursing started at in-service with licensed nurses acceptance and completion of assignments, including communiconcerns or inability to complete nurse management. Both in-ser completed by 11/1/19. These inwere added to the orientation for hired licensed nurses. The monitoring procedure to enthe plan of correction is effective specific deficiency cited remains and/or in compliance with the rerequirements	nenting dered to on 11/1/19 on sicating e with vices were e-services r newly sure that e and that e corrected	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ´	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		345142	B. WING _				C 01/2019	
NAME OF PI	ROVIDER OR SUPPLIER			STF	REET ADDRESS, CITY, STATE, ZIP CODE	1 117	01/2013	
				920	0 GLENWATER DRIVE			
UNIVERSI	IY PLACE NURSING AN	ID REHABILITATION CENTER		СН	ARLOTTE, NC 28262			
(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 760	Continued From page	e 15	F 7	760				
F 760	assure the facility was it meant the DON wormedications would be the physician. 2. Resident #4 was a 10/18/14 with diagnost Review of the quarter assessment dated 10 had short term and lowas unable to make hactivities of daily living Resident #4's October evealed an order date milligrams (mg) once order dated 10/5/15 for subcutaneously (undediabetes. Resident #4's October Administration Record 5 milligrams (mg), scl Novolog insulin 8 unit was not documented 10/27/19. An interview, conduct at 8:15 AM, revealed clients on 600, 700 at 3:00 PM on 10/26/19 stated she did not une to take the facility's 10 administer any medical 10/26/19 and 10/27/11	dmitted to the facility on sees including diabetes. Ity Minimum Data Set (MDS) 1/8/19 revealed Resident #4 ng-term memory loss and her own decisions about 1/9. For 2019 physician orders are the skin) before meals for the skin) before meals for 1/9/19 Medication are given on 10/26 19 and 1/9/19 and 1/9/19. Nurse #1 derstand she was supposed 1/9/19.			The director of nursing, assistant direct of nursing, unit manager, and/or staff facilitator will audit medication administration records, including 1000 hall, weekly x 12 weeks to ensure medications are administered and documented according to the order and care plan. This audit will be documented on the MAR audit tool. The monthly quality improvement (QAF committee will review the results of the MAR audit tools for 3 months for identification of trends, actions taken, at to determine the need for and/or frequency of continued monitoring, and make recommendations for monitoring continued compliance. The administrator and/or DON will prest the findings and recommendations of the monthly QAPI committee to the quarter executive quality improvement performance improvement (QAPI) committee for further recommendations and oversight.	d ed PI) and d for sent he rly		
	Nursing (DON) and A	ted with the Director of ssistant Director of Nursing to 11:43 AM revealed Nurse						

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: (X2) MULTIPLE CONSTRUCTION A. BUILDING ———————————————————————————————————			(X3) DATE SURVEY COMPLETED			
		345142	B. WING _			C 11/01/2019
	ROVIDER OR SUPPLIER	AND REHABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 9200 GLENWATER DRIVE CHARLOTTE, NC 28262	'	
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFI) TAG	PROVIDER'S PLAN OF CORE ((EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AF DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE
F 760	#1 was assigned to 10/26/19 and 10/27 PM shift after the scacept the assignmenthere was no problet taken care of becaus anything from the normal problem to the second anything from the normal problem taken care of becaus anything from the normal problem to the second anything from the normal problem to the second anything from the normal problem to the second and problem to the s	work on the 1000 hallway on /19 during the 7:00 AM to 3:00 cheduled nurse refused to ent. The DON stated she felt em and all residents had been use she had not heard urses on 10/26/19 and and ADON stated they did ty on Saturday 10/26/19 or work 1000 hall because they ad taken the assignment. The ated they were unaware the 00 hall did not receive their ered during the 7:00 AM to /26/19 or 10/27/19 until acted with the Medical Director 12:00 PM, revealed he was 10/28/19 that residents on the ceive their medications during 9 and 10/27/19. The MD on egative outcomes, no and no residents were sent to	F7	760		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		345142	B. WING _			C 1 1/01/2019	
	ROVIDER OR SUPPLIER	ND REHABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP COD 9200 GLENWATER DRIVE CHARLOTTE, NC 28262	•	1701/2019	
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY 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)	SHOULD BE	(X5) COMPLETION DATE	
F 760		ge 17 orked the hall, so that be administered as ordered by	F 7	60			
	6/18/18 with diagnos and diabetes. Revie Data Set (MDS) ass revealed Resident # long-term memory lo	admitted to the facility on ses including hypertension w of the quarterly Minimum essment dated 8/21/19 6 had short term and loss and was unable to make bout the activities of daily					
	revealed orders dat milligrams (mg) one clots), Lisinopril 20 r pressure, Coreg 25 blood pressure, Hyd three times a day for	er 2019 physician orders ed 6/18/18 for Plavix 75 tablet daily (prevent blood ng one tablet daily for blood mg one tablet twice a day for ralazine 100 mg one tablet r blood pressure; an order nalog insulin sliding scale per three times a day.					
	2 20 mg, scheduled documented as give Plavix 75 mg and Co 9:30am, were not do 10/26/19 and 10/27/scheduled at 9:30am documented as give On 10/26/19 at 11:30 documented as cheducumented as give was 131 and require 11:30 AM the blood as checked and no i	er 2019 Medication rd (MAR) revealed Lisinopril at 8:30 AM was not n on 10/26/19 and 10/27/19. breg 25 mg, scheduled at broumented as given on 19. Hydralazine 100 mg, n and 1:30pm, were not n on 10/26/19 and 10/27/19. 0 AM the blood sugar was not cked and no insulin was n, at 4:30 PM the blood sugar and no insulin. On 10/27/19 at sugar was not documented nsulin was documented nsulin was documented as e blood sugar was 102 and					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ´	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		345142	B. WING _			11/0) 1/2019	
	ROVIDER OR SUPPLIER TY PLACE NURSING AN	ID REHABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP COL 9200 GLENWATER DRIVE CHARLOTTE, NC 28262)E			
(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 CO ((EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE E APPROPRIA		(X5) COMPLETION DATE	
F 760	at 8:15 AM, revealed clients on 600, 700 at 3:00 PM on 10/26/19 stated she did not un to take the facility's 1 administer any medic 10/26/19 and 10/27/1 An interview, conduct Nursing (DON) and th Nursing (ADON) on 1 Nurse #1 was assign hallway on 10/26/19 a AM to 3:00 PM shift a refused to accept the stated she felt there were sidents had been to had not heard anythin 10/26/19 and 10/27/1 stated they did not go 10/26/19 or Sunday 10 because they though assignment. The DOI were unaware the result not receive their med the 7:00 AM to 3:00 F 10/27/19 until Monda An interview, conduct (MD) on 11/1/19 at 12 notified by staff on 10/26/19 stated there was no result as the stated there was no result as the stated there was no results.	ted with Nurse #1 on 11/1/19 she was assigned to 30 and 900 halls from 7:00 AM to and 10/27/19. Nurse #1 derstand she was supposed 000 hall, so she did not rations to Resident #6 on 9. Ited with the Director of the Assistant Director of 1/1/19 at 11:43 AM revealed the ded to work on the 1000 and 10/27/19 during the 7:00 of the the scheduled nurse assignment. The DON was no problem and all taken care of because she the from the nurses on 9. The DON and ADON of into the facility on Saturday 10/27/19 to work 1000 hall to Nurse #1 had taken the N and ADON stated they sident's on the 1000 hall did ications as ordered during PM shift on 10/26/19 or 10/28/19. Ited with the Medical Director 2:00 PM, revealed he was 10/28/19 that residents on the elive their medications during and 10/27/19. The MD negative outcomes, no do no residents were sent to	F 7	760				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		345142	B. WING		C 11/01/2019	
	ROVIDER OR SUPPLIER	ND REHABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 9200 GLENWATER DRIVE CHARLOTTE, NC 28262	11/01/2019	
(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 CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE COMPLETION	
F 760	11/1/19 at 12:45 PM, afternoon of 10/27/19 residents, who reside did not receive their of the first shift on 10/26 contacted the DON. there was a misunde and Nurse #1 during 10/27/19 and medica as ordered. She state assure the facility was it meant the DON wo medications would be the physician. 4. Resident #7 was a 9/4/18 with diagnose seizure disorder. Rev Minimum Data Set (N 9/22/19 revealed Resident #7's October revealed orders date milligrams (mg) one that the service is a service and the service and	ted with the Administrator on revealed during the 9 she was made aware that ed on the facility's 1000 hall, ordered medications during 6/19 ad 10/27/19 and she The administrator stated retanding between the DON the first shift on 10/26 and tions were not administered ed she expected the DON to s staffed adequately, even if riked the hall, so that e administered as ordered by didnitted to the facility on s including hypertension and view of the quarterly MDS) assessment dated sident #7 had short term and as and was unable to make activities of daily living. Ser 2019 physician orders d 9/4/19 for Losartan 50 and bally for blood pressure, ablet twice a day along with mg for seizures, Lamictal ang with 25 mg twice a day to zures, Keppra 750 mg 2 or seizures and Tegretol 200 atabs to equal 300 mg three res.	F 76			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	IDENTIFICATION NUMBER:		PLE CONSTRUCTION G		(X3) DATE SURVEY COMPLETED	
	345142	B. WING _			C 11/01/2019	
NAME OF PROVIDER OR SUPPLIER UNIVERSITY PLACE NURSING AN	D REHABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP CO 9200 GLENWATER DRIVE CHARLOTTE, NC 28262	ODE		
PREFIX (EACH DEFICIENCY	ATEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF ((EACH CORRECTIVE ACTI CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE HE APPROPRIAT		
Keppra 1500 mg, schedocumented as given Tegretol 300 mg, sche 2:00pm, were not doc 10/26/19 and 10/27/19 An interview, conducted at 8:15 AM, revealed sclients on 600, 700 and 3:00 PM on 10/26/19 stated she did not und to take the facility's 10 administer any medications and 10/26/19 and 10/27/19 An interview, conducted Nursing (DON) and As (ADON) on 11/1/19 at #1 was assigned to we 10/26/19 and 10/27/19 PM shift after the schedaccept the assignment there was no problem taken care of because anything from the nurs 10/27/19. The DON and 10/27/19 to we thought Nurse #1 had DON and ADON state residents on the 1000 medications as ordered 3:00 PM shift on 10/26 Monday 10/28/19. An interview, conducted (MD) on 11/1/19 at 12	g, Lamictal 200 mg and eduled at 9:00am were not on 10/26/19 and 10/27/19. Eduled for 9:00am and umented as given on 9. ed with Nurse #1 on 11/1/19 she was assigned to 30 and 900 halls from 7:00 AM to and 10/27/19. Nurse #1 derstand she was supposed 1000 hall, so she did not actions to Resident #7 on 9. ed with the Director of Susistant Director of Nursing 11:43 AM revealed Nurse ork on the 1000 hallway on 9 during the 7:00 AM to 3:00 eduled nurse refused to at. The DON stated she felt and all residents had been as she had not heard ses on 10/26/19 and and ADON stated they did on Saturday 10/26/19 or ork 1000 hall because they taken the assignment. The ad they were unaware the hall did not receive their ed during the 7:00 AM to	F 7	60			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED		
		345142	B. WING _			11//	01/2019		
	ROVIDER OR SUPPLIER TY PLACE NURSING AN	ND REHABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP COD 9200 GLENWATER DRIVE CHARLOTTE, NC 28262	E				
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI) TAG	PROVIDER'S PLAN OF CO ((EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE		(X5) COMPLETION DATE		
F 760	first shift on 10/26/19 stated there was no reported incidents and the hospital as a resumedications. An interview, conduct 11/1/19 at 12:45 PM, afternoon of 10/27/19 residents, who resided did not receive their of the first shift on 10/20 contacted the DON. There was a misunde and Nurse #1 during 10/27/19 and medical as ordered. She state assure the facility was it meant the DON wo medications would be the physician. 5. Resident #9 was a	eive their medications during and 10/27/19. The MD negative outcomes, no ad no residents were sent to all of the missed ted with the Administrator on revealed during the 9 she was made aware that ed on the facility's 1000 hall, ordered medications during 6/19 ad 10/27/19 and she The administrator stated retanding between the DON the first shift on 10/26 and attions were not administered ed she expected the DON to is staffed adequately, even if inked the hall, so that administered as ordered by	F 7	,					
	Review of the quarte assessment dated 10 had short term and lounable to make decis living. Resident #9's Octoberevealed an order dainsulin three times a scale based on resident #9's Octoberesident #9's Oct	-							

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED		
		345142	B. WING_			C 11/01/	/2010		
NAME OF PI	ROVIDER OR SUPPLIER	1 1		STREET ADDRESS, CITY, STATE, ZI	IP CODE	11/01/	2013		
				9200 GLENWATER DRIVE					
UNIVERSI	TY PLACE NURSING AN	ID REHABILITATION CENTER		CHARLOTTE, NC 28262					
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI) TAG	PROVIDER'S PLAN ((EACH CORRECTIVE A	ACTION SHOULD BE O THE APPROPRIA	-	(X5) COMPLETION DATE		
F 760	Continued From page	e 22	F 7	760					
F 760	required no insulin. A was not documented was documented as 4:30 PM, his blood so no insulin. On 10/27/5 sugar was not documinsulin was documen blood sugar was 172 An interview, conduct at 8:15 AM, revealed clients on 600, 700 at 3:00 PM on 10/26/19 stated she did not un to take the facility's 1 administer any medic 10/26/19 and 10/27/11 An interview, conduct Nursing (DON) and A (ADON) on 11/1/19 at 1 was assigned to w 10/26/19 and 10/27/1 PM shift after the schaccept the assignment there was no problem taken care of becaus anything from the nur 10/27/19. The DON and point to the facility Sunday 10/27/19 to withought Nurse #1 had DON and ADON stateresidents on the 1000 medications as order	t 11:30 AM, the blood sugar as checked and no insulin given per sliding scale. At ugar was 118 and required 19, at 11:30 AM the blood sented as checked and no ted as given, at 4:30 PM his and required no insulin. Ited with Nurse #1 on 11/1/19 she was assigned to 30 and 900 halls from 7:00 AM to and 10/27/19. Nurse #1 derstand she was supposed 000 hall, so she did not sations to Resident #9 on 9 during first shift. Ited with the Director of Susistant Director of Nursing to 11:43 AM revealed Nurse york on the 1000 hallway on 9 during the 7:00 AM to 3:00 eduled nurse refused to int. The DON stated she felt in and all residents had been e she had not heard		760					
		ted with the Medical Director							

	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	I ` ′		N		SURVEY LETED
	345142	B. WING _				C 01/2019
	ID REHABILITATION CENTER		9200 GLENWATI	ER DRIVE		· 2 · . ·
(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL	ID PREFI TAG	(EAC	CH CORRECTIVE ACTION SHOULD B		(X5) COMPLETION DATE
(MD) on 11/1/19 at 12 notified by staff on 10 1000 hall did not rece first shift on 10/26/19 stated there was no reported incidents and the hospital as a resumedications. An interview, conduct 11/1/19 at 12:45 PM, afternoon of 10/27/19 residents, who resided did not receive their of the first shift on 10/26 contacted the DON. There was a misunde and Nurse #1 during 10/27/19 and medical as ordered. She state assure the facility wait meant the DON wo medications would be the physician. 6. Resident #11 was 4/3/19 with diagnose myocardial infarction (stroke). Review of the Set (MDS) assessment Resident #11 had she memory loss and was about his activities of Resident #11's Octobrevealed orders date.	2:00 PM, revealed he was 0/28/19 that residents on the eive their medications during and 10/27/19. The MD negative outcomes, no d no residents were sent to alt of the missed ted with the Administrator on revealed during the 9 she was made aware that ed on the facility's 1000 hall, ordered medications during 6/19 ad 10/27/19 and she The administrator stated restanding between the DON the first shift on 10/26 and tions were not administered ed she expected the DON to s staffed adequately, even if riched the hall, so that e administered as ordered by admitted to the facility on s including hypertension, (heart attack) and CVA he quarterly Minimum Data ent dated 8/9/19 revealed fort term and long-term is unable to make decisions daily living.	F	760			
	SUMMARY ST (EACH DEFICIENCY REGULATORY OR Continued From page (MD) on 11/1/19 at 12 notified by staff on 10 1000 hall did not rece first shift on 10/26/19 stated there was no r reported incidents an the hospital as a resu medications. An interview, conduct 11/1/19 at 12:45 PM, afternoon of 10/27/19 residents, who reside did not receive their of the first shift on 10/26 contacted the DON. There was a misunde and Nurse #1 during 10/27/19 and medica as ordered. She state assure the facility wa it meant the DON wo medications would be the physician. 6. Resident #11 was 4/3/19 with diagnose myocardial infarction (stroke). Review of th Set (MDS) assessme Resident #11 had she memory loss and was about his activities of Resident #11's Octob revealed orders date milligrams (mg) one to Lopressor 50 mg one	TY PLACE NURSING AND REHABILITATION CENTER SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 23 (MD) on 11/1/19 at 12:00 PM, revealed he was notified by staff on 10/28/19 that residents on the 1000 hall did not receive their medications during first shift on 10/26/19 and 10/27/19. The MD stated there was no negative outcomes, no reported incidents and no residents were sent to the hospital as a result of the missed medications. An interview, conducted with the Administrator on 11/1/19 at 12:45 PM, revealed during the afternoon of 10/27/19 she was made aware that residents, who resided on the facility's 1000 hall, did not receive their ordered medications during the first shift on 10/26/19 ad 10/27/19 and she contacted the DON. The administrator stated there was a misunderstanding between the DON and Nurse #1 during the first shift on 10/26 and 10/27/19 and medications were not administered as ordered. She stated she expected the DON to assure the facility was staffed adequately, even if it meant the DON worked the hall, so that medications would be administered as ordered by	A BUILDIN 345142 ROVIDER OR SUPPLIER TY PLACE NURSING AND REHABILITATION CENTER SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 23 (MD) on 11/1/19 at 12:00 PM, revealed he was notified by staff on 10/28/19 that residents on the 1000 hall did not receive their medications during first shift on 10/26/19 and 10/27/19. The MD stated there was no negative outcomes, no reported incidents and no residents were sent to the hospital as a result of the missed medications. An interview, conducted with the Administrator on 11/1/19 at 12:45 PM, revealed during the afternoon of 10/27/19 she was made aware that residents, who resided on the facility's 1000 hall, did not receive their ordered medications during the first shift on 10/26/19 ad 10/27/19 and she contacted the DON. The administrator stated there was a misunderstanding between the DON and Nurse #1 during the first shift on 10/26 and 10/27/19 and medications were not administered as ordered. She stated she expected the DON to assure the facility was staffed adequately, even if it meant the DON worked the hall, so that medications would be administered as ordered by the physician. 6. Resident #11 was admitted to the facility on 4/3/19 with diagnoses including hypertension, myocardial infarction (heart attack) and CVA (stroke). Review of the quarterly Minimum Data Set (MDS) assessment dated 8/9/19 revealed Resident #11 had short term and long-term memory loss and was unable to make decisions about his activities of daily living. Resident #11's October 2019 physician orders revealed orders dated 4/3/19 for Plavix 75 milligrams (mg) one tablet daily for blood clots, Lopressor 50 mg one tablet twice daily, Catapres	ROVIDER OR SUPPLIER TY PLACE NURSING AND REHABILITATION CENTER SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 23 (MD) on 11/1/19 at 12:00 PM, revealed he was notified by staff on 10/28/19 that residents on the 1000 hall did not receive their medications during first shift on 10/28/19 and 10/27/19. The MD stated there was no negative outcomes, no reported incidents and no residents were sent to the hospital as a result of the missed medications. An interview, conducted with the Administrator on 11/1/19 at 12:45 PM, revealed during the first shift on 10/28/19 and 10/27/19 and she contacted the DON. The administrator stated there was a misunderstanding between the DON and Nurse #1 during the first shift on 10/26/19 and 10/27/19 and she contacted the DON. The administrator stated there was a misunderstanding between the DON to assure the facility was staffed adequately, even if it meant the DON worked the hall, so that medications would be administered as ordered. She stated she expected the DON to assure the facility was staffed adequately, even if it meant the DON worked the hall, so that medications would be administered as ordered by the physician. 6. Resident #11 was admitted to the facility on 4/3/19 with diagnoses including hypertension, myocardial infarction (heart attack) and CVA (stroke). Review of the quarterly Minimum Data Set (MDS) assessment dated 8/9/19 revealed Resident #11 had short term and long-term memory loss and was unable to make decisions about his activities of daily living. Resident #11's October 2019 physician orders revealed orders dated 4/3/19 for Plavix 75 milligrams (mg) one tablet daily for blood clots, Lopressor 50 mg one tablet twice daily, Catapres	A BUILDING 345142 STREET ADDRESS, CITY, STATE, ZIP CODE 9200 GLENWATER DRIVE CHARLOTTE, NC 28262 SUMMARY STATEMENT OF DEPTICENCINGS (EACH DEPTICENCY) WAS TO EXPECT ON THE APPROPRIE (EACH DEPTICENCY) WAS TO EXPECT ON THE APPROPRIE COntinued From page 23 (MD) on 11/1/19 at 12:00 PM, revealed he was notified by staff on 10/28/19 and 10/27/19. The MD stated there was no negative outcomes, no reported incidents and no residents were sent to the hospital as a result of the missed medications. An interview, conducted with the Administrator on 11/1/19 at 12:45 PM, revealed during the afternoon of 10/27/19 she was made aware that residents, who resided on the facility's 1000 hall, did not receive their ordered medications during the first shift on 10/26/19 and 10/27/19 and she contacted the DON. The administrator stated there was a misunderstanding between the DON and Nurse #1 during the first shift on 10/26/19 and indications were not administered as ordered. She stated she expected the DON to assure the facility was staffed adequately, even if it meant the DON worked the hall, so that medications would be administered as ordered by the physician. 6. Resident #11 was admitted to the facility on 4/3/19 with diagnoses including hypertension, myocardial infarction (heart attack) and CVA (stroke), Review of the quarterly Minimum Data Set (MDS) assessment dated 8/9/19 revealed Resident #11 had short term and long-term memory loss and was unable to make decisions about his activities of daily living. Resident #11 so Ctober 2019 physician orders revealed orders dated 4/3/19 for Plavix 75 milligrams (mg) one tablet to twice daily, Catapres	A BUILDING 345142 345142 B. WING STREET ADDRESS, CITY, STATE, 2IP CODE 200 GLENWATER DRIVE TY PLACE NURSING AND REHABILITATION CENTER SUMMARY STATEMENT OF DEFICIENCIES (EACH DEPICEION) MUST be PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) COntinued From page 23 (MD) on 11/1/19 at 12:00 PM, revealed he was notified by staff on 10/28/19 that residents on the 1000 hall did not receive their medications during first shift on 10/28/19 and 102/27/19. The MD stated there was no negative outcomes, no reported incidents and no residents were sent to the hospital as a result of the missed medications. An interview, conducted with the Administrator on 11/1/19 at 12:45 PM, revealed during the first shift on 10/28/19 ad 10/27/19 and 40 he contacted the DON. The administrator stated there was a misunderstanding between the DON and Nurse #1 during the first shift on 10/28/19 ad 10/27/19 and oshe contacted the DON. The administrator stated there was a misunderstanding between the DON and Nurse #1 during the first shift on 10/28/19 and 10/27/19 and she contacted the DON. The administrator stated there was a misunderstanding between the DON and Nurse #1 during the first shift on 10/28/19 and 10/27/19 and she contacted the DON to assure the facility was staffed adequately, even if it meant the DON worked the hall, so that medications would be administered as ordered by the physician. 6. Resident #11 was admitted to the facility on 4/3/19 with diagnoses including hypertension, myocardial infarction (heart attack) and CVA (stroke). Review of the quarterly Minimum Data Set (MDS) assessment dated 89/19 revealed Resident #11 had short term and long-term memory loss and was unable to make decisions about his activities of daily living. Resident #111 Add Set (MDS) assessment dated 48/919 for Plavix 75 milligrams (mg) one tablet twice daily, Catapres

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDI		E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
		345142	B. WING				C 01/2019
	ROVIDER OR SUPPLIER TY PLACE NURSING AN	D REHABILITATION CENTER		9	TREET ADDRESS, CITY, STATE, ZIP CODE 200 GLENWATER DRIVE CHARLOTTE, NC 28262	,	
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F 760	Continued From page	e 24	F	760			
	Hydralazine 100 mg of for blood pressure.	one tablet three times a day					
	milligrams (mg), Cata 50 mg scheduled at 8 documented as given Hydralazine 100 mg, 2:30 PM, was not doc 10/26/19 and 10/27/1 An interview, conduct at 8:15 AM, revealed clients on 600, 700 at 3:00 PM on 10/26/19 stated she did not unto take the facility's 10 documents on 600, 700 at 3:00 PM on 10/26/19	d (MAR) revealed Plavix 75 pres 0.2 mg, and Lopressor 3:30 AM were not on 10/26/19 and 10/27/19. scheduled at 8:30 AM and cumented as given on 9. ded with Nurse #1 on 11/1/19 she was assigned to 30 and 900 halls from 7:00 AM to and 10/27/19. Nurse #1 derstand she was supposed 000 hall, so she did not ations to Resident #11 on					
	Nursing (DON) and A (ADON)) on 11/1/19 a #1 was assigned to w 10/26/19 and 10/27/1 PM shift after the sch accept the assignmen	sed with the Director of sesistant Director of Nursing at 11:43 AM revealed Nurse rork on the 1000 hallway on 9 during the 7:00 AM to 3:00 eduled nurse refused to at. The DON stated she felt and all residents had been e she had not heard					
	anything from the nur 10/27/19. The DON a not go into the facility Sunday 10/27/19 to v thought Nurse #1 had DON and ADON state resident's on the 1000 their medications as of						

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	IPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED
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	ROVIDER OR SUPPLIER TY PLACE NURSING AI	ND REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 9200 GLENWATER DRIVE CHARLOTTE, NC 28262		ODE	11/01/2010
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F 760	(MD) on 11/1/19 at 1 notified by staff on 1/1000 hall did not recifirst shift on 10/26/19 stated there was no reported incidents ar the hospital as a resimedications. An interview, conduct 11/1/19 at 12:45 PM, afternoon of 10/27/19 residents, who reside did not receive their the first shift on 10/2 contacted the DON. there was a misunder and Nurse #1 during 10/27/19 and medical as ordered. She state assure the facility was it meant the DON wormedications would be the physician. 7. Resident #12 was 6/8/18 with diagnose seizure disorder. ReMinimum Data Set (I 8/15/19 revealed Rehis own decisions abliving. Resident #12's Octobrevealed orders date.	etted with the Medical Director 2:00 PM, revealed he was 0/28/19 that residents on the eive their medications during and 10/27/19. The MD negative outcomes, no not no residents were sent to all of the missed etted with the Administrator on revealed during the 9 she was made aware that ed on the facility's 1000 hall, ordered medications during 6/19 ad 10/27/19 and she The administrator stated erstanding between the DON the first shift on 10/26 and ations were not administered ed she expected the DON to as staffed adequately, even if orked the hall, so that e administered as ordered by admitted to the facility on s including hypertension and	F7	760		

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	IPLE CONST		(X3) DATE COMP	SURVEY
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NAME OF P	ROVIDER OR SUPPLIER			STREET	ADDRESS, CITY, STATE, ZIP CODE	,	01/2013
IINIVEDSI	TV DI ACE NI IDSING AN	ID REHABILITATION CENTER		9200 GL	ENWATER DRIVE		
UNIVERSI	ITT PLACE NORSING AN	NO REPABLEMATION CENTER		CHARL	OTTE, NC 28262		
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F 760	Continued From page	e 26	F 7	760			
	1 -	100 mg daily for blood ol 200 mg three times a day					
	100mg scheduled at scheduled at 8:30am	d (MAR) revealed Losartan 9:00am, Metoprolol 100 mg and Tegretol 200 mg were not documented as					
	at 8:15 AM, revealed clients on 600, 700 a 3:00 PM on 10/26/19 stated she did not un to take the facility's 1	ted with Nurse #1 on 11/1/19 she was assigned to 30 nd 900 halls from 7:00 AM to and 10/27/19. Nurse #1 derstand she was supposed 000 hall, so she did not cations to Resident #12 on 9.					
	Nursing (DON) and A (ADON) on 11/1/19 a #1 was assigned to w 10/26/19 and 10/27/1 PM shift after the sch accept the assignment here was no problem taken care of becaus anything from the nur 10/27/19. The DON a not go into the facility Sunday 10/27/19 to w thought Nurse #1 had DON and ADON stateresidents on the 1000 medications as order						

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			` '	PLE CONSTRUCTION G		(X3) DATE SURVEY COMPLETED	
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	ROVIDER OR SUPPLIER TY PLACE NURSING A	ND REHABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP CO 9200 GLENWATER DRIVE CHARLOTTE, NC 28262		11/01/2019	
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F 760	(MD) on 11/1/19 at 1 notified by staff on 1 1000 hall did not rec first shift on 10/26/1 stated there was no reported incidents a the hospital as a res medications. An interview, condu 11/1/19 at 12:45 PN afternoon of 10/27/1 residents, who resided in not receive their the first shift on 10/2 contacted the DON. there was a misund and Nurse #1 during 10/27/19 and medic as ordered. She state assure the facility wit meant the DON with medications would be the physician. 8. Resident #13 was 5/27/19 with diagno and seizure disorde Minimum Data Set (cted with the Medical Director 12:00 PM, revealed he was 10/28/19 that residents on the ceive their medications during 9 and 10/27/19. The MD negative outcomes, no and no residents were sent to cell to the missed cted with the Administrator on 1, revealed during the 9 she was made aware that 1 and 10/27/19 and she 1 and 10/26	F 7				
	and long-term mem make decisions abo Resident #13's Octorevealed orders date milligrams (mg) eve	Resident #13 had short term ory loss and was unable to ut his activities of daily living. Ober 2019 physician orders ed 5/27/19 for Trileptal 150 ry morning for seizures and the tablet every 12 hours for					

	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	IPLE CONSTRUCTION		(X3) DATE COMP	SURVEY LETED
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	ROVIDER OR SUPPLIER TY PLACE NURSING AI	ND REHABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP CO 9200 GLENWATER DRIVE CHARLOTTE, NC 28262	DE	,	
(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 ACTION CROSS-REFERENCED TO THE CROSS-REF	ON SHOULD BI HE APPROPRIA		(X5) COMPLETION DATE
F 760	150 mg and Lopress 9:30am, were not do 10/26/19 and 10/27/2 An interview, conduct at 8:15 AM, revealed clients on 600, 700 at 3:00 PM on 10/26/19 stated she did not unto take the facility's 1 administer any medic 10/26/19 and 10/27/2 An interview, conduct Nursing (DON) and A (ADON) on 11/1/19 at 1 was assigned to v 10/26/19 and 10/27/2 PM shift after the schaccept the assignmenthere was no problem taken care of because anything from the nu 10/27/19. The DON and go into the facility Sunday 10/27/19 to v thought Nurse #1 had DON and ADON stated residents on the 1000 their medications as to 3:00 PM shift on 1 Monday 10/28/19.	per 2019 Medication and (MAR) revealed Trileptal or 25 mg, both scheduled at cumented as given on 19. Ited with Nurse #1 on 11/1/19 she was assigned to 30 and 900 halls from 7:00 AM to and 10/27/19. Nurse #1 derstand she was supposed 000 hall, so she did not cations to Resident #13 on 19. Ited with the Director of Nursing at 11:43 AM revealed Nurse work on the 1000 hallway on 19 during the 7:00 AM to 3:00 heduled nurse refused to not. The DON stated she felt in and all residents had been be she had not heard reses on 10/26/19 and and ADON stated they did and ADON hall because they did taken the assignment. The ed they were unaware the 0 hallway did not receive ordered during the 7:00 AM 0/26/19 or 10/27/19 until	F 7	760			
		ted with the Medical Director 2:00 PM, revealed he was					

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	IPLE CONSTRUCTION NG		(X3) DATE SURVEY COMPLETED	
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	ROVIDER OR SUPPLIER TY PLACE NURSING AN	ND REHABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP COD 9200 GLENWATER DRIVE CHARLOTTE, NC 28262)E		0172010
(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 CC (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BI E APPROPRIA		(X5) COMPLETION DATE
F 760	1000 hall did not rece first shift on 10/26/19 stated there was no reported incidents and the hospital as a resumedications. An interview, conduct 11/1/19 at 12:45 PM, afternoon of 10/27/19 residents, who resided did not receive their of the first shift on 10/20 contacted the DON. There was a misunde and Nurse #1 during 10/27/19 and medicates as ordered. She state assure the facility wait meant the DON wo medications would be the physician. 9. Resident #14 was 12/21/16 with diagno and seizure disorder. Minimum Data Set (N 9/25/19 revealed Resand long-term memo make decisions about Resident #14's Octobrevealed orders date milligrams (mg) one seizures, Keppra 750.	2/28/19 that residents on the eive their medications during and 10/27/19. The MD negative outcomes, no and no residents were sent to cult of the missed Atted with the Administrator on revealed during the earn of the second medications during 6/19 ad 10/27/19 and she expected medications during 6/19 ad 10/27/19 and she expected the DON the first shift on 10/26 and extremely expected the DON to see staffed adequately, even if the administered and administered as ordered by expected the administered and ministered as ordered by expected the administered as ordered by expected the annual expected the a	F7	760			
	revealed orders date milligrams (mg) one Tegretol 200 mg one seizures, Keppra 750	d 12/21/16 for Losartan 100 tab daily for blood pressure, tablet twice a day for					

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	IPLE CONSTRUCTION IG) DATE SURVEY COMPLETED
		345142	B. WING _			C 11/01/2019
	ROVIDER OR SUPPLIER TY PLACE NURSING AN	D REHABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 9200 GLENWATER DRIVE CHARLOTTE, NC 28262	'	
(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 CORRI ((EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE AP DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE
F 760	Continued From page		F 7	60		
	250mg scheduled at a Tegretol 200 mg, Kep 9:30 am were not door 10/26/19 and 10/27/1 An interview, conduct at 8:15 AM, revealed clients on 600, 700 ar 3:00 PM on 10/26/19 stated she did not und to take the facility's 10 administer any medic 10/26/19 and 10/27/1 An interview, conduct Nursing (DON) and A (ADON) on 11/1/19 at #1 was assigned to w 10/26/19 and 10/27/1 PM shift after the sch accept the assignment there was no problem taken care of because anything from the nur 10/27/19. The DON and go into the facility Sunday 10/27/19 to w thought Nurse #1 had DON and ADON state residents on the 1000 medications as ordered 3:00 PM shift on 10/2 Monday 10/28/19. An interview, conduct	d (MAR) revealed Depakote B:30 am, Losartan 100 mg, pra 750 mg all scheduled at cumented as given on 9. led with Nurse #1 on 11/1/19 she was assigned to 30 md 900 halls from 7:00 AM to and 10/27/19. Nurse #1 derstand she was supposed 000 hall, so she did not ations to Resident #14 on 9. led with the Director of Saistant Director of Nursing to 11:43 AM revealed Nurse fork on the 1000 hallway on 9 during the 7:00 AM to 3:00 leduled nurse refused to led in and all residents had been to she had not heard ses on 10/26/19 and led ADON stated they did on Saturday 10/26/19 or work 1000 hall because they all taken the assignment. The led they were unaware the local hall did not receive their led during the 7:00 AM to 6/19 or 10/27/19 until led with the Medical Director				
		2:00 PM, revealed he was				

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	PLE CONSTRUCTION G		(X3) DATE SURVEY COMPLETED	
		345142	B. WING _		1	C 1/01/2019	
	ROVIDER OR SUPPLIER	ND REHABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP COD 9200 GLENWATER DRIVE CHARLOTTE, NC 28262		170172010	
(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 CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETION DATE	
F 760	1000 hall did not rece first shift on 10/26/19 stated there was no reported incidents an the hospital as a resu medications. An interview, conduct 11/1/19 at 12:45 PM, afternoon of 10/27/19 residents, who reside did not receive their of the first shift on 10/20 contacted the DON. there was a misunde and Nurse #1 during 10/27/19 and medica as ordered. She state assure the facility wa it meant the DON wo medications would be the physician. 10. Resident #15 wa: 11/21/11 with diagnor and seizure disorder. Minimum Data Set (N 7/25/19 revealed Res and long-term memo make decisions about Resident #15's Octob revealed an order da milligrams (mg) one in and on 12/27/12 and	2/28/19 that residents on the eive their medications during and 10/27/19. The MD negative outcomes, no id no residents were sent to alt of the missed ted with the Administrator on revealed during the 2 she was made aware that ed on the facility's 1000 hall, ordered medications during 6/19 ad 10/27/19 and she The administrator stated retanding between the DON the first shift on 10/26 and itions were not administered ed she expected the DON to s staffed adequately, even if	F 7	60			

	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	TIPLE CONSTRUCTION NG		(X3) DATE S COMPL	
		345142	B. WING _			C 11/0	; 01/2019
	ROVIDER OR SUPPLIER TY PLACE NURSING AI	ND REHABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP 9200 GLENWATER DRIVE CHARLOTTE, NC 28262	CODE		
(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 X (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIA	I	(X5) COMPLETION DATE
F 760	750mg, scheduled at 50mg, scheduled at 50mg, scheduled at 510/27/19. An interview, conduct at 8:15 AM, revealed clients on 600, 700 at 3:00 PM on 10/26/19 stated she did not unto take the facility's 1 administer any medic 10/26/19 and 10/27/10 An interview, conduct Nursing (DON) and A (ADON) on 11/1/19 at 11 was assigned to 10/26/19 and 10/27/19 PM shift after the schaccept the assignmenthere was no problem taken care of because anything from the nuture 10/27/19. The DON and 10/27/19 to 100 thought Nurse #1 hard DON and ADON stateresidents on the 100 medications as order	ted with Nurse #1 on 11/1/19 she was assigned to 30 nd 900 halls from 7:00 AM to and 10/27/19. Nurse #1 derstand she was supposed 000 hall, so she did not eations to Resident #15 on 19. ted with the Director of Assistant Director of Nursing at 11:43 AM revealed Nurse work on the 1000 hallway on 19 during the 7:00 AM to 3:00 neduled nurse refused to nt. The DON stated she felt in and all residents had been	F	760			
	(MD) on 11/1/19 at 1	ted with the Medical Director 2:00 PM, revealed he was 0/28/19 that residents on the					

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	IPLE CONSTRUCTION IG	_	(X3) DATE SURVEY COMPLETED
		345142	B. WING_			C 11/01/2019
	ROVIDER OR SUPPLIER TY PLACE NURSING AN	ID REHABILITATION CENTER		STREET ADDRESS, CITY, 9200 GLENWATER DRIV CHARLOTTE, NC 282	VE	11/01/2013
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH COR	ER'S PLAN OF CORRECTION RECTIVE ACTION SHOULD BI RENCED TO THE APPROPRIA DEFICIENCY)	
F 760	first shift on 10/26/19 stated there was no reported incidents and the hospital as a resumedications. An interview, conduct 11/1/19 at 12:45 PM, afternoon of 10/27/19 residents, who resided did not receive their of the first shift on 10/26 contacted the DON. To there was a misunder and Nurse #1 during 10/27/19 and medicates as ordered. She states assure the facility was it meant the DON wo medications would be the physician. 11. Resident #16 was 11/28/16 with diagnost and seizure disorder. Minimum Data Set (Nos/27/19 revealed Resand long-term memor make decisions about Resident #16's Octobrevealed orders dated HCTZ 20/12.5 milligrablood pressure, Lami	eive their medications during and 10/27/19. The MD negative outcomes, no do no residents were sent to all of the missed ted with the Administrator on revealed during the she was made aware that ad on the facility's 1000 hall, ordered medications during 6/19 ad 10/27/19 and she The administrator stated restanding between the DON the first shift on 10/26 and tions were not administered and she expected the DON to a staffed adequately, even if ricked the hall, so that administered as ordered by administered as ordered by administered as ordered by administered as ordered by a sessional manufacture of the quarterly MDS) assessment dated sident #16 had short term by loss and was unable to the ractivities of daily living. Deer 2019 physician orders and 11/28/16 for Lisinopril and ams (mg) one tablet daily for cotal XR 250 mg once daily leg 6.25 mg one twice a day	F7	760		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		l ` ′	PLE CONSTRUCTION G		(X3) DATE SURVEY COMPLETED	
		345142	B. WING			C 1 1/01/2019
	ROVIDER OR SUPPLIER	ND REHABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 9200 GLENWATER DRIVE CHARLOTTE, NC 28262		11/01/2013
(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 COF (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
F 760	at 12:00 pm, were not 10/27/19. An interview, conduct at 8:15 AM, revealed clients on 600, 700 3:00 PM on 10/26/1 stated she did not ut to take the facility's administer any med 10/27/19. An interview, conduct Nursing (DON) and (ADON) on 11/1/19 #1 was assigned to 10/26/19 and 10/27. PM shift after the scacept the assignmentation and the result of the second anything from the not 10/27/19. The DON not go into the facility Sunday 10/27/19 to thought Nurse #1 has		F 7			
	resident's on the 10 medications as orde 3:00 PM shift on 10 Monday 10/28/19. An interview, condu (MD) on 11/1/19 at notified by staff on 2 1000 hall did not red	on hall did not receive their ered during the 7:00 AM to /26/19 or 10/27/19 until cted with the Medical Director 12:00 PM, revealed he was 10/28/19 that residents on the ceive their medications during 9 and 10/27/19. The MD				

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	PLE CONSTRUCTION G		(X3) DATE SURVEY COMPLETED	
		345142	B. WING		C 11/01/2019		
	ROVIDER OR SUPPLIER TY PLACE NURSING A	AND REHABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP COD 9200 GLENWATER DRIVE CHARLOTTE, NC 28262		1/0 1/2019	
(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 ACTIOI CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETION DATE	
F 760	Continued From pag	ge 35	F 76	60			
	reported incidents at the hospital as a resimedications. An interview, condution 11/1/19 at 12:45 PM afternoon of 10/27/1/19 residents, who residents, who residents have the first shift on 10/2/1/19 contacted the DON. There was a misund and Nurse #1 during 10/27/19 and medical as ordered. She state assure the facility wit meant the DON with the medical state of the	negative outcomes, no and no residents were sent to sult of the missed acted with the Administrator on 1, revealed during the 19 she was made aware that ded on the facility's 1000 hall, ordered medications during 26/19 ad 10/27/19 and she administrator stated erstanding between the DON 10/26 and					
	9/23/19 with diagno diabetes and seizur quarterly Minimum I dated 9/24/19 revea make his own decis living. Resident #17's Octorevealed orders datmilligrams (mg) one pressure, Depakote day for seizures, Hubefore meals and bosugars, Humalog inday with meals for or Resident #17's Octo	as admitted to the facility on ses including hypertension, e disorder. Review of the Data Set (MDS) assessment aled Resident #17 was able to ions about activities of daily ober 2019 physician orders ed 9/23/19 for Losartan 100 etablet daily for blood 250 mg three tablets twice a smalog insulin sliding scale edtime based on blood sulin 10 units three times a diabetes. ober 2019 Medication ord (MAR) revealed on					

STATEMENT OF DEFICIENCIES (X AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		345142	345142 B. WING			C 11/01/2019	
NAME OF PROVIDER OR SUPPLIER UNIVERSITY PLACE NURSING AND REHABILITATION CENTER				STREET ADDRESS, CITY, STATE, ZIP 9200 GLENWATER DRIVE CHARLOTTE, NC 28262	CODE	111011201	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI) TAG	PROVIDER'S PLAN C X (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEI	CTION SHOULD BE O THE APPROPRIA	COMP	(5) LETION ATE
F 760	AM, Losartan 100 mg Humalog insulin 10 u were not documented Humalog sliding scale scheduled at 11:30 A scheduled at 8:30 AM documented as giver sugar at 4:30 PM was insulin. An interview, conduct at 8:15 AM, revealed clients on 600, 700 at 3:00 PM on 10/26/19 stated she did not un to take the facility's 1 administer any medic 10/27/19. An interview, conduct Nursing (DON) and A (ADON) on 11/1/19 at #1 was assigned to w 10/26/19 and 10/27/1 PM shift after the sch accept the assignment there was no problem taken care of becaus anything from the nur 10/27/19. The DON a not go into the facility Sunday 10/27/19 to w thought Nurse #1 had DON and ADON state residents on the 1000 medications as order	g scheduled at 8:30 g scheduled at 9:30 AM, nits scheduled at 12:00 PM d as given. On 10/27/19 e insulin with blood sugar M and Humalog 10 units M and 12:00 PM were not at The resident's blood at 176 and required no sted with Nurse #1 on 11/1/19 she was assigned to 30 and 900 halls from 7:00 AM to and 10/27/19. Nurse #1 derstand she was supposed 000 hall, so she did not eations to Resident #17 on sted with the Director of sesistant Director of Nursing to 11:43 AM revealed Nurse work on the 1000 hallway on 9 during the 7:00 AM to 3:00 eduled nurse refused to and all residents had been e she had not heard	F7	760			

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTI A. BUILDIN	TIPLE CONSTRUCTION DING		(X3) DATE SURVEY COMPLETED	
		345142	B. WING _			C 11/01/2019	
NAME OF PROVIDER OR SUPPLIER UNIVERSITY PLACE NURSING AND REHABILITATION CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 9200 GLENWATER DRIVE CHARLOTTE, NC 28262	'	11/01/2010	
(X4) ID PREFIX TAG			ID PROVIDER'S PLAN OF CORRECTIVE ACTION SHOT TAG CROSS-REFERENCED TO THE APPLICATION CROSS-REFERENCED		HOULD BE	(X5) COMPLETION DATE	
F 760	Continued From pa	ge 37	F 7	60			
	(MD) on 11/1/19 at notified by staff on 1000 hall did not refirst shift on 10/26/1 stated there was not reported incidents at the hospital as a remedications.	acted with the Medical Director 12:00 PM, revealed he was 10/28/19 that residents on the ceive their medications during 9 and 10/27/19. The MD o negative outcomes, no and no residents were sent to sult of the missed acted with the Administrator on M, revealed during the					
	afternoon of 10/27/residents, who residents, who residents, who reside did not receive their first shift on 10/26/1 contacted the DON there was a misund and Nurse #1 during 10/27/19 and medical as ordered. She state assure the facility wit meant the DON who residents in the shift of the shi	19 she was made aware that ded on the facility's 1000 hall, or ordered medications during 9 ad 10/27/19 and she. The administrator stated derstanding between the DON go the first shift on 10/26 and cations were not administered atted she expected the DON to was staffed adequately, even if worked the hall, so that be administered as ordered by					
	3/6/18 with diagnos seizure disorder. Ro Minimum Data Set 9/5/19 revealed Res his own decisions a Resident #18's Octor revealed orders dat milligrams (mg) eve Zonegran 100 mg of	as admitted to the facility on es including hypertension and eview of the quarterly (MDS) assessment dated sident #18 was able to make about activities of daily living. Ober 2019 physician orders and 3/16/18 for Dilantin 300 ery morning for seizures, one daily for seizures, wice daily for seizures,					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		IDENITIEICATIONI NILIMPED:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		345142	B. WING _				01/2019	
NAME OF PROVIDER OR SUPPLIER UNIVERSITY PLACE NURSING AND REHABILITATION CENTER				9200	EET ADDRESS, CITY, STATE, ZIP CODE OGLENWATER DRIVE ARLOTTE, NC 28262			
(X4) ID PREFIX TAG			ID PREFII TAG	<	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE	
F 760	Continued From page	e 38	F 7	760				
	pressure, Lopressor pressure and Hydrala day for blood pressur							
		d (MAR) revealed Dilantin 00 mg, Catapres 0.1 mg,						
	given on 10/26/19 an mg scheduled at 9:30	M were not documented as d 10/27/19. Hydralazine 100 AM and 1:30 PM were not on 10/26/19 and 10/27/19.						
	at 8:15 AM, revealed clients on 600, 700 a 3:00 PM on 10/26/19 stated she did not un to take the facility's 1	ted with Nurse #1 on 11/1/19 she was assigned to 30 nd 900 halls from 7:00 AM to and 10/27/19. Nurse #1 derstand she was supposed 000 hall, so she did not eations to Resident #18 on						
	Nursing (DON) and A (ADON) on 11/1/19 a #1 was assigned to w 10/26/19 and 10/27/1 PM shift after the sch accept the assignment there was no problem taken care of becaus anything from the nur 10/27/19. The DON a not go into the facility Sunday 10/27/19 to w thought Nurse #1 had							

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		345142	B. WING _			11/(C 01/2019
NAME OF PROVIDER OR SUPPLIER UNIVERSITY PLACE NURSING AND REHABILITATION CENTER				STREET ADDRESS, CITY, STATE, ZIP 9200 GLENWATER DRIVE CHARLOTTE, NC 28262	CODE		
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF ((EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE		(X5) COMPLETION DATE
F 760	3:00 PM shift on 10/Monday 10/28/19. An interview, conduct (MD) on 11/1/19 at 1 notified by staff on 1 1000 hall did not recipirst shift on 10/26/19 stated there was no reported incidents a the hospital as a resimedications. An interview, conduct 11/1/19 at 12:45 PM afternoon of 10/27/17 residents, who reside did not receive their the first shift on 10/2 contacted the DON. there was a misunder and Nurse #1 during 10/27/19 and medicas ordered. She staff assure the facility was it meant the DON we medications would be the physician. 14. Resident #20 was 1/6/16 with diagnose the hospital assure the facility was it meant the DON we medications would be the physician.	cted with the Medical Director 12:00 PM, revealed he was 0/28/19 that residents on the ceive their medications during 9 and 10/27/19. The MD negative outcomes, no and no residents were sent to cult of the missed cted with the Administrator on revealed during the 9 she was made aware that ed on the facility's 1000 hall, ordered medications during 16/19 ad 10/27/19 and she The administrator stated cerstanding between the DON 10 the first shift on 10/26 and 10/26 and 10/26 and 10/27/19 and she cerstanding between the DON 10/26 and 10	F 7				
	decisions regarding	oss and was not able to make his activities of daily living. ober 2019 physician orders					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		345142	B. WING_			C 1/01/2019	
NAME OF PROVIDER OR SUPPLIER UNIVERSITY PLACE NURSING AND REHABILITATION CENTER				STREET ADDRESS, CITY, STATE, ZIP COI 9200 GLENWATER DRIVE CHARLOTTE, NC 28262		1/01/2019	
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETION DATE	
F 760	milligrams (mg) one pressure; an order of sliding scale insulin blood sugar; and an Glucophage 1000 m diabetes; and an ordinsulin 14 units subothree times a day. Review of Resident Medication Administ revealed on 10/27/1 Glucophage 1000 m AM, were not docum Humalog insulin 14 sliding scale, both sonot documented as PM his blood sugar insulin. An interview, conduct 8:15 AM, revealed clients on 600, 700 a 3:00 PM on 10/26/19 stated she did not up to take the facility's administer any medit 10/27/19. An interview, conduct Nursing (DON) and (ADON) on 11/1/19 and 10/26/19 and 10/27/PM shift after the scaccept the assignment there was no proble	ated 2/6/19 for Lisinopril 2.5 tablet daily for blood lated 10/28/16 for Humalog three times a day based on order dated 12/24/16 for ag one tablet twice daily for der dated 7/7/16 for Humalog cutaneously before meals	F 7	60			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
345142		B. WING			C 11/01/2019		
NAME OF PROVIDER OR SUPPLIER UNIVERSITY PLACE NURSING AND REHABILITATION CENTER				STREET ADDRESS, CITY, STATE, ZIP C 9200 GLENWATER DRIVE CHARLOTTE, NC 28262	:ODE	11/01/2019	
(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 X (EACH CORRECTIVE ACT CROSS-REFERENCED TO 1 DEFICIENCE	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETION DATE	
F 760	not go into the facility Sunday 10/27/19 to withought Nurse #1 had DON and ADON state residents on the 1000 medications as ordered 3:00 PM shift on 10/2 Monday 10/28/19. An interview, conduct (MD) on 11/1/19 at 12 notified by staff on 10/1000 hall did not receive first shift on 10/26/19 stated there was no mareported incidents and the hospital as a resumedications. An interview, conduct 11/1/19 at 12:45 PM, afternoon of 10/27/19 residents, who resided did not receive their of the first shift on 10/26 contacted the DON. There was a misunder and Nurse #1 during 10/27/19 and medicat as ordered. She state assure the facility was it meant the DON world.	ses on 10/26/19 and and ADON stated they did on Saturday 10/26/19 or work 1000 hall because they did taken the assignment. The ed they were unaware the hall did not receive their ed during the 7:00 AM to 6/19 or 10/27/19 until did not receive their ed during the 7:00 AM to 6/19 or 10/27/19 until did not residents on the elive their medications during and 10/27/19. The MD regative outcomes, no do no residents were sent to did of the missed did on the facility's 1000 hall, ordered medications during and 10/27/19 and she of the administrator stated restanding between the DON the first shift on 10/26 and tions were not administered and she expected the DON to se staffed adequately, even if	F	760			