

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

PRINTED: 01/17/2020
FORM APPROVED
OMB NO. 0938-0391

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345471 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | | (X3) DATE SURVEY COMPLETED C 01/02/2020 |
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| NAME OF PROVIDER OR SUPPLIER MECKLENBURG HEALTH & REHABILITATION CENTER | | | STREET ADDRESS, CITY, STATE, ZIP CODE 2415 SANDY PORTER ROAD CHARLOTTE, NC 28273 | | |
| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETION DATE | |
| F 000 | INITIAL COMMENTS | F 000 | | | |
| F 580 SS=D | <p>A complaint investigation survey was completed 1/2/2020. 3 out of 20 allegations were substantiated, resulting in deficiencies. Event ID# MWQO11.</p> <p>Notify of Changes (Injury/Decline/Room, etc.) CFR(s): 483.10(g)(14)(i)-(iv)(15)</p> <p>§483.10(g)(14) Notification of Changes. (i) A facility must immediately inform the resident; consult with the resident's physician; and notify, consistent with his or her authority, the resident representative(s) when there is-</p> <p>(A) An accident involving the resident which results in injury and has the potential for requiring physician intervention; (B) A significant change in the resident's physical, mental, or psychosocial status (that is, a deterioration in health, mental, or psychosocial status in either life-threatening conditions or clinical complications); (C) A need to alter treatment significantly (that is, a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or (D) A decision to transfer or discharge the resident from the facility as specified in §483.15(c)(1)(ii).</p> <p>(ii) When making notification under paragraph (g) (14)(i) of this section, the facility must ensure that all pertinent information specified in §483.15(c)(2) is available and provided upon request to the physician. (iii) The facility must also promptly notify the resident and the resident representative, if any, when there is-</p> <p>(A) A change in room or roommate assignment as specified in §483.10(e)(6); or</p> | F 580 | | | |

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

TITLE

(X6) DATE

Electronically Signed

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

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| F 580 | <p>Continued From page 1</p> <p>(B) A change in resident rights under Federal or State law or regulations as specified in paragraph (e)(10) of this section.</p> <p>(iv) The facility must record and periodically update the address (mailing and email) and phone number of the resident representative(s).</p> <p>§483.10(g)(15) Admission to a composite distinct part. A facility that is a composite distinct part (as defined in §483.5) must disclose in its admission agreement its physical configuration, including the various locations that comprise the composite distinct part, and must specify the policies that apply to room changes between its different locations under §483.15(c)(9). This REQUIREMENT is not met as evidenced by: Based on staff and physician interviews, and record review, the facility failed to notify the physician of a significant change of condition (confusion with restlessness and refusal of continuous positive airway pressure and oxygen application) for 1 of 3 sampled residents who experienced a change in condition (Resident #3).</p> <p>The findings included:</p> <p>Resident #3 was admitted to the facility on 10/29/19 with diagnoses which included chronic obstructive pulmonary disease, lymphedema, congestive heart failure, chronic kidney disease and obstructive sleep apnea. Admission orders included direction for continuous positive airway pressure (CPAP) at bedtime with continuous oxygen at 2 Liters per minute during the day.</p> <p>Resident #3's care plan dated 10/30/19 revealed</p> | F 580 | | | |

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| F 580 | <p>Continued From page 2</p> <p>interventions for altered respiratory status included oxygen and CPAP application as ordered and report to the physician signs and symptoms of respiratory distress.</p> <p>Resident #3's admission Minimum Data Set (MDS) dated 11/05/19 revealed an assessment of intact cognition with use of oxygen and a non-invasive mechanical ventilator.</p> <p>A physician's order dated 11/13/19 revealed Resident #3's oxygen flow rate was decreased to 1 Liter per minute continuously.</p> <p>A nursing note written by Nurse #1 on 12/08/19 at 9:00 PM documented Resident #3 became restless and confused. Nurse #1 documented Resident #3 refused CPAP application and swung both arms at the nurse. Resident #3's oxygen saturation rate measured 96% with a respiratory rate of 24. Resident #3's blood pressure measured 126/70 millimeters of mercury (mmHg.) with a heart rate of 100. Nurse #1 documented Resident #3 continued to speak incoherently during the night. The nursing note did not indicate the resident's physician received notification of the change in condition or the resident's refusal of CPAP or oxygen.</p> <p>During an interview with Nurse Aide (NA) #1 on 01/02/20 at 3:08 PM, NA #1 reported Resident #3 was an assigned resident on 12/08/19 from 3:00 PM to 11:00 PM on 12/08/19. NA #1 explained Resident #3 became increasingly confused on 12/08/19. NA #1 reported Resident # 3's increased confusion to the charge nurse, Nurse #1.</p> <p>Telephone interview with Nurse #1 on 01/02/20 at</p> | F 580 | | | |

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| F 580 | <p>Continued From page 3</p> <p>1:06 PM revealed she worked from 3:00 PM on 12/08/19 to 7:00 AM on 12/09/19. Nurse #1 was responsible for caring for Resident #3 on 12/08/19 from 3:00 pm on 12/08/19 until 7:00 AM on 12/09/19. Nurse #1 estimated she cared for Resident #3 approximately 4 to 5 times prior to 12/08/19. Nurse #1 reported Resident #3 was restless and confused the evening of 12/08/19 at approximately 8:00 PM which was unusual. Nurse #1 reported Resident #3 knew his name but could not form comprehensible sentences. Nurse #1 explained Resident # 3 flailed his arms and refused CPAP application during several attempts from 8:00 PM to 9:00 PM. Nurse #1 reported Resident # 3 also refused application of oxygen. Nurse #1 did not recall if she observed Resident #3 after the refusal of CPAP and oxygen on 12/08/19 at 9:00 PM. Nurse #1 reported Resident #3 did not receive additional monitoring of oxygen saturation rates and respiratory status from 12/08/19 at 9:00 PM until discovered unresponsive by NA #2 on regular rounds at 5:30 AM on 12/09/19. The nurse stated she did not notify the physician of Resident #3's confusion, labored respirations and refusal of oxygen/CPAP application.</p> <p>Telephone interview with Resident #3's physician on 01/02/20 at 1:41 PM revealed he expected staff to monitor Resident #3 when confusion, restlessness and refusal of oxygen and CPAP application occurred. The physician could not say what he would have ordered if he had received notification of the confusion and CPAP refusal but expected notification.</p> <p>Interview with the Director of Nursing (DON) on 01/02/20 at 2:30 PM revealed the physician should be notified when Resident #3 became</p> | F 580 | | | |

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| F 580 | Continued From page 4 | F 580 | | | |
| F 684 | confused, restless and refused application of oxygen and CPAP. | | | | |
| SS=D | Quality of Care CFR(s): 483.25 | F 684 | | | |
| | <p>§ 483.25 Quality of care Quality of care is a fundamental principle that applies to all treatment and care provided to facility residents. Based on the comprehensive assessment of a resident, the facility must ensure that residents receive treatment and care in accordance with professional standards of practice, the comprehensive person-centered care plan, and the residents' choices. This REQUIREMENT is not met as evidenced by:</p> <p>Based on staff and physician interviews, and record review, the facility failed to monitor a resident's (Resident #3) overall condition and respiratory status who experienced confusion with restlessness and refused application of continuous positive airway pressure and oxygen for 1 of 3 sampled residents who required monitoring after a change in condition.</p> <p>The findings included:</p> <p>Resident #3 was admitted to the facility on 10/29/19 with diagnoses which included chronic obstructive pulmonary disease, lymphedema, congestive heart failure, chronic kidney disease and obstructive sleep apnea. Admission orders included direction for continuous positive airway pressure (C-PAP) at bedtime with continuous oxygen at 2 Liters per minute during the day.</p> <p>Resident #3's care plan dated 10/30/19 revealed interventions for altered respiratory status</p> | | | | |

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| F 684 | <p>Continued From page 5</p> <p>included oxygen and CPAP application as ordered, monitoring of respiratory status and report to the physician signs and symptoms of respiratory distress.</p> <p>Resident #3's admission Minimum Data Set (MDS) dated 11/05/19 revealed an assessment of intact cognition with use of oxygen and a non-invasive mechanical ventilator.</p> <p>A physician's order dated 11/13/19 revealed Resident #3's oxygen flow rate was decreased to 1 Liter per minute continuously.</p> <p>Review of Resident #3's electronic Treatment Administration Record from 10/29/19 to 12/07/19 revealed documentation of CPAP application each evening at 9:00 PM.</p> <p>A nursing note written by Nurse #1 on 12/08/19 at 9:00 PM documented Resident #3 became restless and confused. Nurse #1 documented Resident #3 refused CPAP application and swung both arms at the nurse. Resident #3's oxygen saturation rate measured 96% with a respiratory rate of 24. Resident #3's blood pressure measured 126/70 millimeters of mercury (mmHg.) with a heart rate of 100. Nurse #1 documented Resident #3 continued to speak incoherently during the night.</p> <p>During an interview with Nurse Aide (NA) #1 on 01/02/20 at 3:08 PM, NA #1 reported Resident #3 was an assigned resident on 12/08/19 from 3:00 PM to 11:00 PM on 12/08/19. NA #1 explained Resident #3 became increasingly confused on 12/08/19. NA #1 reported Resident #3's increased confusion to the charge nurse, Nurse #1. NA #1 reported Resident #3 fell asleep later</p> | F 684 | | | |

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| F 684 | <p>Continued From page 6 in the shift but could not recall the time.</p> <p>Telephone interview with Nurse #1 on 01/02/20 at 1:06 PM revealed she worked part time at the facility and worked from 3:00 PM on 12/08/19 to 7:00 AM on 12/09/19. Nurse #1 was responsible for caring for Resident #3 on 12/08/19 from 3:00 pm on 12/08/19 until 7:00 AM on 12/09/19. Nurse #1 estimated she cared for Resident #3 approximately 4 to 5 times prior to 12/08/19. Nurse #1 reported Resident #3 was restless and confused the evening of 12/08/19 at approximately 8:00 PM which was unusual. Nurse #1 reported Resident #3 knew his name but could not form comprehensible sentences. Nurse #1 explained Resident # 3 flailed his arms and refused CPAP application during several attempts from 8:00 PM to 9:00 PM. Nurse #1 reported Resident # 3 also refused application of oxygen. Nurse #1 did not recall if she observed Resident #3 after the refusal of CPAP and oxygen on 12/08/19 at 9:00 PM. Nurse #1 reported Resident #3 did not receive additional monitoring of oxygen saturation rates and respiratory status from 12/08/19 at 9:00 PM until discovered unresponsive by NA #2 on regular rounds at 5:30 AM on 12/09/19.</p> <p>NA #2, who worked from 11:00 PM on 12/08/19 to 7:00 AM on 12/09/19, and was responsible for caring for Resident #3, was not available for interview.</p> <p>Interview with Nurse #2 on 01/02/20 at 3:20 PM revealed she cared for Resident #3 full time on the 3:00 PM to 11:00 PM shift. Nurse #2 reported Resident #3 was always alert and oriented. Nurse #2 reported Resident #3 never refused CPAP application. Nurse #2 did not work with Resident</p> | F 684 | | | |

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| F 684 | Continued From page 7 #3 on 12/08/19. Telephone interview with Resident #3's physician on 01/02/20 at 1:41 PM revealed he expected staff to monitor Resident #3 when confusion, restlessness and refusal of oxygen and CPAP application occurred. The physician could not say what he would have ordered if he had received notification of the confusion and CPAP refusal. The physician reported the lack of monitoring did not alter the outcome due to Resident #3's poor prognosis and guarded condition which included severe heart and lung disease. Interview with the Director of Nursing (DON) on 01/02/20 at 2:30 PM revealed during the night of 12/08/19 and 12/09/19 Resident #3's respiratory status which included oxygen saturation rate and respiratory measurements required frequent monitoring by Nurse #1 when Resident #3 became confused, restless and refused application of oxygen and CPAP. The DON confirmed Nurse #1 failed to monitor Resident #3's respiratory status and condition after she observed the resident being restless and confused and refusing CPAP and oxygen on the evening of 12/08/19. | F 684 | | | |
| F 732 SS=C | Posted Nurse Staffing Information CFR(s): 483.35(g)(1)-(4) §483.35(g) Nurse Staffing Information. §483.35(g)(1) Data requirements. The facility must post the following information on a daily basis: (i) Facility name. (ii) The current date. (iii) The total number and the actual hours worked by the following categories of licensed and | F 732 | | | |

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| F 732 | <p>Continued From page 8</p> <p>unlicensed nursing staff directly responsible for resident care per shift:</p> <p>(A) Registered nurses.</p> <p>(B) Licensed practical nurses or licensed vocational nurses (as defined under State law).</p> <p>(C) Certified nurse aides.</p> <p>(iv) Resident census.</p> <p>§483.35(g)(2) Posting requirements.</p> <p>(i) The facility must post the nurse staffing data specified in paragraph (g)(1) of this section on a daily basis at the beginning of each shift.</p> <p>(ii) Data must be posted as follows:</p> <p>(A) Clear and readable format.</p> <p>(B) In a prominent place readily accessible to residents and visitors.</p> <p>§483.35(g)(3) Public access to posted nurse staffing data. The facility must, upon oral or written request, make nurse staffing data available to the public for review at a cost not to exceed the community standard.</p> <p>§483.35(g)(4) Facility data retention requirements. The facility must maintain the posted daily nurse staffing data for a minimum of 18 months, or as required by State law, whichever is greater.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, record review, and staff interview, the facility failed to include the resident census information on the posted nurse staffing sheets for 18 of 18 days reviewed in an area visible to residents and visitors.</p> <p>Findings included:</p> <p>Review of the posted nurse staffing sheets from</p> | F 732 | | | |

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| F 732 | <p>Continued From page 9</p> <p>12/16/2019 through 1/2/2020 revealed there was no documentation of the resident census information.</p> <p>An observation was completed on 1/2/2020 at 8:30 AM upon entry to the facility which revealed the posted nurse staffing sheet was dated for 1/1/2020 and contained no listed resident census information.</p> <p>An additional observation was completed on 1/2/2020 at 4:15 PM of the posted nurse staffing sheet. The posted nurse staffing sheet reflected a date of 1/2/2020 inclusive of staffing information. No documentation of resident census information.</p> <p>An interview was completed on 1/2/2020 at 4:17 PM with the Scheduler. She stated she was responsible for completing the posted nurse staffing sheet. The Scheduler explained after she completed the posted nurse staffing sheet, she posted the information at the reception desk in the front lobby. Further explanation, from the Scheduler, revealed the total census information had not been completed due to being rushed. She communicated resident census information was important and should be documented on the posted nurse staffing sheet.</p> <p>An interview was completed on 1/2/2020 at 4:30 PM with the Director of Nursing (DON). The DON communicated posted nurse staffing should include the resident census for the building, as broken down by shift. The DON continued to verbalize the process should be the DON or Unit Manager (UM) documented the resident census number and forwarded the posted nurse staffing sheet to the scheduler to document the nurse</p> | F 732 | | | |

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| F 732 | Continued From page 10 staffing numbers. The posted nurse staffing sheet should then be posted at the reception area by the scheduler. | F 732 | | | |