STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345482	A. BUILDING _____ B. WING _____	C 04/07/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE CARRIAGE CLUB PROVIDENCE	5804 OLD PROVIDENCE ROAD CHARLOTTE, NC 28226

(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
E 000	Initial Comments An unannounced recertification and complaint investigation survey was conducted on 04/01/25 through 04/03/25. Additional information was obtained offsite on 04/04/25 and 04/07/25, therefore, the exit date was changed to 04/07/25. The facility was found in compliance with the requirement CFR 483.73, Emergency Preparedness. Event ID #OMTG11.	E 000		
F 000	INITIAL COMMENTS A recertification and complaint survey was conducted from 04/01/25 to 04/03/25. Additional information was obtained offsite on 04/04/25 and 04/07/25. Therefore, the exit date was changed to 04/07/25. The following intakes were investigated NC00228821 and NC00224345. Event ID# OMTG11 The complaint allegation did result in deficiency. F600 - notified by NH 5/15/25 that resident was in a licensed only nh bed at the time of the survey and therefore the federal citation is deleted and will be cited under licensure. BW	F 000		
F 550 SS=D	Resident Rights/Exercise of Rights CFR(s): 483.10(a)(1)(2)(b)(1)(2) §483.10(a) Resident Rights. The resident has a right to a dignified existence, self-determination, and communication with and access to persons and services inside and outside the facility, including those specified in this section. §483.10(a)(1) A facility must treat each resident with respect and dignity and care for each resident in a manner and in an environment that	F 550		5/1/25

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Electronically Signed | 04/25/2025

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F 550	Continued From page 1 promotes maintenance or enhancement of his or her quality of life, recognizing each resident's individuality. The facility must protect and promote the rights of the resident. §483.10(a)(2) The facility must provide equal access to quality care regardless of diagnosis, severity of condition, or payment source. A facility must establish and maintain identical policies and practices regarding transfer, discharge, and the provision of services under the State plan for all residents regardless of payment source. §483.10(b) Exercise of Rights. The resident has the right to exercise his or her rights as a resident of the facility and as a citizen or resident of the United States. §483.10(b)(1) The facility must ensure that the resident can exercise his or her rights without interference, coercion, discrimination, or reprisal from the facility. §483.10(b)(2) The resident has the right to be free of interference, coercion, discrimination, and reprisal from the facility in exercising his or her rights and to be supported by the facility in the exercise of his or her rights as required under this subpart. This REQUIREMENT is not met as evidenced by: Based on record review and staff interviews, the facility failed to treat 1 of 3 sampled residents with dignity by performing care in a manner that the resident felt was "rude and hurried" (Resident #117). The findings included:	F 550	Immediate Correction "On 11/19/24 Associate NA #1 was suspended pending investigation. On 11/26/24 Associate NA #1 was terminated from employment. "On 11/19/24 a Licensed Nurse completed a skin review on resident # 117 with no	

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F 550	Continued From page 2 Resident #117 admitted to the facility on 11/1/2024 with diagnoses which included a compression fracture of the second lumbar vertebra. A review of Resident #117's comprehensive care plan dated 11/4/2024 revealed a focus area for alteration in musculoskeletal status related to the compression fracture of the second lumbar vertebra. The interventions included that she required the mechanical lift for transfers. The admission Minimum Data Set (MDS) dated 11/5/2024 revealed Resident #117 was cognitively intact. An initial allegation report dated 11/19/2024 revealed an allegation of abuse. The allegation indicated on 11/19/2024 Resident #117 called the Administrator to her room to express concerns about NA #1 when she was providing her care the evening of 11/18/2024. Resident #117 told the Administrator that NA #1 was getting her into bed for the night and turned her on her side and her legs hit one another and she yelled out "oh, that hurts." NA #1 stated "I need to get these off" referring to her shoes and socks. Resident #117 stated she proceeded in a rude and hurried fashion. Resident #117 requested NA #1 not come back to her room in the future. The initial allegation report was signed by the Administrator. A telephone interview on 4/2/2025 at 12:58 PM with NA #1 revealed that she (NA #1) did not recall Resident #117. She further revealed she had never had any issues with any residents during a mechanical lift transfer. A telephone interview on 4/2/2025 at 11:19 AM	F 550	new findings. Other Resident Impact "On 11/18/24 and 11/19/24, Social Services (SS) conducted interviews on residents with a Brief Interview for Mental Status (BIMS) Score of 13 or above in regards to concerns with care or customer service. No additional concerns identified. "On 11/18/24 and 11/19/24, a licensed nurse completed skin checks on residents with a BIMS Score < 13. No concerns were identified. Systemic Changes "From 11/21/24 to 11/27/24, the Administrator and/ or designee completed re-education on Abuse, Neglect, Exploitation and Reporting Policy along with a post-test to licensed nurses and Certified Nursing Assistants (C.N.As). From 4/25/25 to 4/30/25, the Administrator and/ or designee completed additional re-education to licensed nurses and C.N.As on Resident Rights/ Exercise of Rights and Abuse, Neglect, Exploitation and Reporting Policy. Employee re-education was completed on proper transfer techniques and policy with licensed nurses and C.N.As by the Therapy Manager on 11/20/24. Additional re-education was completed by the Therapy Manager and/ or designee on 4/25/25 to 4/30/25. The Administrator and/ or designee will train new licensed nurses and C.N.As	

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F 550	Continued From page 3 with NA #2 revealed on 11/18/2024 she was assisting with Resident #117's transfer back to bed when NA #1 moved the mechanical lift in a jerky, rushed manner which caused the mechanical lift to swing and resulted in Resident #117 yelling out in pain. NA #2 stated she intervened and told NA #1 to slow down and be more careful. NA #2 indicated she moved to the other side of the bed to guide Resident #117 in the mechanical lift and ease her down onto the bed. Resident #117 asked for pain medication. Once secure in bed, she (NA #2) left the room to find Nurse #1 to advise that Resident #117 was asking for pain medication and to also report NA #1 as NA #2 thought her behavior was unsafe and not caring toward Resident #117. NA #2 also reported the incident to the Administrator the morning of 11/19/2024. NA #2 stated she cared for Resident #117 after the incident and never saw any new bruising or visible injuries. NA #2 stated Resident #117 was alert and oriented, could direct her own care and never displayed any behavior issues. NA #2 stated she had left the room to locate Nurse #1 and did not witness NA #1 taking off Resident #117's pants without removing her shoes first. A telephone interview on 4/2/2025 at 11:49 AM with Nurse #1 revealed that she was giving report on 11/18/2024 to the next shift nurse when NA #2 advised her Resident #117 requested pain medication and reported NA #1 had been rude to Resident #117, used the mechanical lift in a hurried fashion and had not shown concern when Resident #117 had expressed pain. Nurse #1 stated NA #2 told her NA #1 had not treated Resident #117 properly or in a caring manner. Nurse #1 stated she reported the incident to the Administrator on 11/19/2024.	F 550	upon hire on Resident Rights/ Exercise of Rights and Abuse, Neglect, Exploitation and Reporting Policy. The Director of Clinical Services (DCS), Therapy Manager, and/ or designee will train licensed nurses and C.N.As on proper transfer techniques. Ongoing Monitoring "SS and/ or designee will conduct interviews with two (2) residents a week on staff approach, weekly for four (4) weeks and monthly for two (2) months. The results will be reviewed at the monthly Quality Assurance Performance Improvement (QAPI) Meeting for three (3) months. "Director of Clinical Services and/ or designee will conduct two (2) observations of resident transfers weekly for four (4) weeks and monthly for two (2) months. The results will be reviewed at the monthly QAPI Meeting for three (3) months.	

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F 550	Continued From page 4 A social services progress note dated 11/21/2024 indicated Resident #117 was in a pleasant mood, reported progress in her physical therapy and expressed no concerns. The investigation report dated 11/25/2024 revealed additional details that included NA #1 was very rushed in her care of Resident #117 on 11/18/2024 and attempted to remove Resident #117's pants without removing her shoes first. NA #1 had been using the mechanical lift to transfer Resident #117 into bed and NA #2 witnessed NA #1 rushing through the transfer process causing the mechanical lift to swing. NA #1 was suspended on 11/19/2024 and employment subsequently terminated for lack of customer service and care. The investigation report was signed by the Administrator. A nursing progress note dated 12/4/2024 at 4:28 PM stated Resident #117 was pronounced deceased by Hospice at 4:06 PM. An interview on 4/3/2025 at 2:37 PM with the Administrator revealed she was called to Resident #117's room the morning of 11/19/2024. Resident #117 reported that NA #1 had been rude and hurried when getting her back into bed using the mechanical lift and when taking off her pants without removing her shoes first. The Administrator stated after the facility's investigation, the resident's abuse allegation was not substantiated. NA #1 was terminated due to poor customer service and care.	F 550		
F 578 SS=D	Request/Refuse/Dscntnue Trmnt;Formlte Adv Dir CFR(s): 483.10(c)(6)(8)(g)(12)(i)-(v)	F 578		5/1/25

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F 578	Continued From page 5	F 578		

§483.10(c)(6) The right to request, refuse, and/or discontinue treatment, to participate in or refuse to participate in experimental research, and to formulate an advance directive.

§483.10(c)(8) Nothing in this paragraph should be construed as the right of the resident to receive the provision of medical treatment or medical services deemed medically unnecessary or inappropriate.

§483.10(g)(12) The facility must comply with the requirements specified in 42 CFR part 489, subpart I (Advance Directives).
(i) These requirements include provisions to inform and provide written information to all adult residents concerning the right to accept or refuse medical or surgical treatment and, at the resident's option, formulate an advance directive.
(ii) This includes a written description of the facility's policies to implement advance directives and applicable State law.
(iii) Facilities are permitted to contract with other entities to furnish this information but are still legally responsible for ensuring that the requirements of this section are met.
(iv) If an adult individual is incapacitated at the time of admission and is unable to receive information or articulate whether or not he or she has executed an advance directive, the facility may give advance directive information to the individual's resident representative in accordance with State law.
(v) The facility is not relieved of its obligation to provide this information to the individual once he or she is able to receive such information.
Follow-up procedures must be in place to provide the information to the individual directly at the

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F 578	Continued From page 6 appropriate time. This REQUIREMENT is not met as evidenced by: Based on record review, and staff and nurse practitioner interviews, the facility failed to maintain accurate advance directive information throughout the electronic and paper medical records for 1 of 3 residents reviewed for advance directive (Resident #119). The findings included: Resident #119 was admitted to the facility on 3/25/2025. A review of the nursing admission note dated 3/25/2025 at 2:42 PM indicated that Resident #119 was alert and verbal. A review of Resident #119's electronic medical record revealed an order written by the nurse practitioner dated 3/25/2025 for full code status. This order was created by the Director of Clinical Services. A review of Resident #119's comprehensive care plan revealed a focus area for advance directives initiated on 3/26/2025 indicating Resident #119's code status was a full code. The goal was for Resident #119's wishes and directives to be carried out in accordance with her advanced directives through the next review date. An intervention was to honor resident choice for code status. A review of the paper medical record revealed on 3/27/2025 Resident #119 signed a Medical Orders for Scope of Treatment (MOST) form for do not attempt resuscitation (DNR/no	F 578	Immediate Correction On 4/3/25 an order was updated to reflect Do Not Resuscitate (DNR) status and care plan for resident # 119 was updated on 4/5/25 by MDS Coordinator. Other Resident Impact An audit of resident Code Statuses was conducted by the Administrator on 4/7/25 and Social Worker on 4/3/25 to verify accuracy and consistently of Advance Directive orders, forms, and care plans for current residents. Systemic Changes SS and licensed nurses will receive re-training on documenting Advance Directives from 4/25/25 to 4/30/25 by DCS and/ or designee. DCS and/ or designee will provide training to licensed nurses upon hire on Resident Rights/Exercise of Rights which also includes their choice to have Advance Directives. A licensed nurse will review resident code status on admission and obtain an order. The DCS, SS, and/ or designee will verify in the Daily Stand Up Meeting that the Code Status Order and form matches. A licensed nurse will update orders based on code status changes as indicated. SS will update the advance directive care plans as indicated.	

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F 578	Continued From page 7 cardiopulmonary resuscitation (CPR). Further review of the paper medical record revealed a Golden Rod DNR form signed on 3/27/2025 by the Nurse Practitioner. Resident #119's admission Minimum Data Set (MDS) dated 3/29/2025 revealed that it was in progress. An interview on 4/3/2025 at 10:19 AM with the Nurse Practitioner (NP) revealed she met with Resident #119 on 3/27/2025 and confirmed Resident #119's advance directive choice which was a DNR status. The NP stated the order for a full code was not correct and should have been updated when the MOST form and Golden Rod form were completed. An interview on 4/3/2025 at 11:30 AM with the Director of Clinical Services revealed she recalled there was confusion regarding what Resident #119's advance directive wishes were on admission. She stated she discussed advance directive choice with Resident #119 on admission. She was not clear what Resident #119 wanted after the discussion. As a result of this confusion, the Nurse Practitioner and the Director of Clinical Services made Resident #119 a full code status until the Nurse Practitioner could discuss advance directives further with Resident #119. The Director of Clinical Services reported if Resident #119 had experienced an emergency, the nurse would have followed the information in the electronic medical record which showed full code status. The Director of Clinical Services stated that both the electronic medical record and paper medical record should always reflect the same information regarding advance directives. She stated the Nurse Practitioner order should	F 578	Ongoing Monitoring "DCS or SS or designee will conduct an audit of advance directives for three (3) residents weekly for four (4) weeks and monthly for two (2) months. The results will be reviewed at the monthly QAPI Meeting for three (3) months.	

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F 578	Continued From page 8 have been updated after Resident #119 signed the MOST form dated 3/27/2025. She indicated she was responsible for the care plan and should have updated it to reflect Resident #119's DNR status as of 3/27/2025. An interview on 4/3/2025 at 2:19 PM with the Administrator indicated Resident #119's advance directive information was not correct across the electronic medical record and the paper medical record. She stated that advance directive information was very important and should always be accurate and up to date to reflect the resident's choice.	F 578		
F 812 SS=E	Food Procurement,Store/Prepare/Serve-Sanitary CFR(s): 483.60(i)(1)(2) §483.60(i) Food safety requirements. The facility must - §483.60(i)(1) - Procure food from sources approved or considered satisfactory by federal, state or local authorities. (i) This may include food items obtained directly from local producers, subject to applicable State and local laws or regulations. (ii) This provision does not prohibit or prevent facilities from using produce grown in facility gardens, subject to compliance with applicable safe growing and food-handling practices. (iii) This provision does not preclude residents from consuming foods not procured by the facility. §483.60(i)(2) - Store, prepare, distribute and serve food in accordance with professional standards for food service safety. This REQUIREMENT is not met as evidenced by:	F 812		5/1/25

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F 812	Continued From page 9 Based on observation and staff interviews, the facility failed to perform hand hygiene between handling soiled and then clean dishes to prevent cross-contamination of the clean dishes. These practices had the potential to affect food served and distributed to 9 of 9 residents who received an oral diet. Findings included: A continuous observation of the skilled nursing satellite kitchen was conducted on 04/02/25 from 1:09 PM through 1:16 PM. Dietary Aide #1 was observed operating the dish machine and washing dishes. Dietary Aide #1 had gloves on both hands with left hand glove observed with large ripped in area over the palm. While waiting for the dish cycle to complete, she removed food debris from soiled plates in the sink area located to the right of the dish machine in the dish room and then moved to the drying area side of the dish machine wearing the same gloves. Dietary Aide #1 then opened the dish machine after the washing cycle was completed. She removed all the clean dishes which consisted of 8 bowls, 2 plates, 1 soup bowl, 4 ice cream scoops, 5 pieces of silverware, and 3 metal food storage bins out of the dish machine without removing her gloves or washing her hands and placed these items on a drying rack in the drying area. During the observation, the Kitchen Supervisor stepped into the dishwashing area and asked Dietary Aide #1 for a pair of tongs. Dietary Aide #1 was observed reaching for the tongs on the wall holder with the same torn gloved hand. Dietary Aide #1 touched the tooth area of the tongs but could not get the tongs off the wall holder. The Corporate Kitchen Supervisor then entered the dishwashing area and grabbed the tongs down from the drying area	F 812	Food Procurement, Store/Prepare/Serve-Sanitary Immediate Correction " Dietary Aide # 1 was retrained immediately by a Registered Dietitian on proper hand washing procedures on 4/2/25 and submitted to survey team along with in-service paperwork and post test results. " On 4/2/25 the Registered Dietitian provided a copy of the dietary handwashing in-service completed on 2/15/25. Other Resident Impact " All residents have the potential to be impacted. The dining associate rewashed the dishes in the dish room area before placing them into service. Systemic Changes " A workflow reference guide was placed on the dish machine by Executive Director showing the sequence of appropriate hand hygiene and handwashing on 4/3/25. " Executive Director installed the hand sanitizer dispenser that was placed on the wall near the dish machine on 4/3/25 to assist with hand hygiene compliance. The Dining Service Director and/ or designee completed re-education to dining associates on hand hygiene from 4/3/25 to 4/30/25. The Dining Service	

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F 812	Continued From page 10 and exited the dishwashing area with the tongs. An interview with Dietary Aide #1 was conducted 04/02/25 at 1:16 PM who stated she was behind in food service today and that was why she had not changed her gloves or washed her hands between touching soiled plates and then clean dishware. She indicated that she usually wears 3 pairs of gloves to remove a pair when contaminated between the dirty and clean dishes. Dietary Aide #1 had been trained on the dish machine when she was hired. She verbalized she was aware that she should have washed her hands and changed her gloves before going from dirty to clean dishes, and if gloves were soiled or torn. She explained what occurred today had been due to being behind on service. An interview with the Dietitian and Corporate Kitchen Supervisor on 04/02/25 at 1:24 PM revealed staff performing dishwashing would not handle dirty dishes and then touch clean dishes without removing gloves and washing their hands in between. The Dietitian stated that multiple gloves should not be used and if a glove was torn, it should be changed immediately. An interview with the Administrator on 04/02/25 at 03:43 PM revealed that she was not familiar with the specific dishwashing procedure the facility follows.	F 812	and/ or designee will train new dining associates on hand hygiene upon hire. Ongoing Monitoring " The Administrator, Dining Service Director, and/ or designee will conduct observations three (3) times a week of hand hygiene compliance in the kitchen weekly for twelve (12) weeks. " Dining Service Director and/ or designee will complete the monthly sanitation inspections, including handwashing observations for three (3) months. " Registered dietitian will complete an inspection, including handwashing observations, on 4/30/25 to verify employees demonstrate competency. " The results of the audits will be reviewed at the monthly QAPI Meeting for three (3) months.	