STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345482	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 05/07/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Brookdale Carriage Club Providence	**5804 Old Providence Road , Charlotte, North Carolina, 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
E0000	Initial Comments An unannounced recertification survey was conducted on 05/04/26 through 05/07/26. The facility was found in compliance with the requirement CFR 483.73, Emergency Preparedness. Event ID #2306BE-H1.	E0000		
F0000	INITIAL COMMENTS A recertification investigation survey was conducted from 05/04/2026 through 05/07/2026. Event ID#2306BE-H1.	F0000		
F0732 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 unlicensed nursing staff directly responsible for resident care per shift: (A) Registered nurses. (B) Licensed practical nurses or licensed vocational nurses (as defined under State law). (C) Certified nurse aides. (iv) Resident census.	F0732		

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 reverse for further 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.

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

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F0732 SS = C	Continued from page 1 §483.35(g)(2) Posting requirements. (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. (ii) Data must be posted as follows: (A) Clear and readable format. (B) In a prominent place readily accessible to residents, staff, and visitors. §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. §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. This REQUIREMENT is NOT MET as evidenced by: Based on record review, observations, and staff interviews, the facility failed to ensure the resident census for the skilled unit was accurate on the daily nurse staffing sheets for 4 of 4 days of the recertification survey (5/4/2026 through 5/7/2026). The findings included: a. An observation on 5/4/2026 at 10:37 AM revealed a census of 17 on the posted nurse staffing sheet. Review of 5/4/26 census report for the skilled unit revealed a census of 5. b. An observation on 5/5/2026 at 8:30 AM, 3:46 PM, and 4:48 PM revealed a census of 1 on the posted nurse staffing sheet. Review of the 5/5/26 census report for the skilled unit revealed a census of 5. c. An observation on 5/6/2026 at 11:43 AM revealed a census of 17 on the posted nurse staffing sheet. Review of the 5/6/26 census report for the skilled unit revealed a census of 5.	F0732		

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F0732 SS = C	Continued from page 2 d. An observation on 5/7/2026 at 9:37 AM revealed a census of 17 on the posted nurse staffing sheet. Review of the 5/7/26 census report for the skilled unit revealed a census of 5. On 5/7/2026 at 1:33 PM an interview with the Scheduler revealed she was responsible for completing the posted nurse staffing sheet. She stated she was trained to complete the posted nurse staffing sheet by the previous Administrator. The Scheduler explained she would open the facility's electronic health system and would count all residents present on both the skilled unit and the non-skilled long term care unit to obtain the census total. The Scheduler then reported she would record the same total census number in the section titled "Resident Census at Start of Shift" on the posted nurse staffing sheet for 1st shift (7:00 AM to 3:00 PM), 2nd shift (3:00 PM to 11:00 PM), and 3rd shift (11:00 PM to 7:00 AM). The Scheduler communicated she had not been properly trained on how to correctly separate the resident census by unit and complete the posted nurse staffing sheet for the skilled unit. An interview with the Director of Nursing (DON) on 5/7/2026 at 12:07 PM revealed the process of posting the nurse staffing sheet should include posting the skilled unit resident census and the non-skilled long-term care resident census separately. She explained that her lack of awareness regarding the correct procedure was due to not having received training. The DON stated she was not aware the skilled unit resident census and the non-skilled long term care resident census should have been separated. The DON further explained it was important for the posted nurse staffing sheet to be accurate because accuracy was essential as it reflected staffing coverage and alignment with the Centers for Medicare and Medicaid Services (CMS) guidelines for resident care. In an interview with the Administrator on 5/7/2026 at 2:20 PM she stated it was important for posted nurse staffing information to be accurate because accuracy was essential to ensure appropriate care for residents. She explained that she had been in her current role for three months and believed the process failed because the Scheduler received inaccurate training in the past.	F0732		