STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL060019	A. BUILDING: _____ B. WING _____	C 09/23/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRIGHTON GARDENS OF CHARLOTTE	6000 PARK SOUTH DRIVE CHARLOTTE, NC 28210

(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) COMPLETE DATE
D 000	Initial Comments The Adult Care Licensure Section and the Mecklenburg County Department of Social Services conducted a complaint investigation on 09/22/15 and 09/23/15. The complaint investigation was initiated by the Mecklenburg County Department of Social Services on 08/28/15.	D 000		
D 270	10A NCAC 13F .0901(b) Personal Care and Supervision 10A NCAC 13F .0901 Personal Care and Supervision (b) Staff shall provide supervision of residents in accordance with each resident's assessed needs, care plan and current symptoms. This Rule is not met as evidenced by: TYPE A2 VIOLATION Based on observation, interview, and record review the facility failed to assure adequate supervision for residents in the special care unit when the main exit door was unlocked resulting in 2 of 5 sampled residents (Resident #1 and Resident #3) eloping from the Special Care Unit (SCU) and facility. The findings are: Interview with the Administrator on 7/17/15 at 4:00 pm revealed: -The SCU main exit door had a 10 second delay upon door closure until locking mechanism engaged. -The policy for monitoring the SCU main exit door required a staff member inside the unit to wait	D 270		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL060019	A. BUILDING: _____ B. WING _____	C 09/23/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRIGHTON GARDENS OF CHARLOTTE	6000 PARK SOUTH DRIVE CHARLOTTE, NC 28210

(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) COMPLETE DATE
D 270	Continued From page 1	D 270		

near the door until the locking mechanism engaged.
-The SCU main exit door was upgraded in the past to allow door to function as an egress door with an automatic auditory alarm function when the door was opened without using the keypad.
-The elopement policy for the SCU required staff to conduct a head count of SCU residents when an elopement was suspected.
-The SCU interior exit door would open when residents continuously banged on the door. The door would disengage (unlock) after approximately 10 seconds.
-The elopement policy for the SCU required staff to monitor and redirect residents from the main SCU exit door when the auditory alarm sounds.

Observation on 09/22/15 at 11:00am revealed an outside contractor was in the facility to fix the egress electrical programming on the main SCU door.

Interview with the Assistant Maintenance person on 09/22/15 at 11:25am revealed:
-He was not sure how long the 10 second delay had been programmed on the SCU door.
-He stated an outside contractor was on site to remove the egress from the SCU door.
-He did not observe the elopement of two residents, Resident #1 and Resident #3, earlier in September.
-He stated the SCU interior door would disengage (unlock) if a resident kept pushing on the door.

-Interview with SCU Coordinator on 09/22/15 at 11:45am revealed:
-He had worked at the facility about 3 weeks.
-His responsibilities included managing the day to day operations of the SCU.
-He was unaware when and why the egress had

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL060019	A. BUILDING: _____ B. WING _____	C 09/23/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRIGHTON GARDENS OF CHARLOTTE	6000 PARK SOUTH DRIVE CHARLOTTE, NC 28210

(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) COMPLETE DATE
D 270	Continued From page 2	D 270		

been placed on the SCU interior door.
-He stated, "At one time, the SCU door locked and secured. For some reason the door had a few second delay before it locked again."
-An outside contractor was in the SCU at that time to remove the egress from the interior SCU door so that the door would close and lock immediately.
-Prior to the egress being removed, the SCU staff were to monitor the SCU door when someone came in or left the SCU unit.
-This process was to assure the door locked and engaged without residents getting out of the unit.
-Only the facility team members had the code to the SCU door.
-All exit doors of the SCU were to be checked between shifts by Lead Care Manager.
-The second shift Lead Care Manager was responsible for checking the SCU doors that lead to the gated courtyard and stairwells within the SCU.
-He stated that when a resident in the SCU repeatedly banged on the interior door, it would open after approximately 110 seconds.
-The policy was that the SCU staff were to monitor the door when the alarm sounded to prevent residents from getting out of the SCU.
-The SCU staff were to remain at the SCU interior door until it locked and engaged prior to the egress being removed.
-He was not in the facility at the time Resident #1 and Resident #3 eloped from the SCU on 09/11/15.
-He recalled 2 different scenarios regarding Resident #1 and Resident #3 elopement from the SCU on 09/11/15.
-The first scenario included Resident #1 and Resident #3 being found at the front desk in the AL lobby of the facility.
-The second scenario included Resident #1 and

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL060019	A. BUILDING: _____ B. WING _____	C 09/23/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRIGHTON GARDENS OF CHARLOTTE	6000 PARK SOUTH DRIVE CHARLOTTE, NC 28210

(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) COMPLETE DATE
D 270	Continued From page 3 Resident #3 being found by an unknown citizen outside the facility on the sidewalk in front of the facility. Review of Resident #1's and Resident # 3's records revealed: a. Review of Resident #1's current FL-2 dated 03/31/15 revealed: -Diagnoses included Alzheimer's Dementia, hypertension, and hearing loss. -Resident #1 was ambulatory without assistive devices. Review of Resident #1's Resident Register revealed an admission date of 03/24/15. Review of Resident #1's Care Plan dated 8/17/15 revealed: -Resident was to be checked on 3-4 times per shift by the SCU staff. -She was ambulatory without transfer assistance. -Resident #1 required assistance with memory and cognition. Review of facility's incident report dated 09/14/15 for Resident #1 revealed: -At 5:30pm on 09/11/15 Resident #1 had eloped with no apparent injury. -Vital signs completed and were in normal range. -Physician was notified via fax on 09/11/15 at 9:27pm. -Family member was notified via telephone on 09/11/15 at 6:00pm. -Hand written note in comment section revealed, "Resident left neighborhood and was immediately redirected back to neighborhood by Care Manager. Incident report filed. Family called. 72 hour reported and daily logged."	D 270		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL060019	A. BUILDING: _____ B. WING _____	C 09/23/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRIGHTON GARDENS OF CHARLOTTE	6000 PARK SOUTH DRIVE CHARLOTTE, NC 28210

(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) COMPLETE DATE
D 270	Continued From page 4 Based on observation, record review and staff interviews, it was determined Resident #1 was not interviewable. Interview with Resident #1's family member on 09/23/15 at 4:45pm revealed: -He was notified on 09/11/15 at 6:00pm that Resident #1 eloped from the SCU. -He stated Resident #1 had not eloped from the SCU prior to 09/11/15. b. Review of Resident #3's current FL-2 dated 08/11/15 revealed: -Diagnoses included dementia, diabetes, hypertension, anxiety, osteoarthritis, and glaucoma. -Resident #3 was oriented to person and place. -Resident #3 was intermittently oriented to time. -Resident #3 did not have a history of wandering. Review of Resident #3's Register revealed an admission date of 09/30/13 to the SCU. Review of Resident #3's Care Plan dated 03/12/15 revealed: -Direct care staff were "to give Resident #3 redirections and assurance when she exhibited wanting to go home." -Documentation revealed she was a "High Risk for Elopement." -Direct care staff were to perform frequent checks and monitor her whereabouts each day and night. -Resident #3 required assistance with memory and cognition. -Documentation noted Resident #3 as a "known wanderer." -Resident #3 was independent with ambulation. Review of facility's incident report dated 09/11/15 for Resident #3 revealed:	D 270		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL060019	A. BUILDING: _____ B. WING _____	C 09/23/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRIGHTON GARDENS OF CHARLOTTE	6000 PARK SOUTH DRIVE CHARLOTTE, NC 28210

(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) COMPLETE DATE
D 270	Continued From page 5	D 270		

-At 5:30pm on 09/11/15 Resident #3 had eloped with no apparent injury.
-Vital signs completed and were in normal range.
-Physician was notified via fax on 09/11/15 at 9:25pm.
-Family member was notified via telephone on 09/11/15 at 5:45pm.
-Hand written note in comment section included, "Resident left neighborhood and was immediately redirected back to neighborhood by Care Manager. Incident report filed. Family called. 72 hour reported and daily logged."

Interview with Resident #3's family member on 09/23/15 at 11:50am revealed:
-Resident had lived at the facility almost 2 years.
-She visits Resident #3 frequently.
-She was aware Resident #3 eloped from the SCU.
-She was notified of the elopement by the SCU staff on 09/11/15 at 5:45pm.
-She stated the staff members were very supportive and kind.
-She did not have any complaints regarding the personal care for Resident #3.

Based on observation, record review and staff interviews, it was determined Resident #3 was not interviewable.

Interview with the SCU Lead Care Manager (CM) on 09/23/15 at 11:00am revealed:
-She was in the SCU dining room when the SCU door alarm sounded.
-She was not able to observe the door of the SCU from the dining room.
-She left the SCU dining room and made her way to the SCU door to assess the alarm.
-She observed a SCU resident near the main SCU door while the auditory alarm was sounding.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL060019	A. BUILDING: _____ B. WING _____	C 09/23/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRIGHTON GARDENS OF CHARLOTTE	6000 PARK SOUTH DRIVE CHARLOTTE, NC 28210

(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) COMPLETE DATE
D 270	Continued From page 6 -She did not recall what time the door alarm was sounding but it was during dinner time which started at 5:00pm. -She reported that a SCU resident was redirected from the door area and the door alarm was reset. -She briefly looked out the main interior SCU door prior to resetting the alarm and did not see any residents in the vicinity. -She observed a resident's unattended walker near the main SCU door inside the SCU when the auditory alarm was sounding. -She did not have the SCU staff complete a head count at that time. -She received a call from front desk staff at approximately 5:30pm and learned that Resident #1 and Resident #3 were out of the SCU. -Resident #1 and Resident #3 were returned to the SCU via a CM in the SCU. -The SCU staff completed a head count at that time. -Vital sign checks were conducted and a physical observation of Resident #1 and Resident #3 was conducted. -Resident #1 and Resident #3 did not appear distressed or injured upon returning to the SCU. -She learned at 7:30pm on 9/11/15 that Resident #1 and Resident #3 had been returned to the front desk from outside the building by a concerned citizen. -She was not aware of which door in the AL that Resident #1 and Resident #3 used to get out of the AL unit. -She completed a facility incident report in accordance with the elopement policy as directed by the facility Administrator. -She had originally informed the Administrator that Resident #1 and Resident #3 were found outside the SCU at the front lobby of the facility. -She failed to update the Administrator regarding Resident #1 and Resident #3 being returned the	D 270		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL060019	A. BUILDING: _____ B. WING _____	C 09/23/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRIGHTON GARDENS OF CHARLOTTE	6000 PARK SOUTH DRIVE CHARLOTTE, NC 28210

(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) COMPLETE DATE
D 270	Continued From page 7 facility front desk via an outside citizen. Observation of front desk of AL lobby on 09/23/15 at 7:45am revealed: -There was not a staff person present at the front desk upon arrival of the facility. -People were able to go in and out of the building during this time without staff knowledge. -There was one staff person noted in the AL dining room attending to residents during breakfast. Interview with a CM in SCU on 09/23/15 at 7:55am revealed: -The front desk concierge hours started at 8:00am. -The front door of the AL was locked at 8:00pm every day. -All visitors were to use the phone located outside the front door when assistance was needed after 8:00pm. -The phone would ring to the upstairs care staff. Interview with Concierge on 09/23/15 at 9:00am revealed: -She had worked at the facility for 1.5 years and was now working on as needed basis (PRN). -Her responsibilities included sitting at the front desk at all times. -She worked Monday through Friday 8:00am to 4:30pm prior to going on PRN status. -She stated someone was to be at the front desk (on the AL side) at all times from 8:00am to 7:30pm. -Another concierge would come in from 4:30pm to 7:30pm to monitor the front desk. -The front door in the AL lobby was locked every evening at 7:30pm. Second interview with the Concierge (staff	D 270		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL060019	A. BUILDING: _____ B. WING _____	C 09/23/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRIGHTON GARDENS OF CHARLOTTE	6000 PARK SOUTH DRIVE CHARLOTTE, NC 28210

(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) COMPLETE DATE
D 270	Continued From page 8	D 270		

member at the facility's front desk on the Assisted Living (AL) side) on 09/23/15 at 4:00pm revealed:
-She was responsible for monitoring the front door of the facility at all times while on duty.
-When she had to leave the desk for breaks, she was to have someone monitor the front desk of the AL lobby until she returned.
-She was not aware that Resident #1 and Resident #3 eloped from the SCU on 09/11/15 until both residents were brought to the front desk in the AL lobby.
-She did not know which door in the AL unit Resident #1 and Resident #3 used to get out of the facility.
-An unknown citizen entered the main facility door entrance on 09/11/15 at 5:45pm and stated, "I think I have something that belongs to you."
-The unknown citizen had accompanied Resident #1 and Resident #3 back into the facility.
-She failed to obtain contact information from the unknown citizen.
-Neither Resident #1 nor Resident #3 were in distress.
-She contacted the CM in the SCU regarding Resident #1 and Resident #3 being at the front desk.
-The SCU staff retrieved Resident #1 and Resident #3 back to the SCU.

Interview on 09/23/15 at 4:00 pm with a second CM in the SCU revealed:
-She had worked at the facility for 2 weeks, and was not working when the two residents eloped.
-She worked as a CM in the SCU on 2nd shift.
-When a resident eloped from the SCU, the Lead Care Manager (LCM) would be notified.
-A CM would go to the resident and stay with the resident and take the resident back to the SCU.

Interview with a third CM on 09/23/15 at 4:20 pm

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL060019	A. BUILDING: _____ B. WING _____	C 09/23/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRIGHTON GARDENS OF CHARLOTTE	6000 PARK SOUTH DRIVE CHARLOTTE, NC 28210

(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) COMPLETE DATE
D 270	Continued From page 9 revealed: -She worked as a 2nd shift CM in the SCU for 90 days. -There were residents in the SCU who displayed exit-seeking behavior, who went to the exit door and attempted to open the door. -No specific SCU residents were identified as displaying exit-seeking behaviors. -When residents displayed exit seeking behaviors, the policy was to redirect the resident to join an activity, to watch an old movie, to participate in singing or games, etc. -The facility did have a policy dealing with missing residents and she had been trained on the policy and procedure. -The policy entailed the CM going to the resident, visually inspecting the resident for anything out of the ordinary, bringing the resident back to the safety of the SCU, and making sure the LCM had been notified. -She was on duty the day Resident #1 and Resident #3 eloped from the SCU. -The head count was performed at the evening meal time in the SCU. -It was at that time two residents were not accounted for. -A search was performed of the rooms in the SCU by the SCU staff. -A telephone call was received from the concierge at the front desk while the search of the rooms was being conducted. -She did not recall the exact time of the telephone call from the front desk. She stated it was during evening meal time which started at 5:00pm. -The concierge notified the SCU staff that 2 SCU residents were at the front desk. -The 2 residents were smiling, holding hands, and did not appear to be in any distress. They were clean, unsoiled and had no injuries. -She brought them back to the SCU, where they	D 270		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL060019	A. BUILDING: _____ B. WING _____	C 09/23/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRIGHTON GARDENS OF CHARLOTTE	6000 PARK SOUTH DRIVE CHARLOTTE, NC 28210

(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) COMPLETE DATE
D 270	Continued From page 10	D 270		

were each assisted to the bathroom and then to the dining room.
-She was unaware if the residents had left the building or if they had been outside the building.
-She did not know which door in the AL that Resident #1 and Resident #3 used to get out of the facility.

Interview with the Administrator on 09/22/15 at 3:00pm revealed:
-She conducted an internal investigation regarding the elopement of Resident #1 and Resident #3.
-She did not know why the Concierge failed to obtain the contact information for the unknown citizen that returned Resident #1 and Resident #3 to the facility.
-She stated additional training would be provided to the Concierge staff related to resident elopement.
-She had a conversation with the County Adult Home Specialist (AHS) prior to elopement of Resident #1 and Resident #3 regarding concerns for the egress electrical programming of the main SCU door.
-The egress of the SCU door had a 10 second delay in the locking mechanism to engage.
-She had submitted a work order request to remove the egress on 09/11/15.
-She was unable to obtain authorization to modify the egress electrical programming on the main SCU door until 09/22/15.

Interview with Administrator on 9/23/15 at 10:15 am revealed:
-An email request was sent to the facility ' s IT department on 9/11/15 at 7:36pm requesting the removal of the egress function from the SCU main exit door.
-On 9/16/15 at 10:47 am, she received

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL060019	A. BUILDING: _____ B. WING _____	C 09/23/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRIGHTON GARDENS OF CHARLOTTE	6000 PARK SOUTH DRIVE CHARLOTTE, NC 28210

(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) COMPLETE DATE
D 270	Continued From page 11	D 270		

notification that a technician would be sent on 9/22/15 to address the SCU main exit door issue.
-Administrator reported that approval to modify the SCU main exit door egress function had not occurred until two (2) residents eloped from the SCU on 9/11/15.
-She was not aware how Resident #1 and Resident #3 got out of the SCU.
-She did not know which door Resident #1 and Resident #3 used to get out of the AL unit.
-Prior to the egress being removed on 09/22/15 the policy was for a staff member to monitor the SCU main exit door until the locking mechanism engaged.

Interview on 09/23/15 at 4:30 pm with a fourth CM revealed:
-He had worked at the facility since November 2013 and worked in the SCU exclusively.
-He usually worked 2nd shift, but occasionally worked on 3rd shift.
-The facility had a policy for employees to follow if a resident was missing and he had been trained on the policy and procedure.
-A head count was performed during the dinner meal and each resident must be accounted for.
-The head count was documented on a form " Resident Meal Attendance Sheet. "
-The Resident Meal Attendance Sheets were stored in a binder, kept in the dining area of the SCU.
-He was not on duty the day Resident #1 and Resident #3 eloped from the SCU.

Review of the Resident Meal Attendance Sheets revealed:
-The computer generated sheet dated 09/07/15 had all 3 meals checked off to indicate the residents were accounted for and 2 additional resident names handwritten in on the bottom part

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL060019	A. BUILDING: _____ B. WING _____	C 09/23/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRIGHTON GARDENS OF CHARLOTTE	6000 PARK SOUTH DRIVE CHARLOTTE, NC 28210

(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) COMPLETE DATE
D 270	Continued From page 12 of the form. The form was signed by 2 staff members. -The 2 additional names handwritten on the bottom of the form were new resident in the SCU. -The computer generated sheet dated 09/08/15 was signed by one staff member, had the breakfast and lunch meals checked off and the spaces for the dinner meal were blank, no one had documented attendance for the dinner meal. Two additional names were handwritten on the bottom part of the form. -The computer generated sheet dated 09/09/15 had the breakfast and lunch meals checked off, no documented attendance for the dinner meal and was signed by a staff member. Two names were handwritten on the bottom of the page. -The computer generated sheet dated 09/10/15 was signed by a staff member, had the breakfast and lunch meals checked off, no documented attendance for the dinner meal and had 2 handwritten names on the bottom of the form. -The computer generated sheet dated 09/11/15 was signed by a staff member, had the attendance for the breakfast meal checked, no documented attendance for the lunch or the dinner meal and 3 additional handwritten names at the bottom of the form. -The computer generated sheet dated 09/12/15 had all three meals checked off for attendance, three handwritten names at the bottom of the form and was signed by a staff member. -The computer generated sheet dated 09/13/15 was signed by a staff member, had all 3 meals checked off for attendance and had 3 handwritten names at the bottom of the form. Interview on 09/23/15 at 4:50 pm with the Administrator revealed: -The Resident Meal Attendance Sheet was to be filled out at each meal by the LCM in the SCU.	D 270		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL060019	A. BUILDING: _____ B. WING _____	C 09/23/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRIGHTON GARDENS OF CHARLOTTE	6000 PARK SOUTH DRIVE CHARLOTTE, NC 28210

(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) COMPLETE DATE
D 270	Continued From page 13 -The Reminiscent Coordinator (RC) was new and had worked at the facility for about 3 weeks. -The Resident Meal Attendance Sheets would be monitored by the new RC, but she did not think he was doing that yet. -As of 09/23/15, the sheets would be monitored by the RC daily. Observation of the SCU on 09/23/15 at 4:00pm revealed: -The SCU interior exit door was not visible from the SCU dining room. -The SCU dining room was located off the SCU kitchen. -There was a hallway that measured approximately 20 feet off the dining room. -The SCU interior exit door was approximately 4 feet from the hallway off the dining room. Observation of the outside hallway of the SCU to the AL ungated courtyard revealed: -The interior exit door of the SCU opened up into a hallway within the AL. -The hallway in the AL included an exit door to the right which led out into the smoking area. -The smoking area was locked within a gated and locked courtyard. -There was an elevator located to the right of the SCU exit door, which was located on the AL side of the facility. -The hallway in the AL also had an unalarmed exit door to the left which led out into an unlocked courtyard, which circled around to the front of the facility. It was approximately 55 feet from the SCU interior exit door. -There were paved walkways throughout the AL courtyard, which lead to the front on the facility, which measured approximately 60 feet. -The walkway within the courtyard measured 3 feet wide around the center of the courtyard.	D 270		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL060019	A. BUILDING: _____ B. WING _____	C 09/23/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRIGHTON GARDENS OF CHARLOTTE	6000 PARK SOUTH DRIVE CHARLOTTE, NC 28210

(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) COMPLETE DATE
D 270	Continued From page 14 -The walkway decreased to 2 feet wide along the sidewalk that lead to the front of the facility. -The walkway had a slight grade throughout. -There were 2 storm drains noted within the AL courtyard. -The walkway to the left of the facility measured approximately 50 feet from the curved sidewalk area to the front of the building. -The front of the facility contained areas for vehicle parking and a curved sidewalk that lead to the front door main entrance of the AL. -The main highway was approximately 100 feet away from the front of the facility. -There was a paved sidewalk throughout the perimeter of the building. -There was approximately 110 feet from the edge of the building to the front door main entrance of the AL. Observation on 9/23/15 at 5:05 pm to 5:10 pm of the main highway directly in front of the facility revealed: -From the front door exit of the facility to the sidewalk in front of the main highway was estimated 150 feet. -The facility parking lot was located in front of facility, which lead to the main highway. -The main highway was 4 lanes with a 3 story parking deck directly across the street from the entrance of the facility. -A shopping mall and multiple business building were located to the left of the facility front entrance on the opposite side of the street. -An intersection with a stop light was approximately 50 yards from the sidewalk near the street. -The posted speed limit was 35 miles per hour. -A bus stop was directly in front of the facility near the bottom entrance to the facility. -From 5:05 pm to 5:06 pm there were 58	D 270		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL060019	A. BUILDING: _____ B. WING _____	C 09/23/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRIGHTON GARDENS OF CHARLOTTE	6000 PARK SOUTH DRIVE CHARLOTTE, NC 28210

(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) COMPLETE DATE
D 270	Continued From page 15 passenger vehicles that passed by the facility and 1 transit bus. The facility provided a Plan of Protection on 09/23/15, which included: -The facility's IT departed was contacted on 09/11/15 requesting changes be made to the SCU exit door. -A technician was on site on 09/22/15 and took necessary action to change exit door functions. The doors are no longer on the egress system and will not open if resident pushes on the door. -Elopement/Missing Resident training will be reiterated with our SCU team and Concierge team on 09/23/15. -The new SCU Manager will provide additional oversight and training to the front line team. -The Lead Care Manager in the SCU will complete a resident meal attendance form each meal. -The SCU Manager will monitor the completed resident meal attendance forms. -Elopement/Missing Resident training will be provided to all front line team members (Assisted Living (AL) and SCU units) and will be completed by 09/30/15. -An elopement drill will be completed on a monthly basis and will be documented in a log book. -The exit doors to the AL courtyard will be reprogrammed so doors will alarm each time opened. -Additional Concierge training will be provided regarding policy and procedure and responsibility and documentation needs related to obtaining beneficial information at time of resident elopement. CORRECTION DATE FOR THE TYPE A2 VIOLATION SHALL NOT EXCEED, October 23,	D 270		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL060019	A. BUILDING: _____ B. WING _____	C 09/23/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRIGHTON GARDENS OF CHARLOTTE	6000 PARK SOUTH DRIVE CHARLOTTE, NC 28210

(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) COMPLETE DATE
D 270	Continued From page 16 2015.	D 270		
D912	G.S. 131D-21(2) Declaration of Residents' Rights G.S. 131D-21 Declaration of Residents' Rights Every resident shall have the following rights: 2. To receive care and services which are adequate, appropriate, and in compliance with relevant federal and state laws and rules and regulations. This Rule is not met as evidenced by: Based on observation, record review, and interview, the facility failed to assure all residents received care and services which were adequate, appropriate, and in compliance with relevant federal and state laws and rules and regulations related to Personal Care and Supervision. The findings are: Based on observation, interview, and record review the facility failed to assure adequate supervision for residents in the special care unit when the main exit door was unlocked resulting in 2 of 5 sampled residents (Resident #1 and Resident #3) eloping from the Special Care Unit (SCU) and facility. [Refer to Tag 0270, 10A NCAC 13F .0901(b) Personal Care and Supervision. (Type A2 Violation)].	D912		