Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUF IDENTIFICATION			(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED		
		FCL01303	4	B. WING		06/·	16/2016	
NAME OF I	NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE							
THE CARRIAGE HOUSE OF CAREMOOR 4838 CAREMOOR PLACE KANNAPOLIS, NC 28081								
(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 CO (EACH CORRECTIVE ACTION	DER'S PLAN OF CORRECTION ORRECTIVE ACTION SHOULD BE FERENCED TO THE APPROPRIATE DEFICIENCY)		
C 000	Initial Comments			C 000				
	The Adult Care Lice Cabarrus County D conducted an annu	epartment of So	cial Services					
C 249	10A NCAC 13G .09	02(c)(3)(4) Hea	lth Care	C 249				
	10A NCAC 13G .09 (c) The facility shal following in the resi (3) written procedu a physician or other and (4) implementation orders specified in SRule.	I assure docum dent's record: res, treatments licensed health of procedures,	entation of the or orders from professional; treatments or					
	This Rule is not me Based on observati reviews, the facility weights were obtain physician for 1 of 3 #1).	ons, interviews, failed to ensure ned as ordered l	and record weekly by the					
	The findings are:							
	Review of Resident 05/06/16 revealed: -Diagnoses include pulmonary hyperter -A physician's order Mondays.	d chronic kidney nsion.	y disease and					
	Review of the Resident was admitt							
	Review of the May Administration Reco-Weekly weights we on 05/09/16, 05/16/	ord (MAR) revea ere scheduled to	aled: be obtained					

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

(X6) DATE TITLE

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		(X1) PROVIDER/ IDENTIFICA	SUPPLIER/CLIA TION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
FCL013034		B. WING			06/16/2016			
NAME OF PROVIDER OR SUPPLIER THE CARRIAGE HOUSE OF CAREMOOR STREET ADDRESS, CITY, STATE, ZIP CODE 4838 CAREMOOR PLACE KANNAPOLIS, NC 28081								
(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 CO (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THI DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETE DATE	
C 249	Continued From pa -The resident's weighounds on 05/09/16 -The entry for 05/23 obtained with docur MAR "battery out in Review of the June -The weekly weight obtained on 06/06/16 -The 06/06/16 entry with documentation "battery needed for The 06/13/16 entry with no documentation indicate why it was Interview on 06/16/16 Medication Aide (M. The resident's weigh because the facility She wrote a commotebook" to inform were neededThe "prn notebook Manager for follow Interview on 06/16/16 Manager revealed: -She was aware the batteryWhen staff attemp the scale did not wo the scale from the staff attemp the scale did not woth the scale from the scale from the scale did not woth the scale from the scale from the scale from the scale did not woth the scale from the scale from the scale from the scale from the scale did not woth the scale from the scale did not woth the scale from the scale from the scale from the scale did not woth the scale from the scale	ght was documed, 05, 05/23/16, and 05/23/16, and 05/16 was circled and 06/13/2 was circled at on the back of scale". Was circled at on the back of scale and 06/13/2 was circled at on the back of scale and 06/13/2 was circled at on the back of scale and on the back of scale and on the back of scale and at 12:18 and and at 12:18	and 05/30/16. The das not the back of the vealed: The back of the vealed: The back of the lead to be lead to lead	C 249				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED				
		FCL013034	B. WING		06/16/2016				
NAME OF	NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE								
THE CARRIAGE HOUSE OF CAREMOOR 4838 CAREMOOR PLACE KANNAPOLIS, NC 28081									
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	(X5) COMPLETE DATE				
C 249	consistently obtained. She was not sure ordered weekly, un from the previous farcongestive heart farcongestive on 06/16/#1 revealed she did weights were obtain them. Observation on 06/facility scale revealed display screen wheely heart farcongestive heart farconges	ed as ordered. why the resident's weight was less it was a carry-over order acility. ot have a diagnosis of ilure, but was on nutritional ever, she did not see any or the weekly weights. 16 at 12:30 pm with Resident d not know how often the ned or any specific reason for 16/16 at 11:55 am of the ed "batt" appeared in the n the scale was pressed. on 06/16/16 at 12:10 pm with a m the sister facility next door	C 249						

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