PRINTED: 11/21/2011 FORM APPROVED OMB NO. 0938-0391

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MU		LE CONSTRUCTION	(X3) DATE SUF COMPLET	
		345243	B. WING				0
NAME OF PE	ROVIDER OR SUPPLIER	3.02.0		CTD	TEL ADDRESS SITY STATE 7/D CODE	11/0	4/2011
					EET ADDRESS, CITY, STATE, ZIP CODE 339 REDDMAN ROAD		
BRIAN CE	ENTER HEALTH & REHAI	В/СН		CI	HARLOTTE, NC 28212		
(X4) ID		ATEMENT OF DEFICIENCIES	ID		PROVIDER'S PLAN OF CORRECTION	ON	(X5)
PREFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	X	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROI DEFICIENCY)		COMPLETION DATE
F 253 SS=B	MAINTENANCE SER The facility must provimaintenance services sanitary, orderly, and This REQUIREMENT by: Based on observation record review, the face equipment for two of f were receiving enteral and #7)  1. On 11/3/11 at 4:15 12:45 PM Resident #1 air mattress. To the let tube feeding pump att (IV) pole with a tube feeding revealed dried tan colomattress, splatters and pump and splatters and pump and splatters also base of the IV pole. The pole was also observed An interview with the half 11/4/11 at 12:30 PM recentral supply staff was resident care equipment.	ide housekeeping and a necessary to maintain a comfortable interior.  is not met as evidenced in, staff interview and facility illity failed to clean resident ive sampled residents who if feedings. (Residents #18  PM, 11/4/11 at 9:40 AM and its was observed lying on an fit of her bed was an enteral ached to an intravenous eeding product infusing. It side of the air mattress, and pump and the IV pole pored splatters on the air of smudges covering the pong the entire IV pole and the floor surrounding the IV and sticky with dark stains.  Industrial the control of the air of smudges covering the pong the entire IV pole and the floor surrounding the IV and sticky with dark stains.  Industrial the control of the air of smudges covering the pong the entire IV pole and the floor surrounding the IV and sticky with dark stains.	F 2	2253	1. Corrective action has been accomfor the alleged deficient practice in regressident #18 and Resident #7, tube fee poles, pumps, floor and mattress were on 11-4-11, as soiled with beige colore substance. Housekeeping Director implication and mattress for Residents #18 at 2. Residents who receive tube-feed supplement have the potential to be aften the same alleged deficiency. The Director of Nursing identified residents with orders feeding supplements. Housekeeping supervisor, Director of Nursing and Administrator observed feeding pumps floors and mattresses for cleanliness of identified residents with tube feedings 11/04/11. Poles, pumps, floors and mever not soiled. Housekeeping supervised the housekeeping staff beging 11/04/11 regarding cleaning of resident equipment, which includes, feeding pumpoles, floors and mattress during daily and as needed.  3. Measures put into place to ensure alleged deficient practice does not recuincludes: Housekeeping Director begar service education for housekeeping staff beging service education for housekeeping pumping procedures for resident equipment, which includes IV/feeding poles, feeding numping procedures for resident equipment, which includes IV/feeding poles, feeding numping procedures for resident equipment includes IV/feeding poles, feeding pumping procedures for resident equipment includes IV/feeding poles, feeding pumping procedures for resident equipment includes IV/feeding poles, feeding pumping procedures for resident equipment includes IV/feeding poles, feeding pumping procedures for resident equipment includes IV/feeding poles, feeding pumping procedures for resident equipment includes IV/feeding poles, feeding pumping procedures for resident equipment includes IV/feeding poles, feeding pumping procedures for resident equipment includes IV/feeding poles, feeding pumping procedures for resident equipment includes IV/feeding poles, feeding pumping procedures for resident equipment includes IV/feeding poles, feeding pumping procedures for resident equipment inc	ards to eding identified d mediately nump, and #7. ing fected by ctor of for tube for tube in the properties of the prop	
	An interview with licensed nurse #5 (LN) on 11/4/11 at 12:45 PM confirmed the IV pole and enteral feeding pump, floor and air mattress for				facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law."		
	posedki orak posedki						
ABORATORY [	DIRECTOR'S OR PROVIDER/S	UPPLIER REPRESENTATIVE'S SIGNATURE	,		TITLE		X6) DATE
	Issuid	Melerz		110	nsed Administrator	. //	130/20

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 plovide 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.

If continuation sheet Page 1 of 21

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUII		PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		345243	B. WIN			С	
NAME OF DE	ROVIDER OR SUPPLIER	343243				11/04/2011	
	ENTER HEALTH & REHAL	В/СН		59	EET ADDRESS, CITY, STATE, ZIP CODE 939 REDDMAN ROAD HARLOTTE, NC 28212		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE PRIATE	(X5) COMPLETION DATE
F 253	cleaned. LN #5 stated housekeeping staff we maintaining resident of further revealed that sto clean the equipmer for assistance with clean the enteral feeding pu #7 had dried beige su pump. Three areas, a diameter, of dried beige pole above the pump.	dirty and needed to be I that nursing and ere responsible for eare equipment clean. She the had not taken the time at or ask housekeeping staff	F	2253	report in QA&A meeting weekly for 4 withen monthly thereafter. The QA&A Cowill evaluate the effectiveness of the at and will adjust the plan based on outcomes/trends identified.  5. Date of completion November 30,	ommittee oove plan	
F 323 SS=J	reported the pole was LN #4 explained regul and pole was the resp housekeeping departs should also clean any clean the pump and pole and the pol	dicensed Nurse (LN) #4 dirty and required cleaning. ar cleaning of the pump onsibility of the ment but nursing staff spills. LN #4 proceeded to oble.  nousekeeping supervisor on evealed that nursing and as responsible for cleaning and house keeping staff aintaining the resident's n.  CCIDENT SION/DEVICES	F3	323	"Preparation and/or execution of this correction does not constitute admis agreement by the provider of the trut facts alleged or conclusions set forth statement of deficiencies. The plan of	sion or h of the n in the f	
	The facility must ensure environment remains a as is possible; and each	as free of accident hazards			correction is prepared and/or execute because it is required by the provision federal and state law."		

0211121	io i oi i medioi ii ie	X MEDICAID SERVICES				OMDIN	J. 0930-039 I
	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUI		PLE CONSTRUCTION	(X3) DATE SU COMPLET	
			B. WN		**	с	
		345243		G	<del></del>	11/0	4/2011
NAME OF PE	ROVIDER OR SUPPLIER			STR	EET ADDRESS, CITY, STATE, ZIP CODE		
BBIANCE	NTER HEALTH & REH	ABICH		5	939 REDDMAN ROAD		
DIVIAN OF	MIEN HEACHT & NEH	ABION		С	HARLOTTE, NC 28212		
(X4) ID PREFIX TAG	(EACH DEFICIEN	SUMMARY STATEMENT OF DEFICIENCIES  (EACH DEFICIENCY MUST BE PRECEDED BY FULL  REGULATORY OR LSC IDENTIFYING INFORMATION)  TAG  PROVIDER'S PLAN OF CORRECTION  (EACH CORRECTIVE ACTION SHOULD BE  CROSS-REFERENCED TO THE APPROPRIATE  DEFICIENCY)		IOULD BE	(X5) COMPLETION DATE		
F 323		ntinued From page 2 equate supervision and assistance devices to vent accidents.		F 323 1)Residents affected by the deficient practice.			
	by: Based on observat record review, the fa and implement the fa two (2) of eleven (1 impaired residents a exited the building t #1 and Resident #1 Immediate jeopardy Resident #1 exited fa	Based on observations, staff interviews and record review, the facility staff failed to supervise and implement the facility's elopement policy for two (2) of eleven (11) sampled cognitively impaired residents at risk for wandering who exited the building unattended by staff (Resident #1 and Resident #11).  Immediate jeopardy began on 10/22/11 when Resident #1 exited the building and facility property without staff supervision or knowledge.			The resident identified as leaving the Center on 10/22/11 at approximately 11:03am was returned safely. A licensed nurse completed an assessment of the resident upon return to facility on 10/22/11 and there were no injuries. The resident was re-assessed for elopement risk on 10/22/11 by the Unit manager. The resident was placed on one on one monitoring by the direct care staff on 10/22/11 upon return to facility approximately 1:15pm, and remained until the wander guard system was checked again by the Division Director of Facility Engineering for proper functioning on 10/24/11. The physician and family		
	acceptable credible allegation of compliance. The facility remains out of compliance at a lower scope and severity of D (an isolated deficiency, no actual harm with potential for more than minimal harm that is not immediate jeopardy) for Resident #1 and Resident #11 to ensure monitoring of systems put in place and completion of employee education.  The findings are:  Review of the facility's elopement policy dated 6/2007 revealed if an employee discovered a resident is missing from the facility, determination should be made to see if the resident is out on an authorized leave and if not; the Administrator and the Director of Nursing (DON) should be notified				exited the building on 10/22/11 approximately 1:15pm.  The resident's wander guard by checked for placement and fun upon return to facility. Alarm s when resident returned to facility bracelet was moved to the left recommendation by the Wander "Preparation and/or execution of correction does not constitute acagreement by the provider of the facts alleged or conclusions set is statement of deficiencies. The placorrection is prepared and/or exebecause it is required by the provideral and state law."	racelet was ctioning ounded ity. The wrist due to er guard f this plan of lmission or truth of the forth in the an of ecuted solely	

	TO TOTA MEDIONINE A	MEDIO/ ND OLIVIOLO				OND NO	7. 0930-0391
	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUII		PLE CONSTRUCTION	(X3) DATE SUI COMPLET	
			(Matter escape				С
		345243	B. WIN	G	prif	11/0	4/2011
NAME OF P	ROVIDER OR SUPPLIER			STR	EET ADDRESS, CITY, STATE, ZIP CODE	•	
BRIANC	ENTER HEALTH & REHA	BICH		59	939 REDDMAN ROAD		
DIVIANO	ENTER HEALTH & REHA	БЮ		С	HARLOTTE, NC 28212		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETION DATE
F 323	and a thorough search premises conducted. designee will notify the representative, physics state agency, if require with resident identification an extensive search.  1. Resident #1 was a 2009 with diagnoses of Dementia with a prior Review of Resident #4 assessment on 9/26/2 assessed as at risk for Review of Resident #5 Set dated 9/26/11 ass limited assistance of a mbulation.  Review of Resident #7 revealed elopement in interventions which in needed and a safety registry right wrist.  Physician's orders dath directions to visually a device every shift in a electron machine even Review of a nursing not put the property monitoring that morning showed a #1 required redirections to required redirections the required redirections the required redirection property and the required redirections the required redirections the required redirections the required redirection property and the required redirections the required redirections the required redirection property and the required redirection property and the required redirections the required redirection property and the required redirections the required redirection property and the require	The Administrator, DON or e resident's legal cian, local law enforcement, red, provide search teams atton information and make of the surrounding area.  Idmitted to the facility in which included Parkinson's elopement history.  I's quarterly elopement risk in revealed he was ar elopement.  It's annual Minimum Data sessed intact cognition with one person for transfers and in the control of the surrounding device to the seed to 10/4/11 included theck the safety monitoring dedition to a check via an	F	323	technician to have bracelet on san sensor. The Licensed Nurse check bracelet and door alarm using the and was noted to be functioning possible. The Maintenance Director checked wander guard system, which included door module, range of door module and wires and the alarm sound at a nurse's station on 10/22/11 at approximately 2pm, and called the Guard technician on 10/22/11 approximately 2:30pm. All checked performed at that time indicated the system was working properly.  Resident #11 was identified as exithrough the front lobby doors on 1 at approximately 3:33pm. A staff returned Resident #11 to facility a approximately 3:34pm and notified licensed nurse. The Licensed nurse assessed Resident #11 for injuries injuries were noted. Wander guard bracelet was not on residents left as was noted earlier on 10/30/11. The licensed nurse replaced the monited device on Resident #11's left and 10/30/11 upon return to facility. The licensed nurse notified family mer.  "Preparation and/or execution of the correction does not constitute admits agreement by the provider of the truffacts alleged or conclusions set fortistatement of deficiencies. The plan of correction is prepared and/or execution because it is required by the provision federal and state law."	ted the tester properly.  In the properly and the properl	

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIP	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		to especialization	B. WNG	<u> </u>	C	
		345243	B. WING		11/04	1/2011
	ROVIDER OR SUPPLIER ENTER HEALTH & REHA	в/сн	55	EET ADDRESS, CITY, STATE, ZIP CODE 939 REDDMAN ROAD HARLOTTE, NC 28212		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	.D BE	(X5) COMPLETION DATE
F 323	facility unsupervised a sounding. Resident # member after a searce physician and facility notification. Resident assessment after the no injuries noted. The include application of to the left wrist and or Review of the security revealed Resident #1 11:17:13 AM. Reside door at the hinges the release button on the opened automatically out of the front door undietary aide, identified Director, entered the form the opened automatically out of the front door undietary aide, identified Director, entered the form the following walker on the massunable to state the safety monitoring deview ist.  Interview with Nursing 11/1/11 at 11:00 AM in Resident #1 after breat 10:00 AM when he requant the resident's room nursing desk on 10/22 when a visitor approace of Resident #1. NA #2 Resident #1. NA #2 Resident #1. When Residen	and without an alarm  If returned with a staff h. Family members, the management received  If the received a full physical elopement and there were exact plan was updated to the safety monitoring device the to one monitoring.  If video taken on 10/22/11 exited the building at the first attempted to open the en pressed the disabled door right side. The door and Resident #1 ambulated sing a rolling walker. A I by the Maintenance facility at 11:17:42 AM.  The location of his room. The first was observed on his left  If Assistant (NA) #2 on evealed she last saw akfast at approximately quired redirection from	F 323	physician regarding the elopemen licensed nurse on 10/30/11 comple Elopement Risk Review and Care was updated on 11/01/11 to include monitor device on resident #11's ankle. The C N A assignment she updated to include the monitor deresident #11's left ankle.  2. Residents with the potential of affected by the alleged deficient practice.  The Licensed Nursing staff reasses 100% of current residents beginnin 10/22/11 with completion on 10/2 using the elopement risk assessmed determine if they are at risk for elopement eleven total residents identified to be at risk for elopement.  The Licensed Nursing staff checked placement and function of wander bracelets for the residents identified for elopement on 10/22/11. Licens Nursing staff performed every fifted minute checks on 10/22/11 throug 10/24/11 for those residents identified for elopement. The Division of "Preparation and/or execution of the correction does not constitute admiss agreement by the provider of the trut facts alleged or conclusions set forth statement of deficiencies. The plan of correction is prepared and/or execution execution is prepared and/or execution does not constitute admiss agreement by the provider of the trut facts alleged or conclusions set forth statement of deficiencies. The plan of correction is prepared and/or execution execution is prepared and/or execution of the correction is prepared and/or execution is prepared and/or execution deficiencies. The plan of correction is prepared and/or execution execution is prepared and/or execution execution.	eted an plan de the left set was vice on set obe seed ang 4/11, ent to openent. entified ed guard ed at risk sed een-h fied at of seion or the of the h in the of ed solely	

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	0.00	(X2) MULTIPLE CONSTRUCTION  A. BUILDING		(X3) DATE SURVEY COMPLETED	
		345243	B. WIN	G		5.1 1931/199	C 4/2011
	ROVIDER OR SUPPLIER	в/сн	1	5	EET ADDRESS, CITY, STATE, ZIP CODE 939 REDDMAN ROAD HARLOTTE, NC 28212		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROI DEFICIENCY)	D BE PRIATE	(X5) COMPLETION DATE
F 323	the hall where Reside earlier that morning. To Licensed Nurse (LN not be located. NA #2 safety monitoring devisince no alarm sound out of the building. No frequently walked with she expected he was another hall. NA #2 erequired redirection to on his own to the dining she checked the room room and the dining room and the dini	nt #1 had been redirected NA #2 immediately reported N) #1 that Resident #1 could 2 explained Resident #1's ice was on that morning ed, she did not think he was A #2 revealed Resident #1 in his walker in the facility so in the dining room or on explained Resident #1 in his room, but usually went the groom. NA #2 reported us of the hall, the television from.  In 11/1/11 at 12:30 PM cked Resident #1's safety function around "8:30 AM."  A #2 that Resident #1 was fould not be found on the unit LN #1 explained she was see no alarm sounded. LN in the unit checked all of the closets at that time. LN #1 ambulated slowly with his into the had left the unit, but N #1 reported after a ch took ten to twenty LN #2, unit manager, of the dent #1. She explained she amily to see if they had signing him out shortly after orted Resident #1 returned	F	323	Facility Engineering on 10/24/11 the wander guard system, and the was working properly, so therefor every fifteen-minute checks were discontinued.  The Administrator and/or the Dire Nursing will discuss all attempted elopements during the morning me Monday through Friday and will cresidents at risk for elopement were one month.  The licensed nurses will complete Elopement Risk Assessment form residents upon admission, quarterly annually, and with significant chart condition. The Director of Nursing RN supervisors will evaluate each assessment and update care plans a certified nursing assistant assignments sheets, as necessary.  The Director of Nursing and/or the Managers will observe the resident identified at risk for elopement each assure that wander guard placement verified and documented on the The Administration Record (TAR) by a Licensed nursing staff. The Direct Nursing, Unit managers and RN  "Preparation and/or execution of this correction does not constitute admis agreement by the provider of the trut facts alleged or conclusions set forth statement of deficiencies. The plan of correction is prepared and/or execution because it is required by the provision federal and state law."	system e, the  cotor of eeting liscuss ekly for  the for all y, nge of g and/or and ent  cunit ts ch day to nt is reatment the or of splan of spion or ch of the n in the fed solely	

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MU A. BUILD		LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		345243	B. WING		et -	C 11/04/2011	
	ROVIDER OR SUPPLIER ENTER HEALTH & REHA	в/сн	•	59	EET ADDRESS, CITY, STATE, ZIP CODE 39 REDDMAN ROAD HARLOTTE, NC 28212		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	(	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETION DATE
F 323	(SDC) on 11/1/11 at manager, informed h located. The SDC reher notification was 1 explained she directed to implement the faci which included police notification. The SDC the elopement code to speakers. The SDC place outside of the body the time she was informed to the time she was informed to the speakers. The SDC place outside of the body the time she was informed to the time she was informed to the speakers. The SDC place outside of the body the time she was informed to the time she was informed to the said that 11/1/11 at 1:50 PM renotification of Reside 10/22/11 by the Director Maintenance Director safety monitoring device wo sounded but the extellocked. He explained to two second delay blocked if a person was a resident with a safe approached.  Interview with the HR revealed she heard the 10/22/11 which announts and with stoplights at 11/10 provided the transport of the transport of the SDC in the transport of the SDC in the S	1:20 PM revealed LN #2, unit er Resident #1 could not be ported she knew the time of 2:25 PM. The SDC at the unit manager (LN #2) lity's elopement procedure and administration C reported she also directed to be announced over the recalled a search was in building on the grounds at armed of the missing intenance Director on evealed he received explained Resident #1's vice caused the alarm to revealed when the safety rice caused the alarm to reveal when the safety rice doors automatically it that there would be a one pefore the exterior door is entering at the same time to more than the safety of the exterior door is entering at the same time to more than the safety of the exterior door is entering at the same time to more than the safety of the exterior door is entering at the same time to more doors and the SDC left the vehicles to search at 12:30 and she crossed the main	F3		Supervisors will review the TAR's ensure that nurses have checked with guard placement and have docum same for the residents identified a elopement risk.  The wander guard bracelets are claccording to manufacturers recommendation, which is the explate stamped on the bracelet devia Director of Nursing and/or the unimanagers maintains a log and chabracelets according to the expiration the bracelet or if the bracelet of function when tested. The night sonurse will verify function of the wiguard bracelet each night by use of testing device. The nurse will docon the TAR once every twenty-foin accordance with the Elopement Management Policy.  The Maintenance Director checked wander guard system, which included or module, range of door module and wires and the alarm sound at the nurse's station on 10/22/11 at approximately 2pm, and called the Wander Guard Corporation on 10/22 approximately 2:30pm. All checks "Preparation and/or execution of the correction does not constitute admiragreement by the provider of the trustatement of deficiencies. The plant correction is prepared and/or execution execution is prepared and/or execution decrease it is required by the provision federal and state law."	vander ented the is an  nanged  piration ce. The it nges the on date oes not hift vander of a cument ur hours  d the ides the le, cables the e Stanley /22/11 s is plan of ssion or th of the h in the of led solely	

OLIVIERO FOR MEDIONINE GIV	ILDIO/ IID OLIVIOLO			OIVID IV	0. 0000-0001
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MU A. BUILI	LTIPLE CONSTRUCTION DING	(X3) DATE SU COMPLE	
1					С
	345243	B. WING		11/0	04/2011
NAME OF PROVIDER OR SUPPLIER  BRIAN CENTER HEALTH & REHAB	/сн		STREET ADDRESS, CITY, STATE, ZIP CODE 5939 REDDMAN ROAD CHARLOTTE, NC 28212		
PREFIX (EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENCE	ION SHOULD BE THE APPROPRIATE	(X5) COMPLETION DATE
an Internet map. The istate highway with a sphour according to the to the total the temperature on 10 degrees Fahrenheit according to the total the facility. He told her walk. The HRC added return to the intersection of the sidewalk and interview with LN #2, und 4:25 PM revealed LN # #1 was not able to be for 12:30 PM." LN #2 expresident rooms were seen were being checked. In their private vehical called the police after in message with the emen approximately 12:30 PM 911 operator told her the call. When the police in 1:10 PM," Resident #1 at the same time so no requested.	with stoplights. (This om the facility according to main road is a four lane beed limit of 35 miles per ransportation department. (1/22/11 was a high of 66 cording to an Internet. The HRC reported she not her van and returned to rit was a good day for a she asked other staff to on to look for his walker. (1/20/11 was a high of 66 cording to an Internet to her van and returned to rit was a good day for a she asked other staff to on to look for his walker. (1/20/21/21 was a high of a she asked other staff to on to look for his walker. (1/20/21/21 was a found Resident #1's walker way from the street.  Init manager, on 11/1/11 at the finite of the facility are to search the grounds and the grounds section. LN #1 told her all bearched and the grounds section. LN #2 reported an to search for Resident the search for Resident the section. LN #2 explained she notifying the DON and left a regency 911 number at which was reentering the facility police involvement was rey aide on 11/1/11 at 5:00	F3	performed at that time ind	hanges  tor of Nursing, other members ursing team has Management ad hoc Quality se Committee eed that it is 's use.  If checked f wander guard identified at risk Licensed every fifteen- 10/22/11, for at risk for I1.  ents will be mission then weeks, by ine whether they Residents will tion of this plan of of the truth of the s set forth in the the plan of	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	100 0000000	(X2) MULTIPLE CONSTRUCTION  A. BUILDING		(X3) DATE SURVEY COMPLETED	
		345243	B. WIN	IG		C 11/04/2011	
	ROVIDER OR SUPPLIER	в/сн		59	EET ADDRESS, CITY, STATE, ZIP CODE 939 REDDMAN ROAD HARLOTTE, NC 28212	1110	4/2011
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREF TAG	9.000	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	.D BE PRIATE	(X5) COMPLETION DATE
F 323	#1 leaving but though and did not know he redietary aide explained confused and was dresocks, shoes and cap notice a wrist band or explained when she has resident, she realized reported seeing him earlier was assigned to Resi revealed she assisted and bathing before branched seeing has 9:00 AM and 10:00 AM Resident #1 wanderer required redirection. In the search on the has concerned at first bed from the safety monited. Interview with the DO revealed she received for Resident #1 on 10 The DON explained the grounds had been initial directed staff to notify reported Resident #1 was checked and more recommendation of the Interview with the DO revealed a search of the would be done before and family. The notific would not necessarily	It he was going to sit outside required supervision. The diff Resident #1 did not appear essed in slacks, shirt, jacket, or She stated she did not a Resident #1. She reard of the missing it was Resident #1 and earlier in the day.  At 8:15 AM with NA #1, who dent #1 on 10/22/11, If Resident #1 with dressing eakfast on 10/22/11. NA #1 him in the hallway between M. NA #1 explained did in the facility and usually NA #1 reported she assisted all but was not too ause there was no alert foring device.  Non 11/2/11 at 8:25 AM is notification of the search /22/11 around 12:30 PM. The search of the facility and iated by staff and she the police. The DON is safety monitoring device ared to the left wrist upon the Maintenance Director.  Non 11/2/11 at 11:35 AM the facility and property notification of the police.	F	323	be assessed by the licensed nurses the Elopement Risk Assessment for Residents will be reassessed quart annually, and with significant charcondition.  Based on these evaluations, care probe updated by the licensed nurse widentified to include intervention to address exit-seeking behavior. Linurses will be responsible for assurphysicians and family members and contacted of any identified changes twenty-four hours.  The Interdisciplinary Team will disattempted elopements during the meeting Monday through Friday and discuss residents at risk for elopements weekly for one month. The team the Administrator, Director of Nut Unit Mangers, and other members management and nursing team.  The certified nursing assistants' assignment sheets will be updated Licensed nursing for each resident identified as having exit seeking behaviors. If such behaviors have occurred during the shift the nursing assistant will immediately report the correction does not constitute admissistant will immediately report the statement of deficiencies. The plan of correction is prepared and/or execution decreased it is required by the provision federal and state law."	orm. erly, inge of  clans will when co censed bring that re es within  iscuss all morning and will ment includes rsing, of the  by the  is plan of seion or th of the in in the of ed solely	

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUII		LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		345243	B. WIN	G			C
	ROVIDER OR SUPPLIER		1	59	EET ADDRESS, CITY, STATE, ZIP CODE 939 REDDMAN ROAD HARLOTTE, NC 28212	1170	4/2011
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	1000	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROVIDERICIENCY)	D BE	(X5) COMPLETION DATE
F 323	wide search.  The facility presented compliance which incl.  1. Residents affected practice.  The resident identified 10/22/11 at approxima safely. A licensed nur assessment of the resident was re-asses 10/22/11 and there resident was re-asses 10/22/11 by the Unit in placed on one on one care staff on 10/22/11 approximately 1:15 pm wander guard system Division Director of Fafunctioning on 10/24/1 family members were exited the building on 1:15 pm.  The resident's wander checked for placemen return to facility. Alarm returned to facility. The the left wrist due to recomply wander guard technic same side as sensor, checked the bracelet at tester and was noted to The Maintenance Direguard system, which in	he was notified when be found after a facility a credible allegation of uded: by the alleged deficient as leaving the Center on ately 11:03 am was returned se completed an ident upon return to facility were no injuries. The sed for elopement risk on manager. The resident was monitoring by the direct upon return to facility n, and remained until the was checked again by the cility Engineering for proper 1. The physician and notified that the resident 10/22/11 at approximately guard bracelet was t and functioning upon a sounded when resident to bracelet was moved to commendation by the ian to have bracelet on	F	323	behavior to the charge nurse for reand/or implementation of the faciliand elopement policy.  The Maintenance Director and the Division Director of Facility Engischecked the wander guard system 10/24/11 and determined that the substance of the functioning properly. The range I increased to approximately eight for allow the system to alarm once the resident was within approximately feet of the door. An additional alar placed on the administrative hallwest to entrance of the front lobby on 1.  Current employees which includes nursing, housekeeping, dietary, the and management staff, have been reducated by the Director of Nursing Development Nurse, Unit Manage Weekend supervisor beginning Oc 22, 2011, regarding the door alarm and the Elopement Policy and Proceed All current staff has been in service 10/28/11, excluding three prn there and one licensed nurse that is on F and will not return until January 20 Staff will not be allowed to resume until education is complete. The in "Preparation and/or execution of this correction does not constitute admiss agreement by the provider of the trut facts alleged or conclusions set forth statement of deficiencies. The plan of correction is prepared and/or execution because it is required by the provision federal and state law."	eneering again on system is imit was eet to every eight rm was ray prior 1/02/11.  See and etober and etober as system cedure.  ed as of apy staff MLA 012.  e work as service es splan of the of the prior the feed solely	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING			(X3) DATE SURVEY COMPLETED	
		345243	B. WN	G			C 4/2011
	ROVIDER OR SUPPLIER		1	59	EET ADDRESS, CITY, STATE, ZIP CODE 939 REDDMAN ROAD HARLOTTE, NC 28212	1110	4/2011
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES  / MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREF TAG	ıx	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO- DEFICIENCY)	D BE PRIATE	(X5) COMPLETION DATE
F 323	alarm sound at the nuapproximately 2 pm, a Guard technician on 1 pm. All checks perform that the system was widen 2. Residents with the the alleged deficient Figure The Licensed Nursing current residents beging completion on 10/24/1 assessment to determ elopement. There are identified to be at risk The Licensed Nursing and function of wanderesidents identified at 10/22/11. Licensed Nursing and function of wanderesidents identified at 10/22/11. Licensed Nursing and function of wanderesidents identified at 10/24/11 for those reselopement. The wand checked by the Division 10/24/11, and the system to the event were discontinued. The Administrator and will discuss all attemper morning meeting Monn discuss residents at risone month. The licensed nurses were discontinued at the licensed nurses were discontinued	rse's station on 10/22/11 at and called the Wander 10/22/11 approximately 2:30 med at that time indicated vorking properly. e potential to be affected by Practice: a staff reassessed 100% of nning 10/22/11 with 11, using the elopement risk nine if they are at risk for eleven total residents for elopement. a staff checked placement are guard bracelets for the risk for elopement on ursing staff performed every on 10/22/11 through idents identified at risk for er guard system was on of Facility Engineering on them was working properly, or fifteen minute checks  If or the Director of Nursing the day through Friday and will sk for elopement weekly for will complete the Elopement annually, and with condition. The Director of pervisors will evaluate each the care plans and certified	F	3323	will be part of the new hire orienta all newly hired employees.  Elopement notebook, which inclupictures and any pertinent informa about the resident identified at rist elopement, will be kept at reception desk and each nursing station. Nowere reviewed and updated on 1000 the licensed nurses. Licensed nurse update notebook when as necessar changes occur. Notebook was reviewed beginning 10/22/11.  The Director of Nursing and/or Un Managers will audit TAR's daily week then weekly for one month, monthly thereafter. The Director Nursing or designee will trend the of the audits and will discuss the reduring the monthly Quality Assessand Assurance Committee meeting.  4. Quality Assessment Assurance and Assessing Committee met to discuss and appears of the truit facts alleged or conclusions set forth statement of deficiencies. The plan of correction is prepared and/or executibecause it is required by the provision federal and state law."	des ation k for onist otebooks /22/11 by es will ry as riewed acation  nit for one then of results esults sment g. and tee tee of ment rove this esplan of esion or th of the n in the of ed solely	

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	8 8		LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
			A. BUII			1	С
		345243	B. WN	G		11/0	4/2011
	ROVIDER OR SUPPLIER ENTER HEALTH & REHAI	в/сн		5	EET ADDRESS, CITY, STATE, ZIP CODE 939 REDDMAN ROAD HARLOTTE, NC 28212		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	SUMMARY STATEMENT OF DEFICIENCIES  (EACH DEFICIENCY MUST BE PRECEDED BY FULL  REGULATORY OR LSC IDENTIFYING INFORMATION)  SUMMARY STATEMENT OF DEFICIENCY PROVIDER'S PLAN OF CORRECTION  (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		D BE PRIATE	(X5) COMPLETION DATE		
F 323	will observe the reside elopement each day to placement is verified at Treatment Administra Licensed nursing staff Unit managers and RI the TAR's daily to enschecked wander guard documented the same as an elopement risk. The wander guard braccording to manufact which is the expiration bracelet device. The the unit managers mat the bracelets according to the bracelet or if the bwhen tested. The nigit function of the wander by use of a testing devide document on the TAR hours in accordance of Management Policy. The Maintenance Direguard system, which is range of door module, alarm sound at the nuapproximately 2 pm, as Guard Corporation on 2:30 pm. All checks perindicated that the systems. Systemic Change The Administrator, Dir Maintenance director amanagement and nurse Elopement Management and hoc Quality Assessi	ents identified at risk for o assure that wander guard and documented on the tion Record (TAR) by the f. The Director of Nursing, N Supervisors will review ure that nurses have d placement and have e for the residents identified turers recommendation, a date stamped on the Director of Nursing and/or intains a log and changes ag to the expiration date on racelet does not function at shift nurse will verify guard bracelet each night vice. The nurse will once every twenty-four with the Elopement vith the Elopement expiration on 10/22/11 at and called the Wander 10/22/11 approximately erformed at that time em was working properly. Selector of Nursing, and other members of the sing team has reviewed the ent Policy on 10/22/11 at an	F	323	plan. The Medical Director was in and approved the plan on 10/22/1. The Committee will meet on a we basis for one month then monthly thereafter. Finding from the result audits and oversight will be report Committee on a monthly basis. Tommittee will make recommend for policy changes or further educt where necessary.  The Regional Clinical Director withe meeting minutes monthly for the months.  5. Date of Completion November 2011.  "Preparation and/or execution of this correction does not constitute admis agreement by the provider of the trut facts alleged or conclusions set forth statement of deficiencies. The plan of correction is prepared and/or execut because it is required by the provision federal and state law."	ekly ts of ted to the he ations ation  Il review hree  30,	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. C. C.		PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
			A. BUII	DINC	G	С	
		345243	B. WIN	G_	11/04/2		
NAME OF PROVIDER OR SUPPLIER  BRIAN CENTER HEALTH & REHAB/CH		•	5	REET ADDRESS, CITY, STATE, ZIP CODE 5939 REDDMAN ROAD CHARLOTTE, NC 28212			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES  Y MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETION DATE
F 323	appropriate for the Ce The Licensed Nursing and function of wande residents identified at 10/22/11. Licensed N every fifteen-minute of for those residents ide through 10/24/11. All newly admitted res the day of admission of four weeks, by license whether they are at ris will be assessed by the Elopement Risk Asses be reassessed quarte significant change of of Based on these evalu updated by the license include intervention to behavior. Licensed no assuring that physicia contacted of any ident twenty-four hours. The Interdisciplinary T attempted elopements meeting Monday throu- residents at risk for ele month. The team incl Director of Nursing, U members of the mana  The certified nursing a sheets will be updated for each resident ident behaviors. If such be during the shift the nu- immediately report the	enter's use. In staff checked placement or guard bracelets for the risk for elopement on dursing staff performed hecks beginning 10/22/11, entified at risk for elopement sidents will be assessed on then weekly for a total of ed nurses to determine six for elopement. Residents he licensed nurses using the ssment form. Residents will rly, annually, and with condition. ations, care plans will be ed nurse when identified to he address exit-seeking haves will be responsible for his and family members are hified changes within  Team will discuss all his during the morning high Friday and will discuss hopement weekly for one hudes the Administrator, hit Mangers, and other higher the discussed having exit seeking haviors have occurred	F	323			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING		(X3) DATE SURVEY COMPLETED	
		345243	B. WING	MNG		C
	ROVIDER OR SUPPLIER		5	REET ADDRESS, CITY, STATE, ZIP CODE 1939 REDDMAN ROAD CHARLOTTE, NC 28212	11/0	4/2011
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	(X5) COMPLETION DATE	
F 323	wander guard system determined that the sy properly. The range li approximately eight fe alarm once the reside eight feet of the door. placed on the administ entrance of the front local current employees whousekeeping, dietary staff, have been re-ed Nursing, Staff Develop Managers and Weeke October 22, 2011, reg system and the Elope All current staff has be 10/28/11, excluding se one prn dietary staff. Seresume work until edu service will be part of all newly hired employ Elopement notebook, any pertinent informatidentified at risk for eloreceptionist desk and Notebooks were revier 10/22/11 by the licens will update notebook wenanges occur. Notebooks	ector and the Division gineering checked the again on 10/24/11 and ystem is functioning imit was increased to set to allow the system to nt was within approximately An additional alarm will be strative hallway prior to obby on 11/02/11.  Inich includes nursing, therapy and management sucated by the Director of oment Nurse, Unit and supervisor beginning arding the door alarm ment Policy and Procedure. Seen in serviced as of even prn therapy staff and Staff will not be allowed to cation is complete. The in the new hire orientation for rees.  Which includes pictures and ion about the resident opement, will be kept at each nursing station. Wed and updated on eed nurses. Licensed nurses	F 323			

	VIDER/SUPPLIER/CLIA TIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING		(X3) DATE SURVEY COMPLETED	
	0.450.40	R MANG		С	
NAME OF PROVIDER OR SUPPLIER	345243			11/04	4/2011
BRIAN CENTER HEALTH & REHAB/CH			REET ADDRESS, CITY, STATE, ZIP CODE 1939 REDDMAN ROAD CHARLOTTE, NC 28212		
(X4) ID SUMMARY STATEMENT OF PREFIX (EACH DEFICIENCY MUST BE TAG REGULATORY OR LSC IDENTIII	PRECEDED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	.D BE	(X5) COMPLETION DATE
F 323 Continued From page 14 The Director of Nursing and/or audit TAR's daily for one week one month, then monthly there of Nursing or designee will trer audits and will discuss the resumonthly Quality Assessment at Committee meeting.  4. Quality Assessment and A Committee  On 10/22/11 an ad hoc subcordurality Assurance and Assessment to discuss and approve the Medical Director was informed plan on 10/22/11.  The Committee will meet on a one month then monthly thereat the results of audits and oversito the Committee on a monthly Committee will make recomme changes or further education will make recomme changes or further education will meet in gminutes monthly for the Immediate jeopardy was remord 3, 2011 at 5:00 PM with intervidietary, business office, house licensed nursing staff who confreceived in-service training on elopement and safety monitoria and procedures prior to reporting Interviews with facility staff revenience implement the elopement procedure implement procedures prior to reporting the procedures and safety monitoring and procedures prior to reporting the elopement procedures and safety monitoring and procedures prior to reporting the elopement procedures and safety monitoring and procedures prior to reporting the elopement procedures and safety monitoring and procedures prior to reporting the elopement procedures and safety monitoring and procedures prior to reporting the elopement procedures and safety monitoring and procedures prior to reporting the elopement procedures and safety monitoring and procedures prior to reporting the elopement procedures and safety monitoring and procedures prior to reporting the elopement procedures and safety monitoring and procedures prior to reporting the elopement procedures and safety monitoring and procedures prior to reporting the elopement procedures and safety monitoring and procedures and safety monitoring	a then weekly for eafter. The Director and the results of the ults during the und Assurance  Assurance  Assurance  Assurance  The and approved the approved	F 323			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING		(X3) DATE SURVEY COMPLETED	
		345243	B. WING	G		
NAME OF PROVIDER OR SUPPLIER  BRIAN CENTER HEALTH & REHAB/CH			STREET ADDRESS, CITY, STATE, ZIP C 5939 REDDMAN ROAD CHARLOTTE, NC 28212			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES  Y MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFIX TAG		CTION SHOULD BE O THE APPROPRIATE	(X5) COMPLETION DATE
F 323	staff indicted awarened device function, wristly wandering resident bit interviewed reported on nurse or department have resident is missing. In nurses revealed awar Record review of same documentation of safe checks. Observations revealed safety monitowrists or left ankles.  2. Resident #11 was a September 2010. Diag dementia with a histor safety monitoring devidementia with a histor safety monitoring devidement in which shaleave the facility. Resident #1 and daily decision-ma. An elopement risk revident #11 at low ris reasons to include no the prior six months and leave the facility.  A care plan dated 9/28 at risk for elopement of the sident was a state of the prior six months and leave the facility.	ess of the safety monitoring band checks and location of inders. Facility staff direction to notify a licensed head immediately when a interview with licensed eness of the procedures.  I pled residents revealed by monitoring device is of the sampled residents boring devices located on left individual of the sampled residents boring devices located on left individual of the sampled residents boring devices located on left individual of the sampled residents boring devices located on left individual of the sampled residents boring devices located on left individual of the sampled residents in the sampled residents of the sampled residents or individual of the sampled residents of the sampled residents or individual of the sampled residents of the sampled resident	F3	323		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUI	LTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
	345243 B. WING		C 11/04/2011		
NAME OF PROVIDER OR SUPPLIER  BRIAN CENTER HEALTH & REH	AB/CH	1	STREET ADDRESS, CITY, STATE, ZIP CODE 5939 REDDMAN ROAD CHARLOTTE, NC 28212		
PREFIX (EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPRIDEFICIENCY)	JLD BE COMPLETION	
was updated and a place the safety more Resident's left wrist another resident's el Additionally, on 10/2 review was complete assessed at low risk include no history of months and no verb facility.  A nurse's note dated by licensed nurse #3 Resident #11 was not the parking lot in her were noted after an note also documented the safety monitoring. The nurse's note componitoring device we left ankle area on 10 facility.  An elopement risk recon 10/30/11 and asserisk for elopement defrom the facility on 10 On 11/1/11 the care a physician's order we replacement safety mankle instead of her.  Review of the securion 3:32 PM revealed Rete facility's front documents.	1, the Resident's care plan obysician's order written to nitoring device to the as a follow-up intervention to opement from the facility. 4/11 an elopement risk ed. Resident #11 was again for elopement for reasons to elopement within the prior six al expressions to leave the at 10/30/11 at 4:00 PM written at (LN #3) documented that oted outside of the building in wheel chair. No injuries assessment. The nurse's ed that the Resident removed a device from her left wrist. Intinued that the safety as replaced to the Resident's 4/30/11 upon her return to the eview was completed again essed Resident #11 at high ue in part to her elopement 0/30/11.  Plan was further updated and was written to add a monitoring device to her left	F 3:	23		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING	CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		345243	B. WING		11.	C /04/2011	
NAME OF PROVIDER OR SUPPLIER BRIAN CENTER HEALTH & REHAB/CH		5939	r ADDRESS, CITY, STATE, ZIP CODE REDDMAN ROAD ARLOTTE, NC 28212				
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	ON SHOULD BE E APPROPRIATE	(X5) COMPLETION DATE	
F 323	PM Resident #11 wa of the facility into the Resident #11 was ob facility by a staff men. An interview on 11/2/restorative aide #1 (Resident #11 attemp 2010 when the Resident #11 attemp 2010 when the Resident after a visitor opened sounded and staff restated that on 10/30/PM", she heard a buzunit on the opposite stated she decided to facility. She observed down the left side of tot. The Resident was shirt and pants, socks go" when the Resident device was not found returned Resident #1  An interview with nurs at 5:20 PM revealed seed the past. NA #2 stated Resident #11 would redvice a lot.  An interview with the 11/2/11 at 5:21 PM resto the skilled nursing device was placed on	s observed to self propel out parking lot. At 3:34 PM served returned to the aber.  11 at 5:17 PM with the served returned that ted to leave the facility in ent stated "gotta go" and the front door of the facility the front door; the alarm sponded. RA #1 further in "between 2:30 and 3:00 string sound coming from the side of the facility and then Restorative aide #1 further in check the front door of the lacked Resident #11 self propelling the building into the parking is wearing a long sleeved and shoes and said "Gotta and the was approached. RA #1 to the facility.  Sing assistant #2 on 11/2/11	F 323				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING			(X3) DATE SURVEY COMPLETED	
		345243	B. WIN				C 4/2011
NAME OF PROVIDER OR SUPPLIER  BRIAN CENTER HEALTH & REHAB/CH		в/сн		5	REET ADDRESS, CITY, STATE, ZIP CODE 1939 REDDMAN ROAD CHARLOTTE, NC 28212		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PROVIDER'S PLAN OF CORRECTI PREFIX (EACH CORRECTIVE ACTION SHOUL TAG CROSS-REFERENCED TO THE APPRO DEFICIENCY)		D BE	(X5) COMPLETION DATE	
F 323	a physician's order wamonitoring device to he Resident's ability to reinterview continued the from the facility on 10, wandering behavior welopement and safety moved to the resident Resident #11. The DC safety monitoring device from her right we Resident's left wrist or previous history of rendevice from her right we Resident #11's ability monitoring device from considered, the DON monitoring devices we for all residents due to the facility's safety mononitoring device was #11 when she was rethad not been found. A was replaced on Resident 10/31/11 because a safety monitoring device was #11 when she was rethad not been found. A was replaced on Resident 10/31/11 because a safety monitoring device was found at 3:30 PM area in her wheel chait device was replaced to stated the date of the inbeen 10/30/11.	as written to apply the safety her right ankle due to the emove it from her wrist. The hat when Resident #1 eloped /22/11, all residents with yere reassessed for risk of monitoring devices were all its' left wrists, including DN further stated that the lice was placed on the in 10/24/11 despite her moving the safety monitoring wrist. When asked if to remove the safety in her wrists was replied the safety ere moved to the left wrist of a recommendation from conitoring device vendor. The D/30/11, Resident #11 was alir outside the facility in the	F	323			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	300 HT 1885	(X2) MULTIPLE CONSTRUCTION  A. BUILDING		(X3) DATE SURVEY COMPLETED	
		345243	2000 55-550	B. WING		C 11/04/2011	
NAME OF PROVIDER OR SUPPLIER  BRIAN CENTER HEALTH & REHAB/CH		в/сн	•	59	EET ADDRESS, CITY, STATE, ZIP CODE 939 REDDMAN ROAD HARLOTTE, NC 28212		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES  Y MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE	(X5) COMPLETION DATE
F 323	pass "between 8:00 a and functioning. LN # would often find Resid the facility at the entra apartments where the admission to the facili observed Resident #1 after lunch." LN #3 als was found outside the 10/30/11 without the sher right wrist. LN #3 how the Resident got stated she had observed with it" in the past by right down her forearm and Interview with the adm 11:40 AM revealed she elopement for Resident discussed the incident the evening of 11/2/11 of developing a plan for prevent elopements in need to be re-educate and to check placeme.  An interview with licent supervisor) on 11/3/11 it was the responsibility apply safety monitorin #4 further stated that committee monitoring devices we with a risk of elopement elopement by Resident applied the safety monwist on Resident #11	and 9:00 AM" and it was on a also stated that staff then the the independent are resident lived before ty. LN #3 stated she last 1 on 10/30/11 "about 1 PM as stated that Resident #11 a facility about 3:30 PM on a fety monitoring device to explained she was not sure the safety device off, but are deviced the band up and a towards her hand.  Ininistrator on 11/3/11 at the was informed of the nut #11 on 10/30/11 and the during a staff meeting on a staff was in the process or implementation to further the future. Staff would degarding elopements and more frequently.	F	323			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING		(X3) DATE SURVEY COMPLETED	
		345243		B. WING		C 11/04/2011	
NAME OF PROVIDER OR SUPPLIER  BRIAN CENTER HEALTH & REHAB/CH			·	59	EET ADDRESS, CITY, STATE, ZIP CODE 939 REDDMAN ROAD CHARLOTTE, NC 28212		
(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 CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	ACTION SHOULD BE TO THE APPROPRIATE	
F 323		esident #11 would "play" afety monitoring device by	F	323			