PRINTED: 12/18/2012 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1)	PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIP	LE CONSTRUCTION		X3) DATE SURVEY COMPLETED	
	345405	B. WNG		40/06		
NAME OF PROVIDER OR SUPPLIER CHARLOTTE HEALTH CARE CENTER		17	EET ADDRESS, CITY, STATE, ZIP CODE 735 TODDVILLE RD HARLOTTE, NC 28214	12/06	5/2012	
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The Division of Health Soluring Home Licensure Section, conducted a con 11/19/12 and 12/05/12 - 2 Immediate Jeopardy begawhen the facility failed to levels for Residents #1 and 09/24/12 in 483.60 when pharmacist conducted a raceidents #1 and #3 and laboratory monitoring of Eadministrator was notified jeopardy on 12/05/12 at 3 jeopardy was removed or facility provided and impled credible allegation of commemains out of compliance severity level to ensure main place. F 329 SS=J Each resident's drug reging unnecessary drugs. An under drug when used in excess duplicate therapy); or for without adequate monitor indications for its use; or in adverse consequences when the sed of the reason of the	and Certification inplaint investigation on 12/06/12. In on 09/04/12 in 483.25 obtain Dilantin blood ind #3 and began on the consultant monthly drug review for failed to report missing Dilantin blood levels. The dof the immediate In 12/06/12 when the emented an acceptable in 12/06/12 when the emented an acceptable in pliance. The facility is at a lower scope and inonitoring of systems put EN IS FREE FROM IS IS FREE FROM IS In men must be free from unnecessary drug is any sive dose (including excessive duration; or ring; or without adequate in the presence of which indicate the dose continued; or any ons above. In the presence of which indicate the dose continued; or any ons above. In the presence of a ensure that residents excholic drugs are not antipsychotic drug	F 329	The statements made in plan of correction are not admission and do not congreement with the allegation deficiencies herein. To remain in compliance all state and federal regulations set forth in the actions set forth in the of Correction. In addition following plan constitutions allegation of compliance. All alleged deficiencies have been on be corrected by the date indicated. F329 The facility does understand that each reading regimen must be frunnecessary drugs and wadequate monitoring.	e with alations, will take his Plan on, the es the or will es	1/3/13	

Any deficiency statement ending with an asterist (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that eived other safeguards provide sufficient protection (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 () 3 2013 program participation.

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID: F4CR11

Facility ID: 943091

If continual sheet Page 1 of 20

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SUR COMPLETE	
		345405	B. WIN			12/06	5/2012
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F 329	record; and residents drugs receive gradua behavioral intervention	cumented in the clinical who use antipsychotic I dose reductions, and	F	329	How the corrective act be accomplished for the resident(s) affected. Resident #1, affected by deficient practice, was so the hospital on 10/04/2 with seizures and was	the ent to 012	1/3/13
	by: Based on record rev facility staff interviews Dilantin blood levels of receiving anticonvuls (Resident #1 and #3) Immediate Jeopardy facility failed to obtain #1 and the resident s which resulted hospit epilepticus and acute #1 was admitted to the hospital on a ventilate failed to obtain a Dila 09/07/12 and the resi admitted to the hospi Immediate Jeopardy when the facility prov credible allegation of remains out of compl severity level of D (n for more than minima jeopardy) to ensure n	began 09/04/12 when the a Dilantin level on Resident ubsequently had a seizure			subsequently discharged the hospital on 10/17/1 nurse who made the transcription error and to nurse who failed to exect thorough 24-hour chart were both counseled. The nurse was further educated counseled that it is the responsibility of the nurstaff to complete the labetracking form and requising the unit supervisor. Resident #3, affected by deficient practice, was set the hospital on 9/27/20 was evaluated in the emproom for dizziness and subsequently readmitted Charlotte Health Care Cethe same day.	2. The the tute a check he ated and sing sition, the ent to 12 and ergency	

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	PASSEA [1] (1946) (1) 1는 10 1는 10 1일 20		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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F 329	The findings are: 1. Resident #1 was a 08/29/12 with diagnor disorder. Review of hadmission to the facil a Dilantin level on 08 per milliliter (ug/ml) a ug/ml. Further review the resident was order Dilantin (an anti-seizu milligrams (mg) (total bedtime. Review of physician or revealed an order for 100 milligrams, 3 cap diagnosis epilepsy." upon the resident's a Further review of phyrevealed an order for (09/04/12). On this sawere ordered to be domplete blood coun metabolic panel (BMI Review of Resident # revealed no plan of comonitoring of drug lever her seizure disorder. Further review of Resident # revealed no result of be drawn on 09/04/12 two other labs that we the CBC and BMP, h	dmitted to the facility on sees that included seizure ospital records prior to ity revealed Resident #1 had /27/12 of 12.1 microgram and on 08/28/12 of 10.3 of hospital records revealed ered three (3) capsules of are medication) 100 ing 300 mg) each night at orders dated 08/28/12 "Dilantin extended release isules by mouth every night, This was an order written dmission to the facility. sician orders dated 08/29/12 a Dilantin level in one week ame order two other labs rawn in one week, a t (CBC) and a basic	F	329	The nurse who made the transcription error and to nurse who failed to exect thorough 24-hour chart were both counseled. Refai's labs are currently be monitored by nursing as ordered by the physician presented during survey. How corrective action accomplished for those residents with the pote to be affected by the Sapractice. An audit was completed by the Unit M (UM) and a Licensed Pransurse (LPN) on 11/19/2 residents who are on Dil therapy to ensure that lawere completed as orde The total number of resion Dilantin was four (4) audit identified zero (0) residents requiring addilabs to obtain Dilantin le Licensed Practical Nurse Manager and Staff Devel Coordinator conducted as	will be ential anager actical 2012 for lantin abs red. idents . The etional evels. e, Unit lopment	1/3/13

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F 329	Review of the Lab Tr. due to be drawn on the BMP to be drawn initialed as being don listed on this form. Review of the Lab Re 09/04/12 listed both twere drawn on Residwas not listed on this Review of Medication (MAR) indicated the having been administ 10/03/12. Review of nurses not PM read, "Resident smultiple seizures 2-3 Review of hospital rerevealed the resident with the diagnoses strespiratory failure. The Resident #1 had a to for greater than 30 m Dilantin level, when shospital, was less that milliliter (ug/ml) (a the -20 ug/ml). The reside emergency department intensive care unit of continued to be on a when she was extube on her own. Resident	acking form with lab orders 9/04/12 listed the CBC and for Resident #1 and were e. The Dilantin level was not equisition form dated he CBC and the BMP that lent #1. The Dilantin level form. Administration Records Dilantin was signed as tered from 08/29/12 through the dated 10/04/12 at 10:13 tent out due to having minutes non-stop." cords dated 10/04/12 at was admitted to the hospital ratus epilepticus and acute the hospital records stated inc clonic seizure that lasted inutes. Resident #1's the was admitted to the	F3	audit of all current lal on 12/5/2012. All lal discrepancies identification obtained and corrects (9) residents. Measures in place to practice will not occurrent monitoring, and reviet labs was systemically implemented at the farmation of the following outline process that was review implemented on 11/2 by the Director of Number 1. A licensed number occurrent monitoring a lab document the the current monitoring and tracking form. In licensed number occurrent monitoring in the complete a lab requisition from the vendor.	ed were ed on nine en ensure eur. A ing, ewing of acility. s the sed and 28/2012 rsing. se order will order on onth's lab The ewill then	1/3/13	

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ACOMO ES SE	OVIDER OR SUPPLIER	TER	STREET ADDRESS, CITY, STATE, ZIP CODE 1735 TODDVILLE RD CHARLOTTE, NC 28214		735 TODDVILLE RD		
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F 329	PM with the Director of confirmed the Dilantin 09/04/12 on Resident stated it was a transce explained the BMP are but the Dilantin level on urse who received the responsible for entering the Requisition and the stated the third shift of the chart check should three labs had been a Requisition form and the During a later interview with the DON, she stated the physicial including the Dilantin shift nurse had initialed Resident #1's physicial including the physicial indicating the order with the DON indicated it labs that ordered were and Lab Tracking for ordered. A telephone interview at 4:21 PM with Nurse who had initialed and for the Dilantin level. The order she had mattanscribed in the lab not remember this particular indicating the order she had mattanscribed in the lab not remember this particular indicating the order she had mattanscribed in the lab not remember this particular indicating the order she had mattanscribed in the lab not remember this particular indicating the Dilantin level.	ducted on 11/19/12 at 1:45 of Nursing (DON). The DON in level that was to be drawn if the was not drawn. She ription error. She further and the CBC were completed was missed. She stated the ane order for the labs was and the ordered labs on the he Lab Tracking forms. She aurse who had completed d also have made sure all entered on the Lab the Lab Tracking form. www on 11/19/12 at 5:47 PM ated a chart check was and and dated on 08/30/12 on an order for the labs level. She indicated the third and dated as having	F	329	 If a routine lab tedue during the cumonth the license will document the appropriate information onto the Lab Trace Log and complete requisition, indice the type of lab teductre or supervisional completed. The 11-7 shift licentures or supervisional check the lab trace form nightly for letto be drawn the following morning appropriate requivall be pulled from lab book (or completessary) and put the facility's designation for the lattechnician. 	ed nurse e emation cking e a lab ating st date to ensed sor will cking ab work g. The isition m the pleted if laced in gnated	1/3/13

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F 329	listed. She further sta order was written tow and due the following Requisition form nor the would have been in the was the unit supervise had been written in the them to the Lab Requiracking forms. She sinitialed and dated the initials indicated the trial blook. 2. Resident #3 was at 06/23/2012 with diagraterly Minimum Date 109/13/12 recorded Resident #3 at risk for activity with an interverse ordered by the physical A review of Resident revealed a Dilantin late a Dilantin level of 9.6 (ug/ml) and indicated level range as 10.0-20. The medication admit and July was reviewed had been on Dilantin discontinued on 07/08. A neurology consultatindicated a recommendant of the restarted points in the state of the restarted points of the state	sure the labs had been ted that because this lab ard the end of the month month, neither the Lab he Lab Tracking forms he lab book yet. She stated it or's job to take the labs that e lab book and transcribe distition form and the Lab stated that when she exphysician's order, her here labs were listed in the dimitted to the facility on hoses of seizure disorder. A state Set (MDS) dated exident #3 as cognitively dated 09/13/12 recorded or injury related to seizure ention to perform lab tests as sian. # 3's laboratory report or result dated 06/28/12 with micrograms per milliliter the therapeutic Dilantin 0.0 ug/ml. histration record for June d. It revealed the resident therapy which was	F	329	 4. Upon completion lab draw a licens nurse will docum date the specime drawn on the appropriate lab to form. 5. A licensed nurse then notify the plas soon as possible any abnormal lab. 6. Once the physicial been notified of the results, the nurse document the day notification and the method of notification and the Lab Tracking. 7. A licensed nurse document any new information for four on the 24-hour Report. 	ed nent the en was cracking will hysician ble of o results. an has che lab e will te of the cation on Log. will ecessary collow	1/3/13

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F 329	weeks. A review of Resident revealed an order dat mg twice daily and a drawn on 09/07/12. A review of the medic (MAR) for August and Dilantin 200 mg was a (total dose of 400mg 09/27/12. Further review of Res revealed no documer level lab drawn on 09 A nurse's progress no PM indicated Resider out to hospital due to the head". The physic order was received to emergency departme 10:00 PM a call from had toxic Dilantin level facility later in the ever a review of the ED suindicated Resident #3 Dilantin toxicity with in tomorrow and contact Dilantin level was 28 A physician's progress	#3's physician orders feed 08/27/12 for Dilantin 200 Dilantin blood level to be reation administration record if September revealed readministered twice daily per day) from 08/27/12 until rident #3's medical record reation of a Dilantin blood reation o	F	329	8. Daily, during shift change, the licens nursing staff for his shifts will review status of current orders. To ensure practice will not a both nurses will sindicating comple and review of steadove for twelve weeks. 9. At the end of each month, the unit mor director of nurwill file the complab tracking and requisition forms prepare the lab be the new month; the process will incluplacing any recurlabs from the mass log on the approphate's lab tracking in the new month.	sed both the lab e recur, sign, etion ps 1-8 (12) n nanager rsing leted and ook for his de rring ster lab oriate g form	1/3/13

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Resident #3's Dilanting Interview with the Direct 11/19/12 at 1:46 PM is usually ordered by the scheduled unless the the facility long term. Who received the order for entering the lab or well as a facility lab the explained the 3rd shift complete a 24 hour condered was placed of the next lab draw, and all steps had been condered the enterview 5:46 PM confirmed the was not drawn for Reshe could not identify the order indicating a had been completed. Have expected the number of the lab or requisition and lab transport of the lab or requisition and lab transport of the lab or requisition and lab transport of the lab or requisition order the labs to monitor on the labs to monitor or the l	ated 10/01/12 recorded a level was 18.8 ug/ml. ector of Nursing (DON) on revealed Dilantin levels were a physician and not resident was remaining in The DON stated the nurse are for a lab was responsible to hart check, verify the lab and a lab requisition sheet for a lab chart check and lab form. The DON stated the nurse who had initialed chart check and lab form. The DON stated she would rese who initialed the order to was placed on the lab cking sheet to ensure the lab cking sheet to ensure the lave been drawn on 09/07/12 r. Nurse Practitioner (NP) revealed Resident #3 was and therefore she relied and evaluate Resident #3's	F	329	10. As an additional process, the licer nurse on 11 p.m. a.m. shift will con 24-hour chart chall in-house residents for new or ensure that order transcribed correct This process will monitored by the Manager. a. Licensed in will follow 1-8 above b. Labs ident will be obtained any discrepant be correct necessary completion chart check nurse will complete thour chart form.	nsed to 7 mplete a eck on dent rders to rs are ectly. be Unit nurse v steps tified tained cies will ted as Upon on of the ek the	1/3/13

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F 329	Resident #3, affected was sent to the hospi evaluated in the emer The resident readmitt Center on 9/27/2012. currently being monit by the physician. Redeficient practice, wa 10/04/2012 with seizu not return to the facili An audit was complet (UM) and a Licensed 11/19/2012 for reside therapy to ensure tha ordered. The total nu Dilantin was four (4). residents requiring ac Dilantin levels. Licensed Practical Nu Development Coordin audit of all current lab lab discrepancies ide corrected on nine (9) The following process monitoring, and revies systemically implement following process was on 11/28/2012 by the 1. A licensed nurse document the order of tracking form. The lice complete a lab requise 2. If a routine lab te current month the lice	by the deficient practice, tal on 9/27/2012 and was regency room for dizziness. ed to Charlotte Health Care Resident #3's labs are ored by nursing as ordered sident #1, affected by the sent to the hospital on ourse and subsequently did tay. The definition of the first practical Nurse (LPN) on onts who are on Dilantin to tabs were completed as amber of residents on the audit identified zero (0) diditional labs to obtain orders on 12/5/2012. All ontified were obtained and residents. The ordering, wing of labs will be onted at the facility. The servised and implemented Director of Nursing. Treceiving a lab order will on the current month 's labs	F	329	An in-service, which sta 11/28/2012, was conducted Director of Nursing for all licensed nurses of working in the facility at completed for all nurses 12/06/2012, as present during survey. The in-seincluded lab policy and revised procedures as stabove. Any licensed nuis on Family Medical Lea (FMLA), Leave Of Absen (LOA), or vacation will be serviced before their nescheduled shift via phore person by the DON or Uther the lab process for Dilate be monitored by a Nursi Manager by completing additional 24 hour chart on any resident receiving Dilantin for a period of: (Monday – Friday) for for the lab process for Dilate on any resident receiving Dilantin for a period of: (Monday – Friday) for for the lab process for Dilate on any resident receiving Dilantin for a period of: (Monday – Friday) for for the lab process for Dilate on any resident receiving Dilantin for a period of: (Monday – Friday) for for the lab process for Dilate on any resident receiving Dilantin for a period of: (Monday – Friday) for for the lab process for Dilate on any resident receiving Dilate of the lab process for Dilate on any resident receiving Dilate of the lab process for Dilate on any resident receiving Dilate of the lab process for Dilate on any resident receiving Dilate of the lab process for Dilate of	icted by (DON) urrently nd was s on ted ervice the tated rse that ave Act ice oe in- xt ne or in M. to sure d. ntin will ing an t check ig Daily	1/3/13

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F 329	type of lab test orders completed. 3. The 11-7 shift lic will check the lab track work to be drawn the appropriate requisition book (or completed if the facility 's designate technician. 4. Upon completion nurse will document the drawn on the appropriate as soon as possible of the facility. 5. A licensed nurse as soon as possible of the facility is designated to the physicillab results, the nurse notification and the mach tracking Log. 7. A licensed nurse necessary information that the nurse necessary information that the nursing staff for both completion and revies. 8. Daily, during shift nursing staff for both completion and revies. 9. At the end of each or director of nursing tracking and requisition book for the new morp placing any recurring on the appropriate danew month. 10) As an additional nurse on 11 p.m. to 7	ab requisition, indicating the ed and the date to be ensed nurse or supervisor king form nightly for lab following morning. The n will be pulled from the lab necessary) and placed in ted location for the lab of the lab draw a licensed he date the specimen was iate lab tracking form. will then notify the physician of any abnormal lab results. an has been notified of the will document the date of ethod of notification on the will document any n for follow up on the 24 t change, the licensed shifts will sign, indicating w of steps 1-8 above. In month, the unit manager will file the completed lab on forms and prepare the lab on forms and prepare	F	329	weeks, Three times per version four weeks, Then quarter Completed audits are the given to be given to the I of Nursing. To monitor Dilantin, the Manager or House Super will review all new order residents on Dilantin each weekday. Monitoring winclude auditing the charresidents receiving Dilar book, lab tracking forms monitoring will occur: Defor four weeks, Then quarter for four weeks, Then quarter To monitor all labs, nurs management will review nurses shift change check includes checking the phorders, lab tracking form requisitions, lab tracking and results with any discrepancies corrected necessary 5x per week for weeks.	ekly for rly x2. en to be Director Unit visor rs for ch rill also rts of aily our week ekly for rly x2. sing v the ek which aysician a, lab g log, as	1/3/13

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F 329	b. Labs identified we discrepancies will be Upon completion of the complete the 24 hour process will be monit completing an additional and resident receiving 1. Daily (Monday - 2. Three times per 3. Then weekly for 4. Then quarterly x 5. Completed audit the Director of Nursing the Director of Nursing Conducted by the Constant of the Director of Nursing as stated above. An Family Medical Leave Absence (LOA), or value before their next scheperson by the DON of the Don of the Constant of t	will follow steps 1-8 above. will be obtained and any corrected as necessary. ne chart check the nurse will chart check form. This ored by the Unit Manager by nal 24 hour chart check on g Dilantin for a period of: Friday) for four weeks, week for four weeks, four weeks, 2. Its to be given to be given to g. Started on 11/28/2012, is the Director of Nursing I nurses who are currently and will be completed for all 2. The in-service includes the procedures by licensed nurse that is on the Act (FMLA), Leave Of the action will be in-serviced the duled shift via phone or in the UM. Intervisor will review all new the Dilantin each weekday. The clude auditing the charts of the illantin, lab book, lab tracking the gwill occur: Friday) for four weeks, week for four weeks, week for four weeks, four weeks,	F	329	Results from the Nursing Management audits will given to the Director of for tracking and trending concerns weekly for a period of the concerns we weekly for a period of the concerns we were the concer	be Nursing g of eriod of x2. Any cern time of g action report o the ittee. ne if temic	1/3/13

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	OVIDER OR SUPPLIER	TER		173	ET ADDRESS, CITY, STATE, ZIP CODE 15 TODDVILLE RD IARLOTTE, NC 28214			
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F 329	e) Results from the given to the Director trending of concerns weeks and quarterly concern will be addre occurrence, including action if needed. The patterns or trends to to committee. The qual determine if further exchanges are needed	Unit Manager audits will be of Nursing for tracking and weekly for a period of 12 c2. Any deficient practice or ssed, at the time of the progressive disciplinary a DON will report any he quality assurance ity assurance committee will	F	329				
F 428 SS=J	at 5:00 PM. The facili in-service training for and observations of manifers of the shift to shift report of completed. Nursing secondary comparing them to the Requisition and Lab nursing staff for all she confirming they were obtaining and confirming were carried out. Furthird shift staff responders for labs and confirming they were carried out. Furthird shift staff responders for labs and confirming they were carried out. Furthird shift staff responders for labs and confirming they were carried out. Furthird shift staff responders for labs and confirming they were carried out. Furthird shift staff responders for labs and confirming they were carried out. Furthird shift staff responders for labs and confirming they were carried out. Furthird shift staff responders for labs and confirming they were carried out. Furthird shift staff responders for labs and confirming they were carried out. Furthird shift staff responders for labs and confirming they were carried out. Furthird shift staff responders for labs and confirming they were carried out. Furthird shift staff responders for labs and confirming they were carried out. Furthird shift staff responders for labs and confirming they were carried out. Furthird shift staff responders for labs and confirming they were carried out. Furthird shift staff responders for labs and confirming they were carried out. Furthird shift staff responders for labs and confirming they were carried out. Furthird shift staff responders for labs and confirming they were carried out. Furthird shift staff responders for labs and confirming they were carried out. Furthird shift staff responders for labs and confirming they were carried out. Furthird shift staff responders for labs and confirming they were carried out. Furthird shift staff responders for labs and confirming they were carried out. Furthird shift staff responders for labs and confirming they were carried out. Furthird shift staff responders for labs and confirming they were carried out. Furthird shift staff responders for lab	rorders written that day, and e labs listed on the Lab Fracking forms. Interview of ifts was completed trained on the procedure of ing that laboratory orders hermore, interviews with sible for checking physician imparing them to the Lab Fracking forms for the 24 re completed and nursing instanding of the procedure. GIMEN REVIEW, REPORT	F	428	F428 The facility does understand that the drug regimen of each resident be reviewed at least oncomonth by a licensed pha and that said pharmacist report any irregularities attending physician and director of nursing.	t must e a rmacist t must to the	1/3/13	

	OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SUR COMPLETE A. BUILDING						
		345405	B. WIN	G		12/06	5/2012
	NAME OF PROVIDER OR SUPPLIER CHARLOTTE HEALTH CARE CENTER STREET ADDRESS, CITY, STATE, ZIP CODE 1735 TODDVILLE RD CHARLOTTE, NC 28214				7.2012		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE	(X5) COMPLETION DATE
F 428	the attending physicia	report any irregularities to	F	428	How the corrective act be accomplished for the resident(s) affected.		1/3/13
	by: Based on record revi consultant pharmacisi pharmacist failed to re monitoring of Dilantin sampled residents red therapy. (Resident #1 Immediate Jeopardy If facility's pharmacist fa missing Dilantin levels report the missing Dila Resident #1's hospita and acute respiratory admitted to the intens on a ventilator. In add report the missing Dila Resident #3 being add Dilantin toxicity. Immed 12/06/12 when the faci implemented a credib The facility remains of scope and severity leve	pegan on 09/24/12 when the siled to identify and report is. Failure to identify and rentify and rentif			Resident #1, affected by deficient practice, was s the hospital on 10/04/2 with seizures and was subsequently discharged the hospital on 10/17/1 nurse who made the transcription error and nurse who failed to exect thorough 24-hour chart were both counseled. The nurse was further educated counseled that it is the responsibility of the nurstaff to complete the lab tracking form and require not the unit supervisor. Resident #3, affected by deficient practice, was sethe hospital on 9/27/20 was evaluated in the em room for dizziness and subsequently readmitted.	ent to 2012 d from 2. The the cute a check he ated and esing sition, the ent to 12 and ergency	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED C	
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F 428	08/29/12 with diagnost disorder. Review of hadmission to the facil a Dilantin level on 08 per milliliter (ug/ml) at ug/ml. Further review the resident was order Dilantin 100 milligrame each night at bedtime. Review of Physician revealed an order for drawn in one week (0 two other labs were of week, a complete blometabolic panel (BMI). Review of physician or revealed an order for 100 mg, 3 capsules be diagnosis epilepsy." Further review of Resrevealed no result of be drawn on 09/04/12 two other labs that we the CBC and BMP, he results were in the revealed the Pharmathe need for monitoric	dmitted to the facility on sees that included seizure ospital records prior to ity revealed Resident #1 had i27/12 of 12.1 microgram and on 08/28/12 of 10.3 of hospital records revealed ered three (3) capsules of its (mg) (totaling 300 mg) is. Didders dated 08/28/12 a Dilantin blood level to be included by 19/04/12). On the same order ordered to be drawn in one od count (CBC) and a basic orders dated 08/29/12 included inc	F	428	Charlotte Health Care Counter the same day. The nurse who made the transcription error and nurse who failed to execute thorough 24-hour chart were both counseled. Reflais labs are currently lemonitored by nursing a ordered by the physicial presented during survey. How corrective action accomplished for those residents with the potto be affected by the Samuel of	e the cute a check esident being s n, as y. will be eential ame Manager actical 2012 for lantin abs ered. idents . The	1/3/13

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING			(X3) DATE SURVEY COMPLETED				
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F 428	PM read, "Resident's multiple seizures 2-3 Review of hospital rerevealed Resident #1 hospital with the diagracute respiratory failute to have a tonic clonic minutes. Resident #1 was admitted to the himicrogram per millilite Dilantin level is 10 -20 intubated on 10/04/12 The resident was admunit of the hospital. An interview on 11/19 conducted with the Dishe confirmed the Difer Resident #1 on 09 A telephone interview at 4:50 PM with the fastated he usually look that were written and the Dilantin level not 1 He further stated if a did not look for it. He clinical presentation in for a Dilantin level. A later interview was 5:15 PM with the DOI the pharmacist gave lab to be done if he direcord. She stated the	es dated 10/04/12 at 10:13 ent out due to having minutes non-stop." cords dated 10/04/12 was admitted to the nosis status epilepticus and re. Resident #1 was noted seizure for greater than 30 s Dilantin level when she ospital was less than 2.5 er (ug/ml) (a therapeutic 0 ug/ml). The resident was e and placed on a ventilator. nitted to the intensive care 1/12 at 1:45 PM was rector of Nursing (DON). antin level was not drawn	F	428	Licensed Practical Nurse Manager and Staff Devel Coordinator conducted audit of all current lab o on 12/5/2012. Any lab discrepancies identified immediately corrected. An audit was completed 100% of all in-house rescharts by the Pharmacy Consultant on 12/05/20 through 12/06/2012 to residents receiving Dilar the required labs as phy ordered. The audit iden zero (0) residents on Direquiring additional labs Pharmacy consultant als reviewed lab orders and medications that have recommendations for laboratory monitoring dhis review.	opment a 100% rders were on sident 012 ensure ntin had sician tified lantin s.	1/3/13

STATEMENT C AND PLAN OF	F DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MU		LE CONSTRUCTION	NSTRUCTION (X3) DATE SUR' COMPLETE	
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F 428	Continued From page needed a Dilantin leve	əl.	F	428	Measures in place to er practice will not occur.		1)3/13
	06/23/12. The Resid seizure disorder. A qu (MDS) dated 09/13/12 cognitively intact. A p recorded Resident #3	inistration record for June ed. It revealed the resident in therapy which was 05/2012. dated 08/27/12 rting Dilantin at 200 mg illy and to recheck Dilantin eks. atted 08/27/12 included to if Dilantin twice a day (total day) scheduled at 8:00 AM obtain a Dilantin blood level Medication Administration August 2012 revealed that is appropriately made and d 400 mg Dilantin every day 12 until September 27th 1) Expectation of Consultant Pharm review lab orders medications that recommendation laboratory monit during his month facility reviews. 2) Pharmacist is to recommend labo monitoring to the physician as outli the suggested lab monitoring paran for selected medication and the Omnicare		he			
	and July was reviewed had been on Dilantin discontinued on 07/05. A neurology consult of recommended restart (milligrams) twice daily blood levels in 2 week had been on 20 mg of dose of 400 mg per dand 8:00 PM and to con 09/07/12. Further review of the Records (MARs) for A this dose change was Resident #3 received				Consultant Pharm review lab orders medications that recommendation laboratory monit during his month facility reviews. 2) Pharmacist is to recommend laboratoring to the physician as outling the suggested laboratoring parameters for selected medications.	s and have s for oring ly ratory e ined in oratory neters cations	

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			TIPLE CONSTRUCTION (X3) DATE SUR COMPLETE		
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F 428	revealed that Resider by the consultant pha was no mention about in the review and no reforwarded to the physical by the consultant phase. Further review of the nurse's progress note PM indicated Resider out to hospital due to the head." The physical order was received to emergency department 10:00 PM a call from had toxic Dilantin lever facility later in the every facility later in the every A review of the ED suindicated Resident #30 Dilantin toxicity with intomorrow and contact Dilantin dose due to a (therapeutic range 10 A telephone interview at 4:50 PM with the fastated he usually look that were written and the Dilantin level not the further stated if a did not look for it. He clinical presentation in for a Dilantin level. An interview with the	y pharmacy progress notes at #3's chart was reviewed rmacist on 09/24/12. There is the missing Dilantin level recommendations were sician or Director of Nursing rmacist. Immedical record revealed a redated 09/27/12 at 10:10 at #3 requested to be sent "feeling dizzy and drunk in cian was notified and an a send the resident to the ent (ED) for evaluation. At the ED stated the resident return to the rening. Immary dated 09/27/12 at 30:10 and 30:10 at 40:10 at	F	428	3) Expectation of Consultant Pharm that, if an order in chart for a laboratest to be conduct is to verify the later are in the medicate and that this is to completed with the monthly review. results are not are on the medical rethen he is to identify the later concern each monthly review. The Pharmacy Consultate continue to audit patient review report. The Pharmacy Consultate continue to audit patient receiving Dilantin. This will include ensuring the required or ordered labte present. If the results at available on the medicate then he is to identify the concern each month with consultant review report. The Pharmacy Consultate continue to audit patient receiving Dilantin. This will include ensuring the required or ordered labte present. If the results at available on the medicate then he is to identify the concern each month with consultant review reports.	is on the atory cted, he b results al record o be each If the vailable ecord, nify the onth ant will ats audit at s are are not l record, eth his ct. The	1/3/13

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F 428	09/07/12 lab draw for change in Dilantin. The would have expected to have caught the end and her aware of the Credible Allegation of Resident #3, affected was sent to the hospide evaluated in the emer. The resident readmitt Center on 9/27/2012. Currently being monitor by the deficient praction 10/04/2012 for seiznot return to the facility Administrator met with 12/05/2012 at 8 p.m. Pharmacy Consultant 1) Expectation of Coreview lab orders and recommendations for during his monthly face 2) Pharmacist is to monitoring to the physical suggested laboratory selected medications Reference. 3) Expectation of Coreview is not the characteristic of the conducted, he is to verificate in the characteristic of the characteristic	Resident #3 after a dose the DON also explained she the consultant pharmacist for on his monthly visit and the missed lab. Compliance F428 by the deficient practice, tal on 9/27/2012 and was regency room for dizziness. The document of the hospital taures and subsequently did ty. The Administrator educated toon: The Administra	F	428	absence the Unit Manage Registered Nurse Superv will review recommendate with the Pharmacy Constituting his monthly facility and compare those recommendations to the patients on Dilantin and ordered labs to ensure recommendations are addressed and any discrepancies are correct needed. The pharmacy consultant to review medications for laboratory monitoring, a review lab orders for resoutlined in steps 1-3 about the facility plans monitor and to make solutions are sustained Monthly, the Director of Nursing will review the completed Pharmacy recommendations. The Consultant Pharmacist of Director of Nursing will	visor, ations ultant ty visit elist of eted as at is also at have and sults as ove. to sure d.	1/3/13

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED		
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F 428	(UM) and a Licensed 11/19/2012 for reside therapy to ensure that ordered. The total numbilantin was four (4). residents requiring and Dilantin levels. Licensed Practical Numberled Development Coordinaudit of all current lab lab discrepancies idea. An audit was completed resident charts by the 12/05/2012 through 1 residents receiving Dias physician ordered. (0) residents on Dilantin the Pharmacy Consumpatients receiving Dilatensuring that required present. If the result medical record, then the each month with his of the Director of Nursin Unit Manager or Regimilar review recomments Consultant during his compare those recompatients on Dilantin and recommendations are discrepancies are considered.	ed by the Unit Manager Practical Nurse (LPN) on Ints who are on Dilantin It labs were completed as Imber of residents on The audit identified zero (0) Iditional labs to obtain Irse, Unit Manager and Staff Inator conducted a 100% Interest on 12/5/2012. All Intified and corrected. Interest on 100% of all in-house Interest on Pharmacy Consultant on 2/06/2012 to ensure Identin had the required labs The audit identified zero Itin requiring additional labs. Interest will continue to audit Interest or ordered labs are Interest and available on the Interest of the is to identify the concern Interest or interest on the stered Nurse Supervisor, Indicators with the Pharmacy Interest of the list of Interest of the list of Interest of ordered labs to ensure Interest of ordered labs ordered labs or ensure Interest of ordered labs ordere	F	428	findings of Pharmacy recommendations and as missing Dilantin or other laboratory recommendathe Quality Assurance and Assessment Committee quarterly x3 for continuous compliance and revision monitoring as needed and directed by the committee.	r tions to nd ed of nd	1/3/13

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	19800000	(X2) MULTIPLE CONSTRUCTION A. BUILDING		SURVEY ETED
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F 428	Consultant Pharmaci report findings of Pha and any missing Dilar Quality Assurance and quarterly x3 for conting the committee. Immediate Jeopardy 5:00 PM. The facility's completed a 100% at The pharmacist was responsibility to compresidents' medical region his monthly reports	recommendations. The st or Director of Nursing will armacy recommendations on the recommendations to the ad Assessment Committee nued compliance and gras needed and directed by was lifted on 12/06/12 at a sunit Manager and DON audit of all medical records. In-serviced on his polete a review of all facility cords monthly and indicate a ray need for further the Pharmacist specifically is on Dilantin and their found none of these	F 42	28		1/3/13