

STATEMENT OF ISOLATED DEFICIENCIES WHICH CAUSE NO HARM WITH ONLY A POTENTIAL FOR MINIMAL HARM FOR SNFs AND NFs	PROVIDER # 345405	MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	DATE SURVEY COMPLETE: 6/20/2013
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NAME OF PROVIDER OR SUPPLIER CHARLOTTE HEALTH CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 1735 TODDVILLE RD CHARLOTTE, NC
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ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES
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F 157	<p>483.10(b)(11) NOTIFY OF CHANGES (INJURY/DECLINE/ROOM, ETC)</p> <p>A facility must immediately inform the resident; consult with the resident's physician; and if known, notify the resident's legal representative or an interested family member when there is an accident involving the resident which results in injury and has the potential for requiring physician intervention; a significant change in the resident's physical, mental, or psychosocial status (i.e., a deterioration in health, mental, or psychosocial status in either life threatening conditions or clinical complications); a need to alter treatment significantly (i.e., a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or a decision to transfer or discharge the resident from the facility as specified in §483.12(a).</p> <p>The facility must also promptly notify the resident and, if known, the resident's legal representative or interested family member when there is a change in room or roommate assignment as specified in §483.15(e) (2); or a change in resident rights under Federal or State law or regulations as specified in paragraph (b)(1) of this section.</p> <p>The facility must record and periodically update the address and phone number of the resident's legal representative or interested family member.</p> <p>This REQUIREMENT is not met as evidenced by: Based on medical record review and staff interviews, the facility failed to notify the responsible party of abnormal lab values for 1 of 5 sampled residents reviewed for notification of change. (Resident #2) The findings included: Resident #2 was admitted 05/23/13. Diagnoses included peripheral vascular disease. Admission skin assessment dated 05/23/13 revealed Resident #2 was admitted with an unstageable pressure ulcer to the left heel. Review of nurses notes dated 06/03/13 indicated drainage and odor to the left heel ulcer. The Nurse Practitioner (NP) was notified and orders were obtained for wound culture. Review of lab results dated 06/08/13 indicated wound culture positive for pseudomonas and methicillin resistant staphylococcus aureus (MRSA). Review of grievance filed by Resident #2's family dated 06/11/13 indicated they were not notified of the lab results. An interview was conducted on 06/20/13 at 12:10 PM with Nurse #1. Nurse #1 stated that she was notified on 06/10/13 by the Unit Manager (UM) of Resident #2's lab results. Nurse #1 stated she notified the NP of the lab results and was waiting for new orders before contacting the resident's family. Nurse #1 stated she passed the information during shift change report to the second shift Nurse #2. Review of second shift Nurse #2 notes dated 06/10/13 indicated new orders for antibiotics were received with medication administered as ordered. Nurse #2 notes did not document responsible party notification of change. Nurse #2 was unavailable for interview regarding this concern. An interview was conducted on 6/20/13 at 2:50 PM with the Unit Manager (UM). The UM stated she informed Nurse #1 of Resident #2's abnormal labs and instructed the nurse to notify the MD/NP and the</p>
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Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See 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

The above isolated deficiencies pose no actual harm to the residents

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F 157	<p>Continued From Page 1</p> <p>resident's family. The UM stated nursing staff was expected to contact the responsible party for any abnormal lab values, or new medication orders and document in nurses notes. The UM stated she did not conduct any follow up with Nurse #1 or Nurse #2 to ensure notification of change.</p>
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