PRINTED: 04/21/2014 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		345134	B. WING		C 03/21/2014		
	ROVIDER OR SUPPLIER		4	TREET ADDRESS, CITY, STATE, ZIP CODE 801 RANDOLPH RD CHARLOTTE, NC 28211	, 00.2 1.20		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE COMPLETION		
F 157	Resident #1 had a d colostomy and bega rectally. Immediate 03/21/14 at 1:15 PM and implemented an allegation of complia of compliance at a lo (an isolated deficien potential for more th immediate jeopardy) systems put into plan 483.25 (F309) at J Immediate jeopardy Resident #1 had a d colostomy and was I stools rectally. Immon 03/21/14 at 1:15 and implemented an allegation of compliance at a lo (an isolated deficien potential for more th immediate jeopardy) systems put into plan 483.10(b)(11) NOTIF	began on 03/10/14 when ecrease in stools through her in having formed stools geopardy was removed on when the facility provided acceptable credible ince. The facility remains out ower scope and severity of D cy, no actual harm with an minimal harm that is not to ensure monitoring of ce are effective.  began on 03/10/14 when ecrease in stools through her naving an increase in formed ediate jeopardy was removed PM when the facility provided acceptable credible ince. The facility remains out ower scope and severity of D cy, no actual harm with an minimal harm that is not to ensure monitoring of ce are effective.  EY OF CHANGES	F 000		3/22/14		
SS=J	A facility must imme consult with the residence known, notify the residence or an interested fam accident involving the injury and has the pointervention; a significant with the constant of	diately inform the resident; dent's physician; and if sident's legal representative ly member when there is an e resident which results in otential for requiring physician icant change in the resident's	RF	TITLE	(X6) DATE		

Electronically Signed

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

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 correction is requisite to continued program participation.

	IDENTIFICATION NUMBER:		LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
	345134	B. WING_		C 03/21/2014	
NAME OF PROVIDER OR SUPPLIER  AVANTE AT CHARLOTTE			STREET ADDRESS, CITY, STATE, ZIP CODE 4801 RANDOLPH RD CHARLOTTE, NC 28211	03/21/2014	
(X4) ID SUMMARY STATEME PREFIX (EACH DEFICIENCY MUST TAG REGULATORY OR LSC IDE	BE PRECEDED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		
F 157 Continued From page 1 physical, mental, or psychological physical, mental, or psychological physical in either life threatent clinical complications); a new significantly (i.e., a need to existing form of treatment of consequences, or to commute treatment); or a decision to the resident from the facility §483.12(a).  The facility must also prominand, if known, the resident or interested family member change in room or roommands specified in §483.15(e)(2); resident rights under Feder regulations as specified in this section.  The facility must record and the address and phone nur legal representative or interested and responsible party of condition and vital signs for residents with a change in #1).  Immediate jeopardy began Resident #1 had a decreas colostomy and began havir rectally. Immediate jeopard 03/21/14 at 1:15 PM when	atal, or psychosocial ing conditions or seed to alter treatment discontinue and the to adverse sence a new form of transfer or discharge of as specified in as specified in a specified in	F 15	Preparation and/or execution of this P of Correction does not constitute an admission or agreement by the provide the truth of the facts alleged or conclusions set forth on the Statement Deficiencies. This Plan of Correction is prepared and/or executed solely because required by the provisions of Health and Safety Code Section 1280 and 42 C.F. 405.1907	of sise	

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		345134	B. WING _			C	
NAME OF DE	ROVIDER OR SUPPLIER	040104	1	STREET ADDRESS, CITY, STATE, ZIP CODE	<b> </b>	03/21/2014	
NAIVIE OF PI	ROVIDER OR SUPPLIER			, , ,	1		
AVANTE A	AT CHARLOTTE			4801 RANDOLPH RD			
				CHARLOTTE, NC 28211			
(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 COR (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE	
F 157	Continued From page	2	F 1	57			
F 157	and implemented an a allegation of compliance at a low (an isolated deficiency potential for more that immediate jeopardy) is systems put into place. The findings included Resident #1 was adm 02/28/14 with diagnost pressure ulcer, difficut weakness, chronic lur sepsis, polymyositis (muscles) and a stroke. A review of a hospital 02/28/14 indicated Rewound infection and wroom on 01/03/14 for had a diverting colost stool contamination on onotes further indicated percutaneous endoso (PEG) placed for tube intake.  A review of the admis (MDS) dated 03/07/14 short term and long to was severely impaired decision making. The Resident #1 required activities of daily living staff for bathing and here.	acceptable credible ace. The facility remains out wer scope and severity of D y, no actual harm with n minimal harm that is not to ensure monitoring of e are effective.  :  attention to the facility on ses which included a stage 4 lty swallowing, muscle and disease, a history of chronic inflammation of e.  discharge summary dated esident #1 had a sacral was taken to the operating wound debridement and omy performed to avoid if the sacral wound. The da Resident #1 had a copic gastrostomy tube e feedings due to poor oral  sion Minimum Data Set indicated Resident #1 had erm memory problems and do in cognition for daily e MDS also indicated extensive assistance for g, was totally dependent on and an indwelling urinary	F 1	accomplished for the alleged of practice in regards to Resident Licensed nurse notified Physic responsible party on 3/12/14 re resident #1 condition. Physicia received to transfer to hospital evaluation of stool seepage per coordination of services throug Specialty Hospital. Responsibly notified and resident #1 was train a 3/12/14.  2. Current residents have the beaffected by the alleged deficial practice to notify physician or repractitioner regarding change or clarification of orders. Direct nursing in-serviced staff involved alleged deficient practice one of Staff was in-serviced to clarify for any orders regarding transfest specialized acute care hospital care intervention.  Director of Nursing and/or Uniterviewed charts of the facility of 19, 2014, with a look back from 7, 2014 (date of compliance for recertification survey) through 2014. There were no residents with changes in condition during review. The Director of Nursin Unit Managers and Supervisor nursing staff made clinical rour current residents utilizing the facestablished process of Stop and and chart reviews were conduct with the clinical rounds and no	#1. ian and egarding an order for nding h Carolina e party was ansferred e potential to cient hurse of condition tor of ed in on one. immediacy ers to a for wound t Managers on March n February r last March 19, s identified g the g and/or s along with nds on all acility d Watch cted along residents		
	and tube feedings for healing.	ue to stage 4 pressure ulcer nutrition and wound		with change of conditions were  3. Measures put into place to			

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NAME OF P	ROVIDER OR SUPPLIER	0.0.0.	<u> </u>	STREET ADDRESS, CITY, STATE, ZIP COD	•	5/21/2014	
NAME OF T	NOVIDER OR SOLT EIER			, , ,	_		
AVANTE A	AT CHARLOTTE			4801 RANDOLPH RD			
				CHARLOTTE, NC 28211			
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F 157	Continued From page	e 3	F 1	57			
F 157	A review of the admis 02/28/14 indicated St sacrum: 24.4 centime width; 4.7 cm depth.  A review of a nurse's AM indicated colosto and also passes stood A review of a Nurse Fronte dated 03/11/14 revealed she was aslevaluate "diarrhea" with problems including St as recent diverting condicated staff reported into wound and requented indicated Residuate and dressing positive for sindicated an assessm stool rectum that was fistula (an abnormal pubular organs); decretachycardia (rapid hedehydration and abdoquestionable sepsis. to send back to a specific of stool leakage from fistula and evaluate for service of stool leakage from fistula and evaluate for service of service of stool leakage from fistula and evaluate for service of stool leakage from fistula and evaluate for service of stool leakage from fistula and evaluate for service of serv	assion nurse's note dated lage 4 pressure ulcer on leters (cm) length; 15 cm  note dated 03/10/14 at 4:39 my with liquid brown stool of by rectum at times.  Practitioner (NP) progress with no time indicated ked to see Resident #1 to with multiple medical tage 4 sacral wound as well blostomy. The notes further led stool from rectum draining lested a rectal tube. The letent #1's vital signs were 10; temperature 98.9 months 11 to 12 to 13 to 14 to 15 to 1	F 15	that the alleged deficient pract recur includes: Medical Director the Nurse Practitioner on 3/19 patient has acute change of could potentially require hospir refer to the nearest hospital for Director of Nursing and/or Unit began reeducating nursing sugand licensed nursing staff on 3 regarding notification of physic responsible party for change of and follow through of physician No staff will be allowed to work receiving In-service. Director of and/or Unit Supervisors began reeducating licensed nurses 19, 2014 regarding the facility processes for SBAR (process assessment and notification of condition) and Stop and Water (process in which any nurse of change of condition in a reside nurses were instructed to contify physician or on call physician clarifications. Changes of condidentified through Stop and Water care such as the 24 hour report reviews during morning meeting in condition will be referred to Physician or extender for reviews during morning meeting in condition will be permitted to win-services received. Completing March 21, 2014. In-service wi	or educated /14, when ondition that talization to revaluation. t Managers pervisors 3/19/14, sian and of condition or orders. k until of Nursing on March adopted of change of the Program an identify a ent). All eact facility for further dition atch will be d systems of rt and chart ong. Changes the ew and r. Nursing ork until on Date		
	no time indicated rev	ealed back to specialty cessive stool rectum?		provided for all new licensed s orientation. We will continue to families and Physician prompt changes in condition.	staff during o notify		

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		345134	B. WING _			3/21/2014	
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CO	ODE		
				4801 RANDOLPH RD			
AVANTE A	AT CHARLOTTE			CHARLOTTE, NC 28211			
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F 157	Continued From pa	nge 4	F 1	57			
	PM indicated the N continued to have sand the NP noted F rate and pulse was indicated the NP w to return to specialt excessive stool from rapid heart rate dustensis. The notes order was left for the follow through for F specialty hospital.  A review of a nurse indicated at 8:00 P saturation was che percent and 91 per oxygen at 2 liters per percent and soon given due to decrease A review of a nurse PM indicated blood given due to decrease 10:00 PM indicated saturation percents	e's note dated 03/11/14 at 7:25 P was advised Resident #1 stool leakage from the rectum Resident #1 had a rapid heart 135. The notes further rote an order for Resident #1 ey hospital for evaluation of m rectum - possible fistula; e to possible dehydration or revealed a copy of the NP's he next morning's supervisor to Resident #1 to return to the  e's note dated 03/11/14 M Resident #1's oxygen cked and was between 88 cent and she was placed on her minute by nasal cannula.  e's note dated 03/11/14 at 8:50 I pressure medication was not hased blood pressure of 101/80.  e's note dated 03/11/14 at I Resident #1's oxygen hased was 97 and Resident #1 p and watch" due to continued		Director of Nursing and/or L will review all physician order operation/clinical meeting be March 20, 2014, for follow the order and notification of responsible party notification as licensed staff, to assure Phyresponsible party notification negative findings found by L Nurses will be reported to P timely manner.  4. Director of Nursing and Mangers will analyze audits patterns/trends and report in Assurance weekly for 4 week monthly for 3 months to evaluate effectiveness of the above padjust the plan based on out identified.	ers in daily eginning nrough of ponsible party. /or Unit ers in daily eginning ides residents determined by /sician and n. Any Licensed hysician in d/or Unit for n Quality eks and then lluate the olan and will		
	rapid heart rate of temperature from 9 to 99.6 degrees Faindicated will report A review of a facilit Watch Early Warning	130-135 and increased 18.9 degrees F at first of shift at 10:00 PM. The notes t to on-coming shift.  y document titled Stop and ng Tool dated 03/11/14 at I Resident #1 seemed different					
	than usual, was mo	ore confused, had a change in ion with rapid heart rate of I temperature 98.9 degrees F -					

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	ROVIDER OR SUPPLIER  AT CHARLOTTE	0.000		STREET ADDRESS, CITY, STATE, ZIP CODE 4801 RANDOLPH RD CHARLOTTE, NC 28211	I	03/21/2014	
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F 157	99.6 degrees F and 88-91 percent.  A review of a handw Watch Early Warnir 12:00 AM indicated degrees F and oxygon oxygen.  A review of a handw Watch Early Warnir AM indicated temperoxygen saturation 986/52, respirations irregular.  A review of a nurse AM indicated stop a previous shift and F a rapid heart rate, knowygen saturation woxygen. The notes yelled out when tou A review of a nurse AM indicated Resid The notes revealed PM to 7:00 AM nurse PM to 7:00 AM nu	decreased oxygen saturation  written note on the Stop and ag Tool dated 03/12/14 at temperature was 99.4 gen saturation was 96 percent  written note on the Stop and ag Tool dated 03/12/14 at 3:00 grature was 100.6 degrees F, 5 percent, blood pressure 22 and pulse 134-144 and  as note dated 03/12/14 at 3:58 and watch continued from desident #1 continued to have be grade temperature and was 95 percent on 2 liters of also indicated Resident #1 ched or repositioned.  as note dated 03/12/14 at 8:15 gent #1 was alert but confused, during shift report the 11:00 ge reported resident had been watch due to a change in her as indicated a call was made poital and was informed facility residents back after they had gent the facility. The notes #1's blood pressure was 101.1 degrees F, Pulse 134, was transported to hospital and was informed services.	F1	57			

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		345134	B. WING _			C <b>03/21/2014</b>	
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 4801 RANDOLPH RD CHARLOTTE, NC 28211		00/21/2014	
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F 157	Resident #1 present with fever, decrease rate and low blood provided to the intensive care septic shock (a serit when an overwhelm life-threatening low respiratory failure the ventilation with a ventilat	2/14 at 8:36 AM indicated ted to the emergency room ed mental status, rapid heart pressure. She was admitted e unit for management of ous condition that occurs ning infection leads to blood pressure) and acute nat required mechanical entilator.  on 03/18/14 at 3:45 PM et worked on the 3:00 PM to was assigned to care for explained Resident #1 had a not her buttocks and had a catheter and a feeding tube. The eaking of stool from Resident entiting worse and she was sol was getting in the sacral med the NP was in the facility rounds on 03/11/14 between and saw Resident #1 and Resident #1 to go back to a so have her colostomy and the specialty hospital so she son who did her colostomy and entity he had put her on a roxygen saturation ow and she reported to the keep a close eye on Resident ed did not call the physician on other party during her shift on thanges in Resident #1's she did not think the changes	F1	57			

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		345134	B. WING				21/2014	
NAME OF P	ROVIDER OR SUPPLIER			ST	TREET ADDRESS, CITY, STATE, ZIP CODE	, ,		
AV/ANTE	AT CHARLOTTE			48	01 RANDOLPH RD			
AVANIE	AT CHARLOTTE			C	HARLOTTE, NC 28211			
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F 157	Continued From pag	ge 7	F	157				
	NP stated when she 03/11/14 to make he 6:00 PM nursing stawanted her to order because she was le She explained she was very le tender and distende increased. She stathistory from Residel laboratory results are determined she was had stool coming our ectum which was the when she wrote the the specialty hospitato be sent out to the away. She further sobstruction to send they should have cain the facility for and after she saw Residicalled the on-call phorders to send her to NP confirmed Residin her vital signs on remembered she spend her out because labs because Residin unstable and was to stated she was not a sent out of the facilitiday.	her to the specialty hospital led her back since she was ther 45 minutes to an hour ent #1 or they should have ysician to get clarification or any emergency room. The ent #1 had a definite change						
	PM Nurse #1 confirm	med she remembered the NP eded be sent out. She stated						

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		345134	B. WING			C	
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 4801 RANDOLPH RD CHARLOTTE, NC 28211		03/21/2014	
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F 157	wanted Resident # hospital to see the surgery so she tool -11:00 PM supervis She explained the specialty hospital v did not have an em have to make an a for her to go there. the NP back for cla her supervisor.  During an interview 3:00 PM to 11:00 F confirmed she was #1 had a high pulse anything about an oxygen saturation and Nurse #1 did n #1 to the hospital ti Resident #1 based She further stated on call or Resident 03/11/14.	NP's order she thought the NP 1 to return to the specialty surgeon who did her previous is the order to a 3:00 PM sor and talked with her about it. Supervisor told her the was not a regular hospital and pergency room and they would prointment the next day for She stated she did not call urification after she talked with a con 03/18/14 at 4:38 PM the PM Nursing Supervisor told by Nurse #1 that Resident to but did not remember elevated temperature or low percentages. She stated she not discuss sending Resident that night and she did not see the 3:00 PM to 11:00 PM shift see there was no reason to see on what she had been told. She did not call the physician #1's responsible party on	F 18	57			
	Nurse #2 explained #1's assigned nurs shift told her Resid sent to a specialty knew the specialty emergency room a resident back unles and it could take al reject admission of	on 03/19/14 at 6:48 AM d Nurse #3 who was Resident e on the 11:00 PM to 7:00 AM ent #1 was supposed to be hospital in the morning but she hospital did not have an nd they would not take a ss it was arranged in advance I day for them to accept or the resident. She stated assigned to Resident #1's care					

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F 157	Nurse #4 explained assigned to Resider shift report from Nur 7:00 AM. She state was seen by the NP shift and wanted Re specialty hospital but had concerns about specialty hospital be took residents back discharged from the picked up the phone hospital and spoke wadmissions departm nurse told her it wou accept Resident #1 would have to talk to further stated she diffor the specialty hos she had concerns all rate, fever, dehydraf stated she called he Assistant Director of reported her concern condition and then shospital.  During an interview Nurse #3 verified she who was assigned to 11:00 PM on 03/11/03/12/14. She expl shift report that the 103/11/14 and she had	on 03/19/14 at 8:45 AM she was the day shift nurse at #1 on 03/12/14 and got a se #3 between 6:45 AM and ad she was told Resident #1 on the 3:00 PM - 11:00 PM sident #1 to go back to the at explained to Nurse #3 she sending Resident #1 to the ecause she didn't think they	F 18	57			

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	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 4801 RANDOLPH RD CHARLOTTE, NC 28211	'	00//	21/2014
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F 157	the NP told her Resid the specialty hospital seen her before and thad printed off the NF note for the day shift admitted in the mornicall the physician on already assessed her overstep the doctor's to send her to the spestated she did not cal party during her shift condition.  During an interview of ADON verified she was evening shift on 03/12 on 03/12/14. She stareceived was a teleph to work from Nurse #3 her about the Resider order to send Resider order to send Resider hospital. She stated sphysician and when semergency medical stransport Resident #1 During a phone intervent with Resident #1's resconfirmed staff did not during the night of 03 was sent to the hospi expected nursing staff if they saw something had called her on 03/12/14 on 03/12/14.	She stated Nurse #1 told her ent #1 needed to go back to to see her doctors who had he second shift supervisor or order and had written a nurse to get the residenting. She verified she did not call since the NP had and she did not want to orders that had been written exialty hospital. She also I Resident #1's responsible to report changes in  10 03/19/14 at 10:58 AM the as not called during the 1/14 or during the night shift ted the first call she none call as she was driving 3. She stated Nurse #3 told int #1's condition and the NP int #1 to the specialty she instructed her to call the she arrived at the facility ervices was there to to the hospital.  11 iew on 03/21/14 at 9:14 AM sponsible party she totall her on 03/11/14 or 1/12/14 before Resident #1	F 1	57			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		IDENTIFICATION NUMBED:		2) MULTIPLE CONSTRUCTION BUILDING			(X3) DATE SURVEY COMPLETED	
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	ROVIDER OR SUPPLIER			4801 RA	ADDRESS, CITY, STATE, ZIP CODE ANDOLPH RD LOTTE, NC 28211	1 00.		
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F 157	Director of Nursing st during the evening of of 03/12/14 regarding condition. She further expectation that nurs resident's physician at time a resident had a stime a resident a credible a 03/19/14 at 1:15 PM. were put into place by stime	an 03/21/14 at 9:48 AM the rated she was not called 103/11/14 or during the night of changes in Resident #1's are stated it was her ing staff should notify a responsible party any change in condition.  Itrator and Director of a filmmediate Jeopardy on for Resident #1. The facility ellegation of compliance on The following interventions by the facility to remove the filmmediate Jeopardy elements of the filmmediate J	F	157				

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		345134	B. WING_			C
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 4801 RANDOLPH RD CHARLOTTE, NC 28211	ı	03/21/2014
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
F 157	reviewed charts of t with a look back froi compliance for last in March 19, 2014. The identified with changer review. The Director Managers and Superstaff made clinical resultations are utilizing stop and was were conducted alono residents with charteristic. Notification of the Augeopardy and actions. Medical Director Practitioner on 3/19, change of condition hospitalization to reseasonable party for follow through of phospitalization of the Augeoparding notification responsible party for follow through of phospitalization of Nursing abegan educating lice 2014 regarding use assessment and no condition) and Stop in which any nurse of condition in a reside instructed to contact physician for further condition identified to documented on 24 licenses.	sing and/or Unit Managers the facility on March 19, 2014, on February 7, 2014 (date of recertification survey) through there were no residents tiges in condition during the tor of Nursing and/or Unit tervisors along with nursing tounds on all current residents that tool and chart reviews the conditions were  Illegation of Immediate that saken:  The will educate the Nurse or that could potentially require fer to the nearest hospital for or of Nursing and/or Unit the educating nursing tensed nursing staff on 3/19/14,	F 1	57		

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIF	PLE CONSTRUCTION  G	(X3) DATE SURVEY COMPLETED	
		345134	B. WING		C 03/21/2014
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 4801 RANDOLPH RD CHARLOTTE, NC 28211	1 00/21/2014
(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 CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	) BE COMPLETION
F 157	for review and physicitimely manner. Nursito work until in-service Date March 21, 2014 for all new licensed swill continue to notify promptly with change Immediate Changes  Director of Nursitation operation/clinical mediate Changes  Director of Nursitation operation/clinical mediate Changes  In the service of the service operation/clinical mediate party. In the service of the service of the service of the service of the service operation/clinical mediate operation/clinical of condition as detern assure Physician and notification. Any neglicensed Nurses will timely manner.  Immediate jeopardy of the service operation of the service operation of the service operation of the service operation. Any neglicensed Nurses will timely manner.  Immediate jeopardy of the service operation of the s	ediately referred to Physician sian orders are followed in a ing Staff will not be permitted ses received. Completion  In-service will be provided taff during orientation. We families and Physician sin condition. To Facility Systems:  Ing and/or Unit Managers will orders in daily seting beginning March 20, gh of order and notification. The Director of Nursing sin meeting beginning March des residents with change mined by licensed staff, to diresponsible party ative findings found by be reported to Physician in  Insurance of National Staff of expectations to notify the sible party when a resident dition. They further expected to communicate at my changes in a resident's the changes on the new int, Background and Request top and Watch Early	F 15	57	
F 309	responsible party. 483.25 PROVIDE CA	ARE/SERVICES FOR	F 30	99	3/22/14

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT	PLE CONSTRUCTION  G		(X3) DATE SURVEY COMPLETED	
		345134	B. WING _		03	C 3/21/2014	
	ROVIDER OR SUPPLIER	'		STREET ADDRESS, CITY, STATE, ZIP CODE 4801 RANDOLPH RD CHARLOTTE, NC 28211	, ,	112017	
(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 CORR (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE AP DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE	
F 309 SS=J	provide the necessa or maintain the high mental, and psychos	ING receive and the facility must ry care and services to attain est practicable physical,	F3	09			
	by: Based on record reinterviews, the facilit the need for medica with a colostomy whistools rectally and hof 4 sampled resider condition. (Resident Immediate jeopardy Resident #1 had a discolostomy and was stools rectally. Immon 03/21/14 at 1:15 and implemented an allegation of compliance at a loganisolated deficien potential for more thimmediate jeopardy) systems put into plate.  The findings include Resident #1 was add 02/28/14 with diagnotes.	began on 03/10/14 when ecrease in stools through her having an increase in formed ediate jeopardy was removed PM when the facility provided acceptable credible ance. The facility remains out ower scope and severity of D cy, no actual harm with an minimal harm that is not to ensure monitoring of ce are effective.		Preparation and/or execution of of Correction does not constitute admission or agreement by the the truth of the facts alleged or conclusions set forth on the Stat Deficiencies. This Plan of Correprepared and/or executed solely required by the provisions of He Safety Code Section 1280 and 405.1907 F309 Deficiency Corrected  1. Corrective action has been accomplished for the alleged de practice in regards to Resident #Licensed nurse notified Physiciar responsible party on 3/12/14 regresident #1 condition. Physiciar received to transfer to hospital for evaluation of stool seepage pen coordination of services through Specialty hospital. Responsible notified and resident #1 was transpital on 3/12/14.  2. Current residents have pot affected by the alleged deficient	e an provider of tement of tement of tection is because alth and 42 C.F.R.  ficient #1. an and garding a order or ding a Carolina party ensferred tential to be		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING			(X3) DATE SURVEY COMPLETED	
		345134	B. WING_				21/2014
NAME OF PE	ROVIDER OR SUPPLIER			S	TREET ADDRESS, CITY, STATE, ZIP CODE	1 03/	21/2014
					801 RANDOLPH RD		
AVANTE A	AT CHARLOTTE				CHARLOTTE, NC 28211		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	x	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 309	Continued From page	e 15	F3	309			
		ng disease, a history of			to maintain well being of resident.		
		(chronic inflammation of			Director of nursing in-serviced staff		
	muscles) and a strok				involved in alleged deficient practice or	ne	
	massics) and a strok	<b>.</b>			on one. Staff was in-serviced to clarify		
	A review of a hospita	I discharge summary dated			immediacy for any orders regarding		
	•	esident #1 had a sacral			transfers to a specialized acute care		
	wound infection and	was taken to the operating			hospital for wound care intervention.		
	room on 01/03/14 for	wound debridement and			Director of Nursing and/or Unit Manag	ers	
	had a diverting colos	tomy performed to avoid			reviewed charts of the facility on March	1	
stool contamination of the sacral wound. The 19, 2014, with a look back from I		19, 2014, with a look back from Februa	ary				
	notes further indicated Resident #1 had a percutaneous endoscopic gastrostomy tube (PEG) placed for tube feedings due to poor oral 7, 2014 (date of compliance for last recertification survey) through March 19, 2014. There were no residents identified						
			ed				
	intake.				with changes in condition during the		
	A marriant of the and main	naine Minimum Data Cat			review. The Director of Nursing and/or		
		ssion Minimum Data Set 4 indicated Resident #1 had			Unit Managers and Supervisors along nursing staff made clinical rounds on a		
		erm memory problems and			current residents utilizing the facility	11	
		ed in cognition for daily			established process of Stop and Watch	1	
		e MDS also indicated			and chart reviews were conducted alor		
		extensive assistance for			with the clinical rounds and no resident	-	
	•	g, was totally dependent on			with change of conditions were identified		
		had an indwelling urinary			3. Measures put into place to ensure		
	catheter, colostomy of	due to stage 4 pressure ulcer			that the alleged deficient practice does		
	and tube feedings for	nutrition and wound			recur includes: Medical Director educa	ted	
	healing.				the Nurse Practitioner on 3/19/14, whe		
					patient has acute change of condition t		
		ssion nurse's note dated			could potentially require hospitalization		
		Stage 4 pressure ulcer on			refer to the nearest hospital for evaluat		
		eters (cm) length; 15 cm			Director of Nursing and/or Unit Manage		
	width; 4.7 cm depth.				will begin reeducating nursing supervis	ors	
	A ravious of a pura -!-	note dated 02/10/14 at 4:20			and licensed nursing staff on 3/19/14,		
		note dated 03/10/14 at 4:39 my with liquid brown stool			regarding notification of physician and responsible party for change of condition	nn.	
	and also passes stoc				and follow through of physician orders.		
	ana aiso passes sioc	by rectain at tilles.			No staff will be allowed to work until		
	A review of a Nurse F	Practitioner (NP) progress			receiving In-service. Director of Nursing	מ	
		with no time indicated			and/or Unit Supervisors began	9	
		ked to see Resident #1 to			reeducating licensed nurses on Marc	h	

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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NAME OF D	DOVIDED OD CUDDUED	040104	5:		TREET ADDRESS CITY STATE ZID CODE	03/	/21/2014
NAME OF PR	ROVIDER OR SUPPLIER				TREET ADDRESS, CITY, STATE, ZIP CODE		
AVANTE A	AT CHARLOTTE			4	801 RANDOLPH RD		
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				C	CHARLOTTE, NC 28211		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	X	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE
F 309	Continued From page	e 16	F3	309			
	evaluate "diarrhea" w	ith multiple medical			19, 2014 regarding the facility adopted		
		tage 4 sacral wound as well			processes for SBAR (process of		
	-	olostomy. The notes further			assessment and notification of change	of	
	_	ed stool from rectum draining			condition) and Stop and Watch Progra		
		ested a rectal tube. The			(process in which any nurse can identity		
		dent #1's vital signs were			change of condition in a resident). All	., ~	
	blood pressure 108/8				nurses were instructed to contact facili	tv	
	Fahrenheit (F); Pulse				physician or on call physician for further	•	
	· /·	protrudes throughout; sacral			clarifications. Changes of condition as		
	dressing positive for stool in dressing. The notes indicated an assessment of increased leaking stool from rectum that was excessive and				identified through Stop and Watch will	be	
					channeled through established system	s of	
					care such as the 24 hour report and the	е	
	questionable fistula (a	an abnormal passage			chart for review during morning meetin	g.	
	between 2 hollow or t	tubular organs); decreased			Changes in condition will be referred to	)	
	oral intake and tachyo	cardia (rapid heart rate) with			the Physician or extender for review ar	nd	
	suspected dehydration	on and abdominal pain with			intervention in a timely manner. Nursin	g	
	questionable sepsis.	The notes further indicated			Staff will not be permitted to work until		
	to send back to a spe	ecialty hospital for evaluation			in-services received. Completion Date		
	_	rectum with questionable			March 21, 2014. In-service will be		
	fistula and evaluate for	or dehydration.			provided for all new licensed staff durir	ng	
					orientation. We will continue to notify		
		by a NP dated 03/11/14 with			families and Physician promptly with		
		ealed back to specialty			changes in condition.		
		ccessive stool rectum?			Director of Nursing and/or Unit Manage	ers	
	fistula, tachycardia - '	? dehydration/sepsis.			will review all physician orders in daily		
					operation/clinical meeting beginning		
		note dated 03/11/14 at 7:25			March 20, 2014, for follow through of		
		was advised Resident #1			order and notification of responsible pa	ırty.	
		ool from the rectum and the			The Director of Nursing and/or Unit		
		1 had a rapid heart rate and			Managers will review all orders in daily		
	•	notes further indicated the			operation/clinical meeting beginning		
		r Resident #1 to return to			March 20, 2014, which includes reside		
		evaluation of excessive stool			with change of condition as determined	ı by	
	•	e fistula; rapid heart rate			licensed staff, to assure Physician and		
	-	dration or sepsis. The notes			responsible party notification. Any		
		e NP's order was left for the			negative findings found by Licensed		
		visor to follow through for			Nurses will be reported to Physician in		
	Resident #1 to return	to the specialty hospital.			timely manner. 4. Director of Nursing and/or Unit		

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTII A. BUILDING	PLE CONSTRUCTION  G	(X3) DATE S COMPL	
		345134	B. WING		,	C 3/21/2014
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 4801 RANDOLPH RD CHARLOTTE, NC 28211		0/21/2014
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUST BE PRECEDED BY FULL PRI		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION ( (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
F 309	indicated at 8:00 PM saturation was chec percent and 91 percoxygen at 2 liters percent and 91 pe	A Resident #1's oxygen sked and was between 88 sent and she was placed on er minute by nasal cannula.  Is note dated 03/11/14 at 8:50 pressure medication was not used blood pressure of 101/80.  Is note dated 03/11/14 at Resident #1's oxygen ge was 97 and Resident #1 o and watch" due to continued 30-135 and increased 3.9 degrees F at first of shift to 10:00 PM. The notes	F 30	,	Quality and then ate the n and will	
	A review of a handw Watch Early Warnir 12:00 AM indicated was 99.4 degrees F 96 percent on oxygo A review of a handw Watch Early Warnir AM indicated Resid 100.6 degrees F, ox	vritten note on the Stop and ag Tool dated 03/12/14 at Resident #1's temperature and oxygen saturation was en.  vritten note on the Stop and ag Tool dated 03/12/14 at 3:00 ent #1's temperature was exygen saturation 95 percent, 62, respirations 22 and pulse				

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			(X2) MULT A. BUILDIN	TIPLE CONSTRUCTION  NG		(X3) DATE COMP	SURVEY
		345134	B. WING _				C <b>21/2014</b>
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CO 4801 RANDOLPH RD CHARLOTTE, NC 28211	ODE	, 55	
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES  Y MUST BE PRECEDED BY FULL  LSC IDENTIFYING INFORMATION)	ID PREFIX TAG				(X5) COMPLETION DATE
F 309	AM indicated stop and previous shift and Refarrance a rapid heart rate, low oxygen saturation was oxygen. The notes a yelled out when touch. A review of a nurse's AM indicated Reside. The notes revealed on the notes revealed on the specialty hosping resident had been the did not take residents discharged. The note blood pressure was sedegrees F, Pulse 134 was transported to he emergency medical sed and low blood protested the intensive care septic shock (a serior when an overwhelming life-threatening low be respiratory failure that ventilation with a venual process.	note dated 03/12/14 at 3:58 ad watch continued from esident #1 continued to have by grade temperature and as 95 percent on 2 liters of also indicated Resident #1 shed or repositioned.  Inote dated 03/12/14 at 8:15 at #1 was alert but confused. Suring shift report the 11:00 are reported resident had been watch due to a change in her indicated a call was made stall and was informed since are previously they usually as back once they had been ses indicated Resident #1's positive for the proper shift of the proper shift of the emergency room by services.  In ote dated 03/12/14 at 8:15 at	F3	309			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	PLE CONSTRUCTION  G		(X3) DATE SURVEY COMPLETED	
		345134	B. WING			C 3/21/2014	
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP COL 4801 RANDOLPH RD CHARLOTTE, NC 28211	· ·	5/21/2014	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION  (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  TAG CROSS-REFERENCED TO THE APPROPE DEFICIENCY)		N SHOULD BE	(X5) COMPLETION DATE			
F 309	Resident #1. She exvery large wound on colostomy, urinary can she explained the le #1's rectum was gett concerned that stool her buttocks. She explained the rectum was gett concerned that stool her buttocks. She explained her stool and 6: and wrote an order for the hospital to have stated she thought the back to the specialty the surgeon who did confirmed she initiate. Warning Tool as partshift nurse on 03/11/heart rate and temperhad put her on oxyge saturation percentage the stop and watch with the stop and story and st	vas assigned to care for plained Resident #1 had a her buttocks and had a atheter and a feeding tube. Asking of stool from Resident ing worse and she was was getting in the wound on explained the NP was in the eekly rounds on 03/11/14 00 PM and saw Resident #1 for Resident #1 to go back to her colostomy checked. She he NP wanted to send her hospital so she could see her colostomy. Nurse #1 fed the Stop and Watch Early to fher report to the night 14 because Resident #1's feature had gone up and she en because her oxygen fes were low. She explained was a tool to document	F3	09			

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	ROVIDER OR SUPPLIER	1		STREET ADDRESS, CITY, STATE, ZIP CO 4801 RANDOLPH RD CHARLOTTE, NC 28211	•	1012112014	
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE LE APPROPRIATE	(X5) COMPLETION DATE	
F 309	and her pulse was in could not get any his looked at her laboral record, and determine eating, and had stoo and her rectum which stated when she wro #1 to the specialty here is then, like right away, met an obstruction to specialty hospital or about her orders, the back since she was minutes to an hour and She explained nurse on-call physician to gend her to any emeconfirmed Resident; her vital signs on 03 she specifically told because she was not Resident #1 was metoo sick to be there, aware Resident #1 was metoo sick to be there, aware Resident #1 to a hospital until the During a follow up in PM Nurse #1 confirms aid Resident #1 new when she saw the N wanted Resident #1 hospital to see the surgery so she took -11:00 PM supervisor She explained the suspecialty hospital was specialty hospital was superial was superial was superially hospital was superially h	tally tender and distended acreased. She stated she story from Resident #1 so she cory results and medical and she was anemic, was not I coming out of her colostomy h was the wrong place. She at the order to send Resident aspital she meant for an ent out to the hospital right. She further stated if staff to send Resident #1 to the if they had any questions and the facility for another 45 after she saw Resident #1. As could have also called the aget clarification or orders to be regency room. The NP #1 had a definite change in 1/11/14 and she remembered was the stated she was not was not sent out of the facility was not sent out of the facility was not sent out of the facility	F 30	9			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	· ·	IPLE CONSTRUCTION  IG		(X3) DATE SURVEY COMPLETED		
	345134	B. WING _			C <b>03/21/2014</b>		
NAME OF PROVIDER OR SUPPLIER  AVANTE AT CHARLOTTE			STREET ADDRESS, CITY, STATE, ZIP COI 4801 RANDOLPH RD CHARLOTTE, NC 28211	DE	33/21/2014		
PREFIX (EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CC (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE	(X5) COMPLETION DATE		
for her to go there. Si the NP back for clarifi her supervisor. She f supervisor about Resi temperature and she throughout the course her supervisor to keep #1 and to be sure to fi Early Warning Tool ar shift so they would be During an interview of 3:00 PM to 11:00 PM explained she had be the NP requesting a rebut the NP said they obecause Resident #1 she needed to be evaluated by the toold Nurse #1 the next morning to call the Resident #1 to see a supervisor confirmed that Resident #1 to see a supervisor confirmed that Resident #1 had remember anything all temperature or low ox percentages. She stanot discuss sending Fithat night and she did the 3:00 PM to 11:00 because there was no based on what she had During an interview of NA #1 he confirmed the	cointment the next day for the stated she did not call cation after she talked with further stated she told her ident #1's increased had put her on oxygen to of the shift and was told by to a close watch on Resident ill out the Stop and Watch and report to the oncoming to aware of her condition.  In 03/18/14 at 4:38 PM the Nursing Supervisor en told a note was left for ectal tube for Resident #1 could not use a rectal tube had a history of fistulas and alluated to find out why she uigh her colostomy and from ained during the evening of nowed her the NP order and y would have to wait till the ne facility to arrange for surgeon. The nursing she was told by Nurse #1 a high pulse but she did not bout an elevated exygen saturation ated she and Nurse #1 did Resident #1 to the hospital of the reason to see Resident #1	F3	09				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		345134	B. WING				0	
	ROVIDER OR SUPPLIER	040104	1	48	REET ADDRESS, CITY, STATE, ZIP CODE 101 RANDOLPH RD HARLOTTE, NC 28211	j 03/.	21/2014	
(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 SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE	
F 309	to the hospital. He st close check on Resid having bowel movem the stool was getting a large wound on her During an interview on Nurse #2 explained N #1's assigned nurse of shift called her to assigned here to assigned to the recident #1 had bottom and was having her rectum and they will getting into the wound told her Resident #1 had bottom and they would unless it was arrange take all day for them to the resident. She sassigned to Resident question Nurse #3 about the report from Nurse #4 explained sassigned to Resident shift report from Nurse 7:00 AM. She stated was seen by the NP of shift and wanted Resispecialty hospital. She concerns about sepsirectum even though signed to the side of the provided here in the same to a signed to the state of the provided here.	efore the resident was sent ated they had to keep a ent #1 because she was ents from her rectum and in the dressing that covered bottom.  In 03/19/14 at 6:48 AM lurse #3 who was Resident on the 11:00 PM to 7:00 AM ist with wound care the night as sent out of the facility to ted they did the wound care :00 or 4:00 AM that morning a very large wound on her are bowel movements from were worried that stool was d. She explained Nurse #2 was supposed to be sent to the morning but she knew did not have an emergency not take a resident back d in advance and it could to accept or reject admission stated since she was not #1's care she did not out it.  In 03/19/14 at 8:45 AM he was the day shift nurse #1 on 03/12/14 and got a er #3 between 6:45 AM and I she was told Resident #1 on the 3:00 PM - 11:00 PM ident #1 to go back to the	F	309				

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDIN	TIPLE CONSTRUCTION  NG	(X3) DATE SURVEY COMPLETED		
		345134	B. WING _			C 03/21/2014	
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(X4) ID PREFIX TAG			ID PREFI) TAG	PROVIDER'S PLAN OF CORF ( (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AI DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE	
F 309	specialty hospital ber took residents back a discharged from ther phone and called the with a nurse because was not open. She swould be unusual for back to their facility a her supervisor. Nurs not feel comfortable hospital to call her baconcerns about Resifever, dehydration, a stated she called her Assistant Director of reported her concern condition and then se hospital.  During an interview of wound care nurse exadmitted from a speciation and that example her dressing had a colostomy bed further explained Resof stool from her rect but it became a chall increased from her recommendation because should be and suggested a recommendation bag. She crectum had increased recommendation bag. She crectum had increased recommendation bag. She crectum had increased recommendations and suggested a recommendation bag. She crectum had increased recommendations and suggested a recommendation bag. She crectum had increased recommendations and suggested a recommendation bag. She crectum had increased recommendations and suggested a recommendation bag. She crectum had increased recommendations and suggested a recommendation bag. She crectum had increased recommendations and suggested a recommendation bag.	to Nurse #3 she had ling Resident #1 to the cause she didn't think they after they had been e so she picked up the specialty hospital and spoke the admissions department atted the nurse told her it them to accept Resident #1 and she would have to talk to be #3 further stated she did waiting for the specialty ack because she had dent #1's rapid heart rate, and possible sepsis. She supervisor who was also the Nursing (ADON) and sabout Resident #1's ent Resident #1 to the	F3	309			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  345134		L IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING  B. WING			(X3) DATE SURVEY COMPLETED  C 03/21/2014	
		B. WING _						
NAME OF PROVIDER OR SUPPLIER  AVANTE AT CHARLOTTE				STREET ADDRESS, CITY, STATE, ZIF 4801 RANDOLPH RD CHARLOTTE, NC 28211	, CODE	1 00/1	172014	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFI) TAG	PROVIDER'S PLAN O  X (EACH CORRECTIVE AC  CROSS-REFERENCED TO  DEFICIEN	CTION SHOULD BI THE APPROPRIA		(X5) COMPLETION DATE	
F 309	Nurse #3 verified she Resident #1 from 11:: 03/11/14 - 03/12/14. told her in the shift re Resident #1 on 03/11 initiated a stop and w #1 had a rapid heart is saturation percentage started oxygen. She NP told her Resident specialty hospital to seen her before and thad printed off the NF note for the day shift admitted in the morni documented Resident and watch form at mit temperature was 99.4 saturation percentage She further verified Rincreased to 100.6 de oxygen saturation per blood pressure was 8 and her pulse was 13 She stated they chan Resident #1's bottom was soiled with stool colostomy most of the rectum. She verified physician on call sinc assessed her and she the doctor's orders the her to the specialty he did not read the NP p	the colostomy bag.  In 03/19/14 at 10:12 AM  was assigned to care for 20 PM - 7:00 AM shift on She explained Nurse #1 port that the NP had seen /14 and Nurse #1 had atch form because Resident rate and her oxygen as were low and she had stated Nurse #1 told her the #1 needed to go back to the ee her doctors who had the second shift supervisor order and had written a nurse to get the resident rate. Nurse #2 verified she to #1's vital signs on the stop dhight on 03/12/14 when her is degrees F and her oxygen as was 96 percent on oxygen. The esident #1's temperature and had was irregular. The estimate was 95 and her 6/52, respirations were 22 and 4 - 144 and was irregular. The estimate was 95 and her 6/52, respirations were 22 and even though she had a se stool was coming from her she did not call the ethe NP had already and the document of the policy and the wast to overstep at had been written to send ospital. She confirmed she	F3	309				

, ,		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	IDENTIFICATION NUMBER:		IULTIPLE CONSTRUCTION  LDING		
		345134 B. WIN			C		
NAME OF PROVIDER OR SUPPLIER  AVANTE AT CHARLOTTE				STREET ADDRESS, CITY, STATE, ZIP CO 4801 RANDOLPH RD CHARLOTTE, NC 28211	l	03/21/2014	
(X4) ID PREFIX TAG	EFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE HE APPROPRIA	DATE	
F 309	evening shift on 03/1 on 03/12/14. She streceived was a telept to work from Nurses her about Residents order to send Resident forder to send forder the physician and facility emergency mansport Resident for saw Resident for saw Resident for send for the saw Resident for the sam of the	was not called during the 11/14 or during the night shift rated the first call she ohone call as she was driving #4. She stated Nurse #4 told #1's condition and the NP ent #1 to the specialty I she instructed Nurse #4 to red when she arrived at the nedical services was there to	F3	309			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  345134		1 ' '	PLE CONSTRUCTION  G	(X3)	(X3) DATE SURVEY COMPLETED		
		345134	B. WING			C	
NAME OF PROVIDER OR SUPPLIER  AVANTE AT CHARLOTTE			STREET ADDRESS, CITY, STATE, ZIP CODE  4801 RANDOLPH RD  CHARLOTTE, NC 28211		03/21/2014		
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SHI CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETION DATE	
F 309	PM the wound care Resident #1 was ad told the colostomy what been there since clarified when Reside a minimal amount of that was enough to was not formed stooday. She stated she having a large amount on Monday 03/10/14 spoke to the physici or some type of bag didn't think either of She stated she did reconversations with the increased stools.  During a second foll at 3:45 PM Nurse # work on Monday 03 that Resident #1 was rectum. She also we NP when she went the examined her and so with the NP to a resexamined residents at the nurse's station #1 and the NP was needed to send her further explained the Resident #1 had a havented it checked on left she looked at he what she said was were sidents with the said was well as the said was well		F 3/	09			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  345134		1 ' '	PLE CONSTRUCTION  G		(X3) DATE SURVEY COMPLETED			
		345134 B. WING				C 03/24/2044		
NAME OF PROVIDER OR SUPPLIER  AVANTE AT CHARLOTTE				STREET ADDRESS, CITY, STATE, ZIP CODE 4801 RANDOLPH RD CHARLOTTE, NC 28211		03/21/2014		
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETION DATE		
F 309	talked with her super #1 to the specialty had been provided a credible 03/21/14 at 1:15 PN were put into place in mediate Jeopardy CREDIBLE ALLEGA FOR TO PROVIDE MAINTAIN WELL-B	she didn't question it and rvisor to arrange for Resident ospital the next day.  Interview on 03/21/14 at 9:14 I's responsible party she a phone call during the from Nurse #4. She stated bey wanted to send Resident alty hospital because rent but she told Nurse #4 to obtal emergency room right  On 03/21/14 at 9:48 AM the stated it was her expectation vital signs, monitor residents can when a resident had a She further stated it was norder they should call for e order.  Strator and Director of d of Immediate Jeopardy on I for Resident #1. The facility allegation of compliance on I. The following interventions by the facility to remove the ATION OF COMPLIANCE CARE AND SERVICES TO EING	F 3	09				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		345134	B. WING		l	21/2014	
NAME OF PROVIDER OR SUPPLIER  AVANTE AT CHARLOTTE			•	48	TREET ADDRESS, CITY, STATE, ZIP CODE 801 RANDOLPH RD HARLOTTE, NC 28211		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BI CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 309	alleged deficient practin-serviced to clarify at to hospital. All licens regarding clarification Resident remains in hother Residents with the Immediate Jeopa Current residents affected by the allege maintain well being on Director of Nursin reviewed charts of the with a look back from compliance for last remained for the Director of Nursin and Supervisors alon clinical rounds on allestop and watch tool a conducted along with residents with change identified.  Notification of the Alle Jeopardy and actions Medical Director Practitioner on 3/19/1 change of condition the hospitalization to refere evaluation. Director of Managers will begin of the sidents with begin of the sidents with change of condition the sidents will begin of the sidents will be sidents will be sidents will be sidents with the sidents will be sidents will be sidents will be sidents will be sidents with the sidents will be s	r-serviced staff involved in stice one on one. Staff was any orders regarding transfer ed staff was in-serviced of transfer orders. Inospital.  Potential to be affected by rdy Incident  In shave potential to be ad deficient practice to fresident.  Ing and/or Unit Managers are facility on March 19, 2014, In February 7, 2014 (date of accrtification survey) through are were no residents are of condition through review. In grand/or Unit Managers grand/or Unit mediate staken:  Will educate the Nurse were the clinical rounds and no grand/or Unit mediate for to the nearest hospital for of Nursing and/or Unit educating nursing	F	309			
		sed nursing staff on 3/19/14,					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING			(X3) DATE SURVEY COMPLETED	
						С	
		345134	B. WING _		0	3/21/2014	
NAME OF PROVIDER OR SUPPLIER  AVANTE AT CHARLOTTE				STREET ADDRESS, CITY, STATE, ZIP C 4801 RANDOLPH RD CHARLOTTE, NC 28211	CODE		
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENCE	ION SHOULD BE HE APPROPRIATE	(X5) COMPLETION DATE	
F 309	follow through of ph be allowed to work Director of Nursing began educating lic 2014 regarding use assessment and no condition) and Stop in which any nurse condition in a reside instructed to contact physician for further condition identified documented on 24 review during morni condition will be imr for review and phys timely manner. Nur to work until in-serv Date March 21, 201 for all new licensed will continue to notif promptly with chang Immediate Changes Director of Nurs review all physician operation/clinical m 2014, for follow thro of responsible party and/or Unit Manage daily operation/clinic 20, 2014, which inc condition as determ assure Physician ar notification. Any ne Licensed Nurses wi timely manner.	r change of condition and sysician orders. No staff will until receiving In-service. and/or Unit Supervisors ensed nurses' on March 19, of SBAR (process of tification of change of and Watch Program (process can identify a change of ent). All nurses were t facility physician or on call clarifications. Any change of through Stop and Watch is hour report and the chart for ing meeting. Any change of mediately referred to Physician ician orders are followed in a sing Staff will not be permitted ices received. Completion 4. In-service will be provided staff during orientation. We fy families and Physician ges in condition.	F3	309			

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULT A. BUILDIN	IPLE CONSTRUCTION  NG		(X3) DATE SURVEY COMPLETED		
						С	
		345134	B. WING _			03/21/2014	
NAME OF PROVIDER OR SUPPLIER  AVANTE AT CHARLOTTE				STREET ADDRESS, CITY, STATE, ZIP CODE  4801 RANDOLPH RD  CHARLOTTE, NC 28211			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			PROVIDER'S PLAN OF COR ( (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE	
F 309	revealed awareness of residents who had che obtain medical intervention of the property of the	ews with nursing staff of expectations to assess anges in condition and to entions for the resident. had been in-serviced in new orms titled Situation, und and Request (SBAR) ted to complete them fully a change in condition. They also continue to use the of Warning Tools because all initiate those when a change in their condition	F3	309			