

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>345201</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>10/29/2014</b>
NAME OF PROVIDER OR SUPPLIER  <b>GOLDEN LIVINGCENTER - CHARLOTTE</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>2616 EAST 5TH STREET CHARLOTTE, NC 28204</b>	
(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 246 SS=D	<p>483.15(e)(1) REASONABLE ACCOMMODATION OF NEEDS/PREFERENCES</p> <p>A resident has the right to reside and receive services in the facility with reasonable accommodations of individual needs and preferences, except when the health or safety of the individual or other residents would be endangered.</p> <p>This REQUIREMENT is not met as evidenced by: Based on resident and staff interviews and record review, the facility failed to provide assistance for facility outings for 1 of 3 sampled residents (Resident #11).</p> <p>The findings included:</p> <p>Review of Resident #11's annual Minimum Data Set (MDS) dated 08/26/14 revealed an assessment of intact cognition. The MDS listed it was very important to Resident #11 to do things with groups of people and do favorite activities.</p> <p>Interview with Resident #11 on 10/29/14 at 11:00 AM revealed the facility provided shopping trips to a discount department store. Resident #11 reported the facility could not allow her to participate in the outings due to her wheelchair. Resident #11 explained she enjoyed shopping and would "feel like a normal person" if she could go out into a regular store.</p> <p>Interview with the Assistant Activity Director on 10/29/14 at 11:58 AM revealed Resident #11 required assistance with wheelchair locomotion. The Assistant Activity Director explained she was</p>	F 246	<p>Preparation, submission and implementation of this plan of correction does not constitute an admission of or agreement with the facts and conclusions set forth on the survey report. Our plan of correction is prepared and executed as a means to continuously improve the quality of care and to comply with applicable state and federal survey requirements.</p> <p>1. This resident went out to an outing to Red Lobster on 10/6/2014 after first declining to attend. A different wheelchair has been allocated to her to accommodate her size and the wheelchair van. The staff will continue to include her in outings as she is able and amicable to attending.</p> <p>2. Residents that are able to attend out of facility activities will be interviewed to refresh preferences and appropriate staff accommodations made to ensure assistance with resident locomotion.</p>	11/26/14

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

TITLE

(X6) DATE

Electronically Signed

11/14/2014

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 correction is requisite to continued program participation.

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

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FORM APPROVED  
OMB NO. 0938-0391

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F 246	<p>Continued From page 1</p> <p>physically unable to assist Resident #11 with the wheelchair in the store. The assistant activity director reported she offered to make purchases for Resident #11.</p> <p>Interview with the Activity Director (AD) on 10/29/14 at 1:28 PM revealed a shopping trip is scheduled regularly on Saturdays. The AD reported Resident #11 could not be assisted in the store by the Assistant AD so Resident #11 did not participate in out of facility outings. The AD explained staff offered to purchase items on the trips for Resident #11.</p> <p>Interview with the Administrator on 10/29/14 at 1:35 PM revealed staff should provide Resident #11 with the assistance required for the out of facility activities including shopping.</p> <p>A second interview with the Assistant AD on 10/29/14 at 2:10 PM revealed Resident #11 most recent out of facility activity was on 10/05/13 according to the attendance records.</p>	F 246	<p>3. Activities will alert appropriate staff/management for barriers allowing residents to attend outside activities. All able residents are not able to attend every outing and are scheduled on a rotating basis.</p> <p>4. The plan will be reviewed for 3 months via QAA to ensure compliance and will be reevaluated for continued QAA oversight at the end of 3 months. Plan will be reviewed and discussed at each resident council meeting for 3 months to ensure residents are able to vocalize issues/concerns/suggestions regarding outings.</p>	