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

PRINTED: 07/06/2015 FORM APPROVED OMB NO. 0938-0391

PREFIX (EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)  ACT ON GROUP MENDATION	1	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIAL DEFICIENCY)	
CHARLOTTE HEALTH & REHABILIT  (X4) ID SUMMARY STAT PREFIX (EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)  ACT ON GROUP MENDATION	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	(X5) COMPLETION
PREFIX (EACH DEFICIENCY	MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)  ACT ON GROUP  MENDATION	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	COMPLETION
	MENDATION	F 244		
When a resident or fan must listen to the views grievances and recommand families concerning operational decisions a life in the facility.  This REQUIREMENT by: Based on resident and review the facility failed nurse aide staffing lever residents who regularly meetings (Residents #2).  The findings included: Review of resident cour to 05/01/15 revealed the regarding a concern of staffing levels.  1. Resident #2's quarte (MDS) dated 04/07/15 of intact cognition.  Interview with Residem president, on 05/29/15 concerns regarding lact frequent topic of discus council meetings. Res	This REQUIREMENT is not met as evidenced by: Based on resident and staff interview, and record review the facility failed to respond to concerns of nurse aide staffing levels for 3 of 3 sampled residents who regularly attend resident council meetings (Residents #2, #7 and #8).  The findings included:  Review of resident council minutes from 11/07/14 to 05/01/15 revealed there was no documentation regarding a concern of nursing department staffing levels.  1. Resident #2's quarterly Minimum Data Set (MDS) dated 04/07/15 revealed an assessment of intact cognition.  Interview with Resident #2, resident council president, on 05/29/15 at 10:37 AM revealed concerns regarding lack of nurse aides were a frequent topic of discussion during resident council meetings. Resident #2 reported residents did not receive a response regarding the concern		The statements made in this plan of correction are not an admission and do not constitute agreement with the allege deficiencies herein.  To remain in compliance with all state a federal regulations, the center has take or will take the actions set forth in this Plan of Correction. In addition, the following plan constitutes the center is allegation of compliance. All alleged deficiencies have been or will be corrected by the dates indicated.  How the corrective action will be accomplished for each resident found to have been affected by the deficient practice: The Resident Council meeting for June was conducted on 6/5/15 and staffing level concern was addressed by the Director of Nursing to ensure that the residents concern was acknowledged a addressed.	nd n G the y
	ted the resident council		accomplished for those residents with the	he (X6) DATE

**Electronically Signed** 

06/16/2015

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.

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:		2) MULTIPLE CONSTRUCTION BUILDING			(X3) DATE SURVEY COMPLETED	
		345405	B. WING _			05/2	; 29/2015	
NAME OF PROVIDER OR SUPPLIER  CHARLOTTE HEALTH & REHABILITATION CENTER			1	STREET ADDRESS, CITY, STATE, ZIP ( 1735 TODDVILLE ROAD CHARLOTTE, NC 28214	CODE	,		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)			(X5) COMPLETION DATE	
F 244	explained concerns during the meetings appropriate departr residents did not vo staffing levels durin meeting. The AD e concerns regarding meeting or after ad she did not forward the discussions did meetings.  Interview with the A 5:13 PM revealed so concerns to receive Administrator repor residents expressed levels.  2. Resident #7's quarevealed an assessible attention at least two reported he did not the concern of staff uning Director (AD). Res regarding staffing leattention at least two reported he did not the concern of staff uning appropriate departrice departrice departrice and record explained concerns during the meetings appropriate departrice.	ded the minutes. The AD expressed by residents were forwarded to the ment heads. The AD reported bice concerns regarding g the resident council explained residents voiced staffing either before the fournment. The AD explained the concerns of staffing since not occur during the  diministrator on 05/29/15 at the expected resident a response. The ted she was not aware of d concerns regarding staffing  uarterly MDS dated 03/23/15 ment of intact cognition.  dent #7 on 05/29/15 at 4:28 cussed the concern of not meetings with the Activity ident #7 reported the concern evels was brought to the AD's rice a month. Resident #7 receive a response regarding	F 2	potential to be affected by practice. An in-service was taff covering each depart. We will review the process Service Concern is conduct to finish. Staff instructed to writing) the details of the context the yellow copy on to the adepartment manager and to be given to the NHA and for to completion, whether reson-going in nature. The incompleted by 6/22/15.  Measures in place to ensure not occur. The Service Context and Procedure / Number 6 for Reporting Service Context eviewed during the new hexplained by the Administratesignee.  How the facility plans to make sure solutions are sure will continue to maintain grassure and follow through and maintain tracking.	as initiated with ment on 6/8/s by which a cted from state or record (in concern, pass appropriate the original to collowed throughout the original to collowed throughout the original to collowed or service will be a concern Policy rative Policy rative Policy Folicy South of the content or his/her and to custained. Ni rievance log,	rt s o ugh o e vill ords and er HA		

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		345405	B. WING _			C <b>05/29/2015</b>		
NAME OF PROVIDER OR SUPPLIER  CHARLOTTE HEALTH & REHABILITATION CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 1735 TODDVILLE ROAD CHARLOTTE, NC 28214	<b>'</b>	00/20/2010		
PREFIX (EACH [	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			PROVIDER'S PLAN OF COI (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE		
meeting. The concerns reg meeting or at she did not for the discussion meetings.  Interview with 5:13 PM reversidents explevels.  3. Resident revealed an at linterview with PM revealed staffing levels. Resident #8 response to the linterview on revealed she meetings and explained conduring the meappropriate of residents did staffing levels meeting. The concerns regimeeting or at she did not for	s during se AD exister adjoorward the Ad ealed she eceive a reported assessman Residen residen se at every coordinate recording to recordinate recordi	the resident council plained residents voiced staffing either before the surnment. The AD explained the concerns of staffing since of occur during the ministrator on 05/29/15 at the expected resident the response. The staff she was not aware of concerns regarding staffing staffing staff the work of the concerns regarding staffing the staff she was not aware of concerns regarding staffing staff she work of the staff she was not aware of concerns regarding staffing staff she did not receive a staff she did not receive a staff she did not receive a staff she was not aware of concerns regarding staffing levels. She did not receive a staff she did not receive a staff she were forwarded to the expressed by residents were forwarded to the concerns regarding the resident council plained residents voiced staffing either before the surnment. The AD explained the concerns of staffing since ot occur during the	F 2	44				

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345405			B. WING _			C <b>05/29/2015</b>	
	ROVIDER OR SUPPLIER	ITATION CENTER	1	STREET ADDRESS, CITY, STATE, ZIP COL 1735 TODDVILLE ROAD CHARLOTTE, NC 28214		35/20/2015	
(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 CO ( (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETION DATE	
F 244	Continued From page 3 Interview with the Administrator on 05/29/15 at 5:13 PM revealed she expected resident concerns to receive a response. The Administrator reported she was not aware of residents expressed concerns regarding staffing levels.		F 2	2.44			