DEPARTI	MENT OF HEALTH AN	ID HUMAN SERVICES					M APPROVED	
CENTER	S FOR MEDICARE &	MEDICAID SERVICES				OMB NO	0. 0938-0391	
	DF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			CONSTRUCTION	COMF	E SURVEY PLETED	
		345405	B. WING			R-C 09/21/2017		
NAME OF PI	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE				
		ITATION CENTER		17	35 TODDVILLE ROAD			
CHARLOI	TE HEALTH & REHABIL	ITATION CENTER		CHARLOTTE, NC 28214				
(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD I CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	3E	(X5) COMPLETION DATE	
{F 000}	INITIAL COMMENTS	;	{F 00	00}				
	A complaint investiga from 09/07/17 throug	ation survey was conducted h 09/08/17.						
	Immediate Jeopardy							
	CFR 483.12 F 223 at a scope and severity level J.							
	CFR 483.12 F 225 at J.							
	CFR 483.12 F 226 at J.							
	CFR 483.70 F 490 at J.	a scope and severity level						
	The tags F 223, F 22 substandard quality c	5 and F 226 constituted of care.						
	Immediate Jeopardy ongoing.							
	A partial extended su	rvey was conducted.						
		the State Agency and the						
		and Medicaid with an for the removal of the						
	Immediate Jeopardy							
		conducted on 09/21/17 for lity's Allegations for the						
		diate Jeopardy and to						
		of the ongoing Immediate						
		y provided evidence the						
		was removed on 09/14/17.						
		9/21/17 the facility remained F 223, F 225, F 226 and F						
		and severity (D) isolated, no						
	-	ential for more than minimal						
LABORATORY	DIRECTOR'S OR PROVIDER/	SUPPLIER REPRESENTATIVE'S SIGNATUR	RE		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 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.

09/29/2017

		D HUMAN SERVICES MEDICAID SERVICES			PRINTED: 10/24/201 FORM APPROVE OMB NO. 0938-039
	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,	IPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED R-C
		345405	B. WING		09/21/2017
NAME OF PF	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, Z	
CHARLOT	TE HEALTH & REHABIL	ITATION CENTER		1735 TODDVILLE ROAD CHARLOTTE, NC 28214	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIZ TAG	X (EACH CORRECTIVE CROSS-REFERENCED	DATE
{F 000}		diate jeopardy, while the	{F 0	00}	
{F 223} SS=D			{F 2	23}	9/22/17
	neglect, misappropria and exploitation as de includes but is not lim corporal punishment, any physical or chem treat the resident's sy	involuntary seclusion and ical restraint not required to mptoms.			
	abuse, corporal punis seclusion; This REQUIREMENT	mental, sexual, or physical			
	and Law Enforcemen review, the facility fail being assaulted by an sampled residents (R male was arrested an	ns, staff, nurse practitioner t interviews and record ed to protect a resident from a unknown male for 1 of 3 esident #2). The unknown d charged on 09/05/17 with ffenses against Resident		This allegation of comp submitted in compliance law and regulation. To continuing compliance the center has taken or actions set forth in the for of compliance. The follo allegations constitutes to allegation of compliance deficiencies have been	e with applicable demonstrate with applicable law, will take the following allegation owing credible the center⊡s e. All alleged
	Nurse #2 had to use to barricaded door and o in Resident #2's room	began on 08/31/17 when force to open Resident # 2's observed an unknown male n, the sheets were off the s brief had been removed.		F223 How the corrective action	indicated.
	The Immediate Jeopa	ardy is present and ongoing.		accomplished for those have been affected by t	

Facility ID: 943091

	-	ID HUMAN SERVICES MEDICAID SERVICES			PRINTED: 10/24/2017 FORM APPROVED OMB NO. 0938-0391
-	DF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, <i>,</i>	CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		345405	B. WING		R-C 09/21/2017
NAME OF PI	ROVIDER OR SUPPLIER		s	TREET ADDRESS, CITY, STATE, ZIP CODE	
CHARLOT	TE HEALTH & REHABIL	ITATION CENTER		735 TODDVILLE ROAD CHARLOTTE, NC 28214	
(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE COMPLETION
{F 223}	Centers for Medicare acceptable allegation Immediate Jeopardy A revisit survey was of determine the status Jeopardy. The facility for review of the follow - Systematic change visitors are identified the facility. - Evidence of staff education on abuse, or resident protection. - Documentation of and procedures imple prohibition, protection emergency response Observations of the fa procedures for visitation interviews with staff, r aware of the systemic The facility provided as support corrective act the immediate jeopart	he State Agency and the and Medicaid with an for the removal of the on 09/14/17. conducted on 09/21/17 to of the ongoing Immediate y provided documentation wing: ges implemented to ensure before being allowed inside , resident and family emergency response and of audits for the in-servicing emented related to abuse of residents and procedures. acility's new security on were made and residents and visitor were c changes implemented. sufficient evidence to tion by the facility to remove dy at F 223 at a lower scope ted, no actual harm that is dy while the facility s of monitoring and e corrective action.	{F 223}	practice: "On the evening of August 31, 20 or around 9:30 pm, Nurse 2 observed Resident 2 s door closed. Nurse 2 opened Resident 2 s door and found unknown male in the room with Resid 2. Resident 2 was found with her cov down and brief off. When questioned unknown male told Nurse 2 that he was changing his aunt s brief. Nurse 2 th approached House Coordinator, who in an office and on the phone with a f member of a resident. House Coordin heard Nurse 2 ask House Coordinator call 911, but House Coordinator direct Nurse 2 to ask Nurse 1 to call 911 wh House Coordinator finished her call. Nurse 1 overheard Nurse 2 s request call 911, but did not hear House Coordinator s response and thereford assumed House Coordinator called 9 "Nurse 1 then joined Nurse 2 in Resident 2 s room, and continued to question the unknown male. The unknown male insisted he was Resid 2 s nephew and provided a first nam and a last name that matched Resided #2 s last name. At this point, the unknown male began to show signs of aggression and Nurse 1 instructed Nurse 1 to leave the room. Nurse 2 stationed herself in the hallway just outside Resident 2 s room while Nurse 1 explained to the unknown male that s was going to call Resident 2 s dauged	d an dent vers d, the vas s s hen was family nator or to ted hile st to re 011.
	Resident #2 was adm 07/20/17 with diagnos	itted to the facility on ses that included acute		to confirm his identity. Nurse 1 left Resident 2 s room for privacy while called Daughter and Nurse 2 remained	

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	-	ID HUMAN SERVICES MEDICAID SERVICES				FOR	ED: 10/24/2017 MAPPROVED O. 0938-0391
STATEMENT (DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	· · ·	(X2) MULTIPLE CONSTRUCTION A. BUILDING			E SURVEY IPLETED R-C
		345405	B. WING				 9/21/2017
NAME OF P	ROVIDER OR SUPPLIER	L		ST	IREET ADDRESS, CITY, STATE, ZIP CODE		
CHARLOT	CHARLOTTE HEALTH & REHABILITATION CENTER			17	735 TODDVILLE ROAD		
UNAREO				CI	HARLOTTE, NC 28214		
(X4) ID PREFIX TAG				<	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROI DEFICIENCY)	DBE	(X5) COMPLETION DATE
{F 223}	over the counter med The admission Minim 07/27/17 specified the long term memory im impaired cognitive sk The MDS also specific comatose, but had no to make herself unde required two person p activities of daily living A nurse's entry made at 11:38 PM specified arrived at the facility if male observed in Res Review of Resident # a medical transportat The report specified t was dispatched at 11 Resident #2 at 11:52 the chief complaint w	h hypoxia, seizures, stomy and dementia. dy being treated with ry tract infections and an lication for a yeast infection. for Data Set (MDS) dated e resident had short and pairment with severely ills for daily decision making. de the resident was not b speech and the rare ability rstood. The resident obysical assistance with g.	{F 2:	23}	stationed in the hallway just outside room. However, the unknown male closed Resident 2 s door which prompted Nurse 1 to reopen the doo instruct the unknown male not to clo door. This occurred several more ti until the unknown male was instruct exit Resident 2 s room and remain hallway. Nurse 1 called Daughter a pm from Nurse 1 s cell phone. How Daughter did not pick up the call. N returned to the area outside of Resi 2 s room where the unknown man Nurse 2 were waiting. Daughter ret the phone call at 9:52 pm so Nurse stepped away again and explained to Daughter what had transpired and to unknown male claimed he was a far member and provided a first name. Daughter advised Nurse 1 that they have a family member by that first n and that she was going to drive to th Center to confirm whether the unknown male was a family member. " Around 9:52 pm, when Nurse 1 stepped away to speak to Daughter House Coordinator went to find Nurs see if she could be of assistance. N knowing yet what had transpired, Ho	or and ose the mes ed to in the t 9:51 vever, urse 1 dent and urned 1 to hat the mily did ame ne pown	
	#2 reported the reside assaulted by an unkn himself in the room a resident's brief. The allowed to leave the f medical transport unit	The report also revealed family of Resident orted the resident may have been sexually ited by an unknown male that barricaded if in the room and had removed the nt's brief. The unknown male had been d to leave the facility. Staff reported to the al transport unit that the resident had not changed or cleaned since the assault.			Coordinator found the unknown mal questioned whether he had signed i the front desk. When the unknown responded that he had not signed in House Coordinator escorted him to front desk and observed him sign in unknown male and House Coordina returned to the hallway at which poin House Coordinator asked Nurse 2 v was going on. Nurse 1 advised Nur	e and n at male n, the . The tor nt vhat	

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	OF DEFICIENCIES	MEDICAID SERVICES (X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIP	LE CONSTRUCTION	OMB NO	SURVEY
ND PLAN OF	CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING	3		PLETED
		345405	B. WING		R-C	
NAME OF P	ROVIDER OR SUPPLIER	343403		STREET ADDRESS, CITY, STATE, ZIP CODE	09/	21/2017
	NOVIDEIN ON SUIT LIEN			1735 TODDVILLE ROAD		
CHARLO	TE HEALTH & REHABIL	ITATION CENTER		CHARLOTTE, NC 28214		
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUST BE PRECEDED BY FULL PRI		ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE API DEFICIENCY)	OULD BE	(X5) COMPLETIO DATE
{F 223}	Continued From page	⊳ 4	{F 223	31		
(1 220)		medical record revealed a	۲۲ ZZ	and House Coordinator that Dau	abter was	
	document titled "Sex			on her way to identify the unknow		
	Examination" dated 0			Nurse 2 called the DON at 9:59		
		ergency Department. The		explain what had transpired.		
		Resident #2 had no physical		" Nurse 1, Nurse 2, and Hous	e	
		ault. The exam report		Coordinator then worked togethe	er to keep	
	revealed the resident	had a 4 millimeter		an eye on the unknown male, ke	ep in	
	excoriation on her lab	bia. Evidence was collected		contact with Daughter, care for a	ind	
	and provided to Law	Enforcement.		protect the residents, alert the D		
				try to alert other staff members of		
				situation while attempting to kee		
	-	by Nurse #3 dated 09/01/17		unknown male calm and not aler		
		Resident #2 was returning to mergency Department after		to their actions. It was around th that Nurse 1, Nurse 2, and Hous		
		assault exam. The nurse		Coordinator realized that no one		
	-	t was received from the		called 911. Nurse 1 then called		
	-	ig to assessment and testing		at 10:09 pm to obtain her status.		
		entified male was interrupted		Daughter advised that she was o		
		nything to the resident."		way and in close proximity to the		
				The nurses would call 911 if the	unknown	
				male was not identified by Daug	hter as a	
	On 09/07/17 at 9:50 /			family member.		
	observed in bed and	her eyes were closed.		" At 10:18 pm, Daughter calle		
				1 s cell phone and advised that		
	0			arrived at the Center and had loo		
	On 09/07/17 at 10:35			through the window to observe the		
	-	rted the facility had one hat automatically locked at		unknown male. Daughter confirm the unknown male was wearing		
		that after 9:30 PM when the		Nurse 1 and then Daughter state		
		tors were dependent on a		unknown male was not her famil		
		iem in and out of the facility.		member. At this point, Nurse 1 I	•	
		that on 08/31/17 she was		with Daughter and immediately of		
	working 3 PM to 11 P	PM and was preparing to start		at 10:20 pm. Per telephone inte		
		pass on the 200 A Hall. The		Detective assigned to case on 9	-	
	-	at 9:15 or 9:20 PM she was		Administrator, the 911 call was o		
	-	A Hall standing at her		at 10:20pm, and dispatched at 1		
		she noticed an unknown		Around the same time, CNA 1 u		
		the end of the 200 A Hall,		(by swiping her badge) the front		
	opened a door, looke	ed in the room, shut the door		allow the unknown male out of the	ne	1

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	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,		(X3) DATE SURVEY COMPLETED
			A. BUILDING	·	R-C
		345405	B. WING		_
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE	09/21/2017
				1735 TODVILLE ROAD	
CHARLOT	TE HEALTH & REHABIL	ITATION CENTER		CHARLOTTE, NC 28214	
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SI		PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOUL) CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE COMPLETIC	
{F 223}	Continued From page	e 5	{F 223	3}	
	and walked back up 1	the hall. She stated she felt		building at 10:19 pm. CNA 1 had no)
		se she didn't know who the		knowledge as to what had transpired	
	male was and why he	e would have been visiting		related to the unknown male.	
		lurse added that when the		" Based on information provided	-
		d back up the hall, she said,		Detective, the police arrived at the C	
		n male waved and stated,		at 10:23 pm. Nurse 1 and Daughter	
		urse reported that she e location at the top of the		spoke with police outside the Center which time Nurse 1 provided a desc	
		ned the unknown male		of the unknown male and Daughter	Inpuon
		Nurse #1 explained that she		provided a description of the vehicle	he
	proceeded with her n	-		fled in. Based on information and be	
	•	utes later" she heard a		per interview of Detective, the event	was
	"boom" and Nurse #2	2 yelling for the House		closed by the police at 10:42pm.	
		911! He's trying to rape her		" Visual assessment of resident b	ody
		e #1 described that she		done by Nurse #2 for any signs of	
	stopped her medicati			bruising, redness, bleeding,	
		Nurse #2 on the 200 B Hall. t was going on and Nurse #2		agitation/anxiety-none found. The decision was made to not change or	cloan
		nd Resident #2's door		resident prior to sending for possible	
		e opened it she saw an		sexual assault examination.	·
		room and he had taken the		" Daughter visited with Resident 2	2,
	Resident's bed sheet	s off and removed her brief.		facility staffed consoled the family, a	ind
	Nurse #1 stated that	it was the same unknown		was counseled by the nurses about	
		ites earlier that she assumed		sending Resident 2 to hospital to be	
	•	The unknown male told the		evaluated. Decision was made to se	
		g his "aunt" and needed to		resident to hospital to rule out sexua	
	•	care because the nursing heir jobs of providing care to		assault. While family was questioned Nurse #1 whether they wanted the	u by
	Resident #2.			assessment done, the nurse stated	she
				did this only to include them since it	
	Nurse #1 stated she	asked the unknown male his		significant event, but intentioned to s	
	identity and after stat	ing the question he provided		her anyway to protect the resident, h	
		d she wanted to try to diffuse		and the center.	
		she could tell the unknown		" As a result of this second call to	
		Nurse #2, so she asked the		both EMS and law enforcement offic	
		ve a seat in Resident #2's		were dispatched to the center. EMS	
	identify. Nurse #1 sta	d the family to verify his		dispatched per 911 call at 11:38pm,	
		atad aba raalizad whan aha		reached patient⊡s room at 11:52pm	1

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		ND HUMAN SERVICES MEDICAID SERVICES			FOR	D: 10/24/201 MAPPROVE
STATEMENT O	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,	PLE CONSTRUCTION G	(X3) DAT COM	E SURVEY IPLETED
		345405	B. WING			२-C 2/21/2017
NAME OF PI	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP		
				1735 TODDVILLE ROAD		
CHARLOT	TE HEALTH & REHABIL	ITATION CENTER		CHARLOTTE, NC 28214		
(X4) ID PREFIX TAG	REFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETION DATE
{F 223}	Continued From page	e 6	{F 22	3)		
(·•)		the room. Nurse #1 opened	1 22	" Per hospital report no	evidence of	
		ed to the unknown male that		break in skin, abrasions ex		
		in the room with the door		excoriation to labia, redne		
	open. Nurse #2 stoo			swelling, or bleeding to the		
	•	ation pass to watch the		evidence of semen, DNA	•	
	unknown male while			time, and detective assign	-	
	telephone. Nurse #1	reported that the unknown		unable to tell us when we	will get it back,	
		ut the door 4 times until she		and undetermined time at	•	
	-	d to get out of the room.		verbal transfer report from		
		didn't realize at the time but		Nurse 3 at the time of disc	-	
	-	g the door, the unknown		Emergency Department, it		
	-	ident #2" back. Nurse #1		unidentified male was inte		
	-	vn male had reattached the ut the covers back on her		he was able to do anything Family updated by hospita	-	
	body.	ut the covers back on her			u.	
	body.			" Beginning 9/1, autom	atic front door	
	Nurse #1 described t	hat she went to the nurses'		lock system was moved fr		
	station area and obse	erved the House Coordinator		9:30pm to auto lock at 8Pl		
	on the telephone and	assumed she was on the		remain locked until 9:00 A		
	phone with 911 as Nu	urse #2 had called for her to		receptionist hours are 9:00	0 AM -8:00 PM.	
	do. The Nurse stated	d her goal became to keep		The system does not allow	v any other	
	Resident #2 safe and	I contact the family. The		doors to be used for entry	by visitors, and	
		the House Coordinator and		never has. All other doors		
		called 911 and she hadn't.		always been locked contin		
		e was so confused and upset		require badge access for e		
		n called but she knew she		" Between the hours of		
		ent #2. Nurse #1 decided to		beginning 9/1/17, the patie		
	contact the family be	bocked inside the facility since		sitter to ensure her safety. " The perpetrator/unknow		
		The nurse used her cell		apprehended/caught by la		
		nes and revealed she spoke		on 9/5/17. Sitter services		
		aughter at 9:52 PM to ask if		discontinued on 9/6/17.		
		nber with the name provided		" Staff began to receive	education	
		d, "Yes." Nurse #1 provided		immediately following the		
		nknown male and the		8/31/17 by the DON, and a		
		natch but the family stated		o Expectations for visito		
	-	to the facility. Nurse #1		after door lock times. All		
	-	to the daughter at 10:18 PM		facility or ring front door be	•	
	asking her where she	e was and she was pulling		who they are and who who	ey want to see.	

Facility ID: 943091

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		ID HUMAN SERVICES MEDICAID SERVICES				FORM	D: 10/24/2017 MAPPROVED D. 0938-0391
STATEMENT	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		345405	B. WING				-C 21/2017
NAME OF P	ROVIDER OR SUPPLIER			ST	IREET ADDRESS, CITY, STATE, ZIP CODE	•	
CHARLO	TTE HEALTH & REHABIL	ITATION CENTER			735 TODDVILLE ROAD HARLOTTE, NC 28214		
(X4) ID PREFIX TAG	IX (EACH DEFICIENCY MUST BE PRECEDED BY FULL			x	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE	(X5) COMPLETION DATE
{F 223}	into the parking lot. If daughter sat in her ver the unknown male the door of the facility. The unknown male wa police. Nurse #1 end and called 911 at 10:: Nurse #1 explained in front door for the unk Nurse #1 added the p "less than 5 minutes" In the same interview asked if she had ever prior to the incident. had seen the unknow was not aware of who reason for being in the the instances occurre and described that be was with someone el- identify. The Nurse in she saw the unknowr pm shift and the othe pm shift. She could in and she did not ask he On 09/07/17 at 11:15 interviewed and description 9:45 PM" she observa- room closed. The nu concerning because at monitoring becaus	During the phone call the ehicle and was able to see rough the window and front he daughter told Nurse #1 as not family and to call the led the call with the daughter 20 PM. At the same time, urse aide #1 unlocked the nown male and he left. bolice arrived to the facility after she called. with Nurse #1 she was seen the unknown male Nurse #1 explained that she male 2 previous times and b he was visiting or his e facility. She stated that ed over a two week period oth times the unknown male se that she was unable to eported that one instance in male during the 7 am to 3 r time was on the 3 pm to 11 not recall what he was doing iim his identity. AM Nurse #2 was ribed on 08/31/17 "around ed the door to Resident #2's	{F 2	223}	A staff member will then allow access give them a visitor name badge. All s have received education on this. "Root cause analysis determination oUnknown male was not initially removed from room due to escalating situation and the unknown male s potential aggressive response. This le escalated to his noncompliance to keeping door open, and he was permanently removed from room. oNurse #1, 2 and House Coordina were all involved in calls with key pers in resolving the above situation; there all believed someone else had called When it became apparent that no one called 911, the nurses waited until the family confirmed that the unknown ma was not a family member and then immediately called 911. Education/Coaching about 911 emergency procedures provided to nu 1, 2 and House Coordinator on 9/8/17 Administrator. oBecause the nurses did not want alarm the unknown male and wanted keep him in the Center until the police arrived, the unknown male was not removed from all patient care areas. Communication occurred to other patic care areas, but communication did no reach everyone. Walkie-talkies were provided to nurses for unit to unit communication. oNurse #1, upon initially noticing unknown male in center, did not inquit to his identity and whom he was visitin Systemic Correction:	taff ins: ater tor sons fore, 911. had ale urses by to to to to to to to	

Facility ID: 943091

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		ID HUMAN SERVICES MEDICAID SERVICES			FO	ED: 10/24/2017 RM APPROVED NO. 0938-0391
STATEMENT O	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DA	TE SURVEY MPLETED
		345405	B. WING			R-C 9/21/2017
NAME OF PI	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CO		
				1735 TODDVILLE ROAD		
CHARLOT	TE HEALTH & REHABIL	ITATION CENTER		CHARLOTTE, NC 28214		
(X4) ID PREFIX TAG	REFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL			PROVIDER'S PLAN OF ((EACH CORRECTIVE ACTI CROSS-REFERENCED TO TI DEFICIENC'	ION SHOULD BE HE APPROPRIATE	(X5) COMPLETION DATE
{F 223}	an unknown male in F unknown male had re leaving her exposed. she thought the unknown (Resident #2) and fea her (Resident #2)." N unknown male had lo the floor, removed the the floor, removed the extended the resident them separated and the his shoes off. On 09/07/17 at 12:03 was interviewed on the that the night of 08/31 telephone with another non-emergency situal #2 ask her to call 911 stated she did not known the Nurse #2 to yell for that she remained on 911. The House Coo explanation why she #2's yell to call 911. explained that when so call she went to Nurse going on. The House of how long she was explained that she sp and asked him to sign at the front entrance. to the front and watch registry. The House of when the police arrive unknown male had le	door open and witnessed Resident #2's room and the emoved the resident's brief The Nurse stated at first own male had "killed her ared he was going to rape Jurse #2 described that the wered Resident #2's bed to a sheets and placed them in a pillows from the bed and, t's legs out straight and had he unknown male had taken PM the House Coordinator ne telephone and explained 1/17 she was on the er resident's family for a tion when she heard Nurse . The House Coordinator by what was going on for or help and to call 911 but the phone and did not call rdinator offered no did not respond to Nurse The House Coordinator she finished with the phone e #2 to find out what was a Coordinator was unaware on the phone. She oke with the unknown male n the guest registry located She added she walked him ned as he signed the guest Coordinator stated that ed to the facility, the ft the facility. The House	{F 22	 9/6/17 Vice President of educated Administrator on of suspicion of a crime/serious reporting requirements and Administrator educated DO bodily injury reporting require " All visitors will be require the visitor log, denoting namindividual they are visiting a time. All visitors will receive badge before entry into patinareas. Any visitor noted in t without a guest badge will be taken to the lobby by a staff sign in/obtain a badge. All contractors must display a badge. If not, one will be pre- Receptionist will be response out dated guest badges ever Facility now provides a receive per week from 9AM to 8PM above protocol. Receptioning guest badges during these these hours, a nurse will an door bell, and provide guess same protocol above. All staff were educated process beginning on 9/11, on 9/14/17 by the Administr designees. Any staff memb been educated will not be a return to work prior the receive education. The center has initiated walkie-talkies to be kept on person on 9/14/17, to commistry including a situation where 	reasonable s bodily on 9/6/17 N of serious rements. red to sign in to ne, name of and entry/exit e a dated guest ient care the center be stopped and f member, to vendors or visible name rovided. sible for putting ery day. eptionist 7 days t, to follow ist will provide hours. After iswer front t badge using I on this new to completion rator and ber that has not allowed to eiving the d the use of the nurse □ s municate to unit, there is a	
	when the police arrive unknown male had le	ed to the facility, the		immediate needs from unit	to unit, there is a	

Facility ID: 943091

		ID HUMAN SERVICES MEDICAID SERVICES			PRINTED: 10/24/20 FORM APPROVE OMB NO. 0938-039	
	DF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X3) DATE SURVEY COMPLETED R-C	
	345405 B. WING			09/21/2017		
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE	•	
CHARLO	ITE HEALTH & REHABIL	ITATION CENTER		1735 TODDVILLE ROAD CHARLOTTE, NC 28214		
(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 CORRE (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE COMPLETION	
{F 223}	the unknown male from (the 100 Hall nurse) r facility. The House C assumed Nurse #4 re staff on the 100 Hall. Nurse #4 no longer we unable to be reached On 09/07/17 at 1:34 If #1 was interviewed T stated the unknown r sexual crimes agains Enforcement Officer at hospital concluded R injury from the assau exam showed a 4 mil Resident #2's vagina obtained from Reside crime lab and could to He stated the results saliva from the unknown that would not be evid exam. He added the currently in custody fo 08/31/17. The Officer male stated he walke facility and entered R intention to steal item body looking for itema vagina with his finger	om leaving she told Nurse #4 not to let anyone out of the coordinator stated that elayed the message to all vorks in the facility and was I for an interview. PM Law Enforcement Officer nale had confessed to t Resident #2. The Law added that he was aware the esident #2 had no visible It and that sexual assault llimeter excoriated area on . He explained that samples ent #2 had been sent to the ake weeks to get results. could show fingerprints and own male on Resident #2 dent in the sexual assault unknown male was or the crime committed on r reported the unknown ed in the front entrance to the tesident #2's room with the of value, sifted along her s to steal and penetrated her	{F 223}	 lock-down situation. Walkie-talk stored on the medication cart. Walkie-talkies are charged via nu computer. Nurses will pass walk on when giving report. " All residents who are intervie (as evidenced by a BIMS of 12+) verbal education by Administration other designees on: ¿ Residents to be free from ab expected reporting of residents/s ¿ Visitation procedures o This education began on Set 11th, to completion on Septembe and was documented in the medi record. All new patients will rece education via the admissions pro review of Residents Rights and N Patient s Bill of Rights. " All Responsible Parties rece written communication via letter, on September 13th, with informati including the following: o Door lock times, and gaining during these times o The Elder Justice Act o What a reasonable suspicior crime is o The use of one-time use Visi identification, ie. Guest Badges o What methods we use to kee patients, employees and visitors during and after normal business 	Irse ie-talkies ewable received r and use and taff ptember er 14th, ical ive this cess with lotice of ived mailed tion entry n of a itor ep our safe both hours. vstem e plan of ecific d and/or	

Facility ID: 943091

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	-	ID HUMAN SERVICES MEDICAID SERVICES			PRINTED: 10/24/2017 FORM APPROVED OMB NO. 0938-0391
STATEMENT	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, <i>i</i>	IPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		345405	B. WING		R-C 09/21/2017
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP	° CODE
				1735 TODDVILLE ROAD	
CHARLO	CHARLOTTE HEALTH & REHABILITATION CENTER			CHARLOTTE, NC 28214	
(X4) ID PREFIX TAG	REFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL			PROVIDER'S PLAN C ((EACH CORRECTIVE A) CROSS-REFERENCED TC DEFICIE!	CTION SHOULD BE COMPLETION D THE APPROPRIATE DATE
{F 223}	On 09/07/17 at 2:16 F interviewed and state male in the facility set his behavior was sus explained that he did unknown male's visits added that on each w the unknown male br him but did not have f floor technician stated male was bringing foo technician stated ther out of the facility and around or going in an question them or ask On 09/07/17 at 2:27 F interviewed and expla staff to question the id acting suspicious. Th believe the unknown to a resident's room, f behavior. The facility's medical country and unable to interview.	PM floor technician #1 was of he had seen the unknown veral times and did not feel picious. The floor technician not know the reason for s. The floor technician vitnessed account he noticed ought a fast food bag with then bag when he left. The d he assumed the unknown of to someone. The floor re was a lot of people in and unless they were wandering d out of rooms he would not them what they were doing. PM the Administrator was ained he would expect his dentity of a visitor that was ne Administrator did not male opening a closed door then leaving was suspicious director was out of the b be reached for an	{F 2:	 23} requirements: Administrator will dai period of four weeks, ther for four weeks, and week will check to ensure visitor to guest badge protocols talkies are on the nurse p deficient practice will be a immediately by the admir Automatic front door lock door at 5PM and will until 9:00 AM All new hires during a receive education on abu misappropriation/crime N Elder Justice Act and Visi protocols. All new licensed nurse education on use of walki Administrator will aud patients received educatia admissions process with Residents Rights, Visitatia and Notice of Patient s E three months. Any deficie be addressed immediatel administrator. Responsible parties s admission will receive a le them of: o Door lock times, and during these times o Elder Justice Act o What a reasonable s crime is o What methods we us patients, employees and 	n twice weekly ly for four weeks ors are adhering and walkie person. Any addressed histrator. lock system will remain locked orientation will ise/neglect/ ursing P/P 101, itor Badge ses will receive ie talkies. dit that all new on via the review of on procedure Bill of Rights for ent practice will ly by the for all new etter notifying gaining entry suspicion of a use Visitor adges se to keep our

Event ID: 89YG12

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	-	D HUMAN SERVICES MEDICAID SERVICES				FOR	D: 10/24/2017 M APPROVED D. 0938-0391
STATEMENT O	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,	(X2) MULTIPLE CONSTRUCTION A. BUILDING			E SURVEY PLETED
		345405	B. WING				R-C / 21/2017
NAME OF PI	ROVIDER OR SUPPLIER			S	TREET ADDRESS, CITY, STATE, ZIP CODE	1 00	2 11 20 11
CHARLOT	TE HEALTH & REHABIL	ITATION CENTER			735 TODDVILLE ROAD HARLOTTE, NC 28214		
(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 CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE	(X5) COMPLETION DATE
{F 223} {F 225}			{F 2 {F 2		during and after normal business hour How facility will monitor corrective act (s) to ensure deficient practice will not re-occur: Results of all audits will be reviewed b the QAPI (Quality Assurance Perform Improvement) committee monthly time three, for continued compliance or revisions to the plan as needed. Administrator responsible for implementing the acceptable plan of correction.	on by ance	9/22/17
SS=D	 who- (i) Have been found g exploitation, misappro- mistreatment by a cou- (ii) Have had a finding nurse aide registry co- exploitation, mistreatr misappropriation of the (iii) Have a disciplinar or her professional lic body as a result of a f exploitation, mistreatr misappropriation of ree (4) Report to the State licensing authorities and 	must- erwise engage individuals uilty of abuse, neglect, opriation of property, or urt of law; g entered into the State ncerning abuse, neglect, nent of residents or leir property; or y action in effect against his ense by a state licensure inding of abuse, neglect, nent of residents or					

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	-	ID HUMAN SERVICES MEDICAID SERVICES				FORM	APPROVED 0. 0938-0391
STATEMENT (DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			E CONSTRUCTION	(X3) DATE SURVEY COMPLETED R-C	
		345405	B. WING				21/2017
NAME OF P	ROVIDER OR SUPPLIER			;	STREET ADDRESS, CITY, STATE, ZIP CODE		-
CHARLOT	TE HEALTH & REHABIL	ITATION CENTER					
(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 CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE	(X5) COMPLETION DATE
{F 225}	nurse aide or other fa (c) In response to alle exploitation, or mistre (1) Ensure that all alle abuse, neglect, explo including injuries of u misappropriation of re reported immediately after the allegation is cause the allegation is cause the allegation is serious bodily injury, the events that cause abuse and do not res the administrator of th officials (including to fa adult protective servic for jurisdiction in long accordance with State procedures. (2) Have evidence that thoroughly investigate	unfitness for service as a cility staff. egations of abuse, neglect, atment, the facility must: eged violations involving itation or mistreatment, nknown source and esident property, are , but not later than 2 hours made, if the events that nvolve abuse or result in or not later than 24 hours if the allegation do not involve ult in serious bodily injury, to he facility and to other the State Survey Agency and es where state law provides -term care facilities) in e law through established at all alleged violations are ed. tential abuse, neglect, atment while the	{F 2	225]			
	administrator or his or representative and to with State law, include Agency, within 5 work if the alleged violation corrective action mus	other officials in accordance ing to the State Survey king days of the incident, and is verified appropriate					

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	-	ND HUMAN SERVICES MEDICAID SERVICES				FOR	D: 10/24/201 MAPPROVEI D. 0938-039
	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,		CONSTRUCTION	COM	E SURVEY PLETED
		345405	B. WING				/21/2017
NAME OF PR	ROVIDER OR SUPPLIER	1		S	TREET ADDRESS, CITY, STATE, ZIP CODE	1 00	
	TE HEALTH & REHABIL			17	735 TODDVILLE ROAD		
CHARLOT				С	HARLOTTE, NC 28214		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE	(X5) COMPLETION DATE
{F 225}	Continued From page	o 12		2251			
{F 220}	Continued From page		{⊢ ∠	225}	5005		
		views, Law Enforcement			F225 Charlette Llealth Care Conter		
		se practitioner interview and ility failed to notify Health			Charlotte Health Care Center		
		stigations of a crime against					
	a resident within the			This allegation of compliance is subm	itted		
	failed to notify Adult F			in compliance with applicable law and			
		notify law enforcement			regulation. To demonstrate continuin	-	
	immediately of suspic			compliance with applicable law, the c			
	resident (Resident #2	2).			has taken or will take the actions set		
					in the following allegation of complian	ce.	
	Immodiate Joonardy	began on 08/31/17 when			The following credible allegations constitutes the center's allegation of		
		force to open Resident # 2's			compliance. All alleged deficiencies l	nave	
		observed an unknown male			been or will be completed by the date		
		n, the sheets were off the			indicated.	•	
		s brief had been removed;					
	and the facility did no	t notify local law			How the corrective action will be		
		ately. The Immediate			accomplished for those residents four	nd to	
	Jeopardy is present a	and ongoing.			have been affected by the deficient		
	—				practice:		
	• •	the State Agency and the			• On the evening of August 31, 20		
		and Medicaid with an for the removal of the			or around 9:30 pm, Nurse 2 observed Resident 2's door closed. Nurse 2	I	
	Immediate Jeopardy				opened Resident 2's door and found	an	
					unknown male in the room with Resid		
	A revisit survey was o	conducted on 09/21/17 to			2. Resident 2 was found with her cov		
		of the ongoing Immediate			down and brief off. When questioned		
	Jeopardy. The facility	y provided documentation			unknown male told Nurse 2 that he w	as	
	for review of the follow	wing:			the nephew of Resident 2 and he was		
					changing his aunt's brief. Nurse 2 the		
		ges implemented to ensure			approached House Coordinator, who		
		before being allowed inside			in an office and on the phone with a fa	-	
	the facility.	f, resident and family			member of a resident. House Coordi heard Nurse 2 ask House Coordinato		
		emergency response and			call 911, but House Coordinator direc		
	resident protection.				Nurse 2 to ask Nurse 1 to call 911 wh		
	-	of audits for the in-servicing			House Coordinator finished her call.		
		emented related to abuse			Nurse 1 overheard Nurse 2's request	to	
	prohibition, protection				call 911, but did not hear House		

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		ND HUMAN SERVICES MEDICAID SERVICES				FOR	D: 10/24/2017 M APPROVED D. 0938-0391
STATEMENT (DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		345405	B. WING				R-C / 21/2017
NAME OF PI	ROVIDER OR SUPPLIER			ST	IREET ADDRESS, CITY, STATE, ZIP CODE		
CHARLOT	TE HEALTH & REHABIL	ITATION CENTER			735 TODDVILLE ROAD HARLOTTE, NC 28214		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG	x	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULE CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE	(X5) COMPLETION DATE
{F 225}	Continued From page	e 14	{F 2	25}			
	emergency response Observations of the f procedures for visitat	procedures. acility's new security		,	Coordinator's response and therefore assumed House Coordinator called 9 • Nurse 1 then joined Nurse 2 in Resident 2's room, and continued to		
	aware of the systemic The facility provided	residents and visitor were c changes implemented. sufficient evidence to tion by the facility to remove			question the unknown male. The unknown male insisted he was Resid 2's nephew and provided a first name a last name that matched Resident #	e and	
	the immediate jeopar and severity (D) isola not immediate jeopar	dy at F 225 at a lower scope ited, no actual harm that is dy while the facility			last name. At this point, the unknown male began to show signs of aggress and Nurse 1 instructed Nurse 2 to lea	n sion ave	
	continues the proces implementation of the	-			the room. Nurse 2 stationed herself hallway just outside Resident 2's roo while Nurse 1 explained to the unkno male that she was going to call Resid	m own	
	The findings included				2's daughter to confirm his identity. 1 left Resident 2's room for privacy w she called Daughter and Nurse 2	/hile	
		hitted to the facility on ses that included acute			remained stationed in the hallway jus outside the room. However, the unknown male closed Resident 2's door which	nown	
	tracheostomy, gastro urinary tract infection	stomy, dementia, and s. The admission Minimum d 07/27/17 specified the			prompted Nurse 1 to reopen the doo instruct the unknown male not to clos door. This occurred several more tin	r and se the	
	resident had short an	d long term memory rely impaired cognitive skills			until the unknown male was instructed exit Resident 2's room and remain in hallway. Nurse 1 called Daughter at	ed to the	
	specified the resident no speech and the ra understood. The res	t was not comatose, but had ire ability to make herself ident required two person			pm from Nurse 1's cell phone. Howe Daughter did not pick up the call. Nu returned to the area outside of Resid	ver, ırse 1 ent	
		vith activities of daily living.			2's room where the unknown man ar Nurse 2 were waiting. Daughter retu the phone call at 9:52 pm so Nurse 1 stepped away again and explained to	rned	
	dated 09/01/17 that s Resident Abuse with	a 24-Hour Initial Report pecified an allegation of reasonable suspicion of on 08/31/17 for Resident #2.			stepped away again and explained to Daughter what had transpired and th unknown male claimed he was a farr member and provided a first name.	at the	
	The facility document	ted there was a Reasonable but there was no Serious			Daughter advised Nurse 1 that they on have a family member by that first na		

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		ND HUMAN SERVICES MEDICAID SERVICES				FORM	D: 10/24/2017 MAPPROVED D: 0938-0391
STATEMENT (DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, í		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		345405	B. WING				-C 21/2017
NAME OF PI	ROVIDER OR SUPPLIER			ST	TREET ADDRESS, CITY, STATE, ZIP CODE	1 00.	•
CHARLOT	TE HEALTH & REHABIL	ITATION CENTER		17	735 TODDVILLE ROAD		
ONAREO				C	HARLOTTE, NC 28214		
(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD E CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)	3E	(X5) COMPLETION DATE
{F 225}	Continued From page	e 15	{F 2	25}			
	Bodily Injury. The fac Department. A facsimile receipt do Personnel Investigati allegation on 09/01/1 The facility did not pr Adult Protective Serv the incident. On 09/07/17 at 11:15 interviewed and desc 9:45 PM" she observ room closed. The nu concerning becauses tracheostomy and un Nurse described that door but it was blocker room and there was stated she forced the an unknown male in unknown male had re leaving her exposed. she thought the unkn (Resident #2) and fea her (Resident #2)." N the room and yelled f call 911. Nurse #2 st replied that she was explained that it was police were called be	cility notified the Police boumented Health Care ons was notified of the 7 at 4:39 PM. ovide documentation that ices (APS) was notified of AM Nurse #2 was tribed on 08/31/17 "around ed the door to Resident #2's trise stated this was the resident required close she was a fall risk and had a able to call for help. The she attempted to open the ed and she called inside the no answer. The Nurse door open and witnessed Resident #2's room and the emoved the resident's brief The Nurse stated at first own male had "killed her ared he was going to rape Nurse #2 reported she left for the House Coordinator to ated the House Coordinator "on the phone." Nurse #2 15- 20 minutes before the cause she was trying to	{F 2.	25}	 and that she was going to drive to the Center to confirm whether the unknown male was a family member. Around 9:52 pm, when Nurse 1 stepped away to speak to Daughter, House Coordinator went to find Nurse see if she could be of assistance. Not knowing yet what had transpired, House Coordinator found the unknown male a questioned whether he had signed in a the front desk. When the unknown maresponded that he had not signed in, House Coordinator escorted him to the front desk and observed him sign in. Unknown male and House Coordinator returned to the hallway at which point House Coordinator asked Nurse 2 what was going on. Nurse 1 advised Nurse and House Coordinator that Daughter on her way to identify the unknown maresplain what had transpired. Nurse 1, Nurse 2, and House Coordinator the point and protect the residents, alert the DON, a try to alert other staff members of the situation while attempting to keep the unknown male calm and not alert him to their actions. It was around this tim that Nurse 1, Nurse 2, and House Coordinator realized that no one had called 911. Nurse 1 then called Daughter to the staff members of the situation while attempting to keep the unknown male calm and not alert him to their actions. It was around this tim that Nurse 1, Nurse 1 then called Daughter to the the the called Daughter to the the the there to the the called	2 to se and at ale The r at 2 was ale. eep nd as e	
	when the police arrive	e safe. Nurse #2 stated that ed a staff member had male to leave the facility.			at 10:09 pm to obtain her status. Daughter advised that she was on her way and in close proximity to the center The nurses would call 911 if the unknown male was not identified by Daughter as	er. own	

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		MEDICAID SERVICES			OMB NO. 0938-0
	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,	PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		345405	B. WING		R-C 09/21/2017
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE	1 00/21/2011
				1735 TODDVILLE ROAD	
CHARLOT	TTE HEALTH & REHABIL	ITATION CENTER		CHARLOTTE, NC 28214	
(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 CORF (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AF DEFICIENCY)	HOULD BE COMPLET
{F 225}	Continued From page	a 16	(E 22)	5)	
ί ΖΖ Ος			{F 22	•	
		PM the House Coordinator		family member.	od Nurso
		ne telephone and explained		At 10:18 pm, Daughter call 1's coll phone and advised that	
	that the night of 08/3	er resident's family for a		1's cell phone and advised that arrived at the Center and had lo	
		tion when she heard Nurse		through the window to observe	
		. The House Coordinator		unknown male. Daughter confi	
		ow what was going on for		the unknown male was wearing	
		elp and to call 911 but that		Nurse 1 and then Daughter stat	
		phone and did not call 911.		unknown male was not her familie	
		tor offered no explanation		member. At this point, Nurse 1	-
		ond to Nurse #2's yell to call		with Daughter and immediately	÷ ·
		ordinator explained that when		at 10:20 pm. Per telephone inte	
	she finished with the	phone call she went to		Detective assigned to case on 9	9/13/17 by
	Nurse #2 to find out v	what was going on. The		Administrator, the 911 call was	confirmed
		as unaware of how long she		at 10:20pm, and dispatched at	
		he House Coordinator		Around the same time, CNA 1 u	
		police arrived to the facility,		(by swiping her badge) the front	
	the unknown male ha	ad left the facility.		allow the unknown male out of t	
				building at 10:19 pm. CNA 1 ha	
	0 00/07/47 14 04 1			knowledge as to what had trans	spired
		PM Law Enforcement Officer		related to the unknown male.	dad by
	#1 was interviewed o	-		Based on information provi	
		reporting officer for the nt #2. The Law Enforcement		Detective, the police arrived at t at 10:23 pm. Nurse 1 and Daug	
		ce reports and stated police		spoke with police outside the Co	-
		e facility on 08/31/17 at		which time Nurse 1 provided a c	
		lispatched immediately. The		of the unknown male and Daug	
		ficer explained that when the		provided a description of the ve	
		acility, the unknown male		fled in. Based on information a	
	-	leave the facility. He added		per interview of Detective, the e	
		parking lot were able to give		closed by the police at 10:42pm	
		nknown male and make and		Visual assessment of resid	
		he was driving. The Law		done by Nurse #2 for any signs	of
		added that once the resident		bruising, redness, bleeding,	
		e Emergency Department		agitation/anxiety-none found. T	
		examination, police were		decision was made to not chang	
	re-dispatched to the f	facility at 11:41 PM.		resident prior to sending for pos	sible
				sexual assault examination.	
				 Daughter visited with Resid 	iont 2

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		ID HUMAN SERVICES MEDICAID SERVICES			PRINTED: 10/24/201 FORM APPROVE OMB NO. 0938-039
	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	· /	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED R-C
		345405	B. WING		09/21/2017
NAME OF PI	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP C	•
	TE HEALTH & REHABIL	ITATION CENTER		1735 TODDVILLE ROAD	
CHARLOI				CHARLOTTE, NC 28214	
(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 (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE COMPLETION THE APPROPRIATE DATE
{F 225}	interviewed and expla	PM the Administrator was ained he was notified of the	{F 225	facility staffed consoled the family was counseled by the	ne nurses about
	because he was on v his absence the Direc	by the Corporate Consultant acation. He stated that in ctor of Nursing, Corporate tor of Operations oversaw		sending Resident 2 to hosp evaluated. Decision was n resident to hospital to rule assault. While family was o	nade to send out sexual
	facility operations. The returned to work of investigation into the	he Administrator added that on 09/05/17 and started the incident and intended to		Nurse #1 whether they was assessment done, the nurs did this only to include ther	nted the se stated she n since it was a
	the State Agency on	t completed and submitted to 09/08/17. The Administrator agencies had been notified		 significant event, but intent her anyway to protect the r and the center. As a result of this second both EMS and law enforce 	resident, herself ond call to 911,
	Nursing (DON) was in was contacted by Nu PM informing her an	PM the interim Director of nterviewed and reported she rse #2 on 08/31/17 at 9:59 unknown male was found in ind had removed her brief.		were dispatched to the cer dispatched per 911 call at reached patient's room at Arrived to Hospital at 12:24 • Per hospital report no break in skin, abrasions ex	nter. EMS unit 11:38pm, and 11:52pm. 4AM. evidence of
	The DON stated she police. The DON exp that the unknown ma based on what Nurse	directed Nurse #2 to call the plained that it did not matter le was alleging to be family #2 had witnessed in the unaware when the police		excoriation to labia, redness swelling, or bleeding to the evidence of semen, DNA p time, and detective assigned unable to tell us when we	es, bruising, body. No bending at this ed to case
	were called. But the unknown male had b when the police arrive	•		and undetermined time at a verbal transfer report from Nurse 3 at the time of discl Emergency Department, it	this point. Per ED nurse to harge from the
	she contacted the Co On 09/08/17 at 11:10	prporate Consultant.		unidentified male was inter he was able to do anything Family updated by hospita • A 24 hour initial report	rupted before to resident. I.
	Consultant was interv was contacted by the about the assault alle	viewed and reported that she Director of Nursing (DON) gation on 08/31/17. The that the facility proceeded		the Health Care Personnel on 9/1/17 • A 5 day working repor the Health Care Registry d	Investigation t was filed with
	-	gation. The Consultant		incident 9/8/17, within 5 wo • APS was notified on 9	orking days.

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	-	ID HUMAN SERVICES MEDICAID SERVICES				FOR	D: 10/24/2017 M APPROVED D. 0938-0391
STATEMENT	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			CONSTRUCTION	(X3) DATE COM	E SURVEY PLETED
		345405	B. WING				R-C / 21/2017
NAME OF P	ROVIDER OR SUPPLIER		•	ST	REET ADDRESS, CITY, STATE, ZIP CODE		
CHARLOT	ITE HEALTH & REHABIL	ITATION CENTER			35 TODDVILLE ROAD HARLOTTE, NC 28214		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG	x	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD I CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	ЗE	(X5) COMPLETION DATE
{F 225}	Investigations was not the 2 hour timeframe "serious bodily injury" The Consultant states allegation of sexual a injury because the re- injury to her body suc bleeding. The Consultant refere Assault Nurse Exami specified the Resider from the assault. The facility's medical country and unable to interview. On 09/08/17 at 2:10 F (NP) was interviewed would expect staff to they suspected assau the resident to the En immediately for evalue that it would be helpfic communication syste to alert all staff of a d prevent a staff memb from leaving the build	ot notified of the crime within because there was no ' sustained to Resident #2. d she did not consider an ssault to be serious bodily sident did not have signs of th as vaginal trauma or enced Resident #2's "Sexual nation" dated 09/01/17 that th had no physical injuries director was out of the be reached for an PM the Nurse Practitioner and explained that she call police immediately if ult on a resident and send nergency Department tation. The NP also stated ul if the facility had a m such as a "code" system angerous situation to er from letting a perpetrator ling.	{F 2	25}	 Root cause analysis determination Nurse #1, 2 and House Coordinativere all involved in calls with key persion resolving the above situation; there all believed someone else had called When it became apparent that no one called 911, the nurses waited until the family confirmed that the unknown matwas not a family member and then immediately called 911. Education/Coaching regarding appropriated the timely reporting procedures provide to nurses 1, 2 and House Coordinator 9/8/17 by Administrator. Facility did not report within the required 2-hour period to State Agence because it was determined based on hospital report that the patient did not suffer serious bodily injury, as a result the abuse. Moving forward, we will reanyway, given the nature of the allegativithin a 2 hour period. Systemic Correction: 9/6/17 Vice President of Operation educated Administrator on reasonable suspicion of a crime/serious bodily reporting requirements and on 9/6/17 Administrator educated DON of all abuse/crime reporting requirements. All staff re-inserviced on reporting requirements on 9/14/17. The center initiated the use of walkie-talkies to be kept on the nurse's person on 9/14/17 communicate immediate needs from uto unit, including a situation where the a patient protection emergency or lock-down situation. Walkie-talkies a 	tor fore, 911. had le vriate ded on y, of port tion ns s f has f to init re is	

Event ID: 89YG12

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STATEMENT	OF DEFICIENCIES	MEDICAID SERVICES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		LE CONSTRUCTION	OMB NO. 0938-039 (X3) DATE SURVEY COMPLETED
	CONTECTION	BENTI ICATION NUMBER.	A. BUILDING		R-C
		345405	B. WING		09/21/2017
NAME OF P	ROVIDER OR SUPPLIER		•	STREET ADDRESS, CITY, STATE, ZIP CODE	
CHARLO	ITE HEALTH & REHABIL	LITATION CENTER		1735 TODDVILLE ROAD CHARLOTTE, NC 28214	
(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 CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE COMPLETION
{F 225}	Continued From pag	e 19	{F 225	 stored on the medication cart. Walkie-talkies are charged via nurs computer. Nurses will pass walkie- on when giving report. Once inforr is communicated staff will follow ab policies and procedures. All residents who are interview (as evidenced by a BIMS of 12+) reverbal education by Administrator at other designees on: Residents to be free from abus expected reporting of residents/station on This education began on Septer 11th, to completion on September 1 and was documented in the medication record. All new patients will receive education via the admissions proced review of Residents Rights and Not Patient's Bill of Rights. All Responsible Parties receive written communication via letter, mation including the following: The Elder Justice Act What a reasonable suspicion of crime is Measures to be put in place or syst changes made to ensure that the p correction is effective and that spect deficiency cited remains corrected at in compliance with the regulatory requirements: Administrator will daily M-F, for period of four weeks, then twice we for four weeks, and weekly for four will check to ensure visitors are addit to guest badge protocols and walking talkies are on the nurse person. At deficient practice will be addressed 	talkies mation use able eccived and se and ff ember 14th, al e this ess with tice of ed ailed n of a em lan of cific and/or r a r a reekly weeks hering e ny

Event ID: 89YG12

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STATEMENT	OF DEFICIENCIES	KEDICAID SERVICES (X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	ECONSTRUCTION	OMB NO. 0938-039 (X3) DATE SURVEY
ND PLAN OI	CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING		COMPLETED
					R-C
		345405	B. WING		09/21/2017
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE	
CHARLO	TTE HEALTH & REHAB	BILITATION CENTER		1735 TODDVILLE ROAD CHARLOTTE, NC 28214	
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD E CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)	
{F 225}	Continued From pa	ge 20	{F 225}	 immediately by the administrator. Automatic front door lock system violeck door at 5PM and will remain locked until 9:00AM. All new hires during orientation wireceive education on abuse/neglect/misappropriation/crime Nursing P/P 10 Elder Justice Act and Visitor Badge protocols. All new licensed nurses will receive education on use of walkie talkies. Administrator will audit that all new patients received education via the admissions process with review of Residents Rights, Visitation procedure and Notice of Patient's Bill of Rights for three months. Any deficient practice will addinistrator. Responsible parties for all new admission will receive a letter notifying them of: Door lock times, and gaining entry during these times Elder Justice Act What a reasonable suspicion of a crime is The use of one-time use Visitor identification, ie. Guest Badges What methods we use to keep ou patients, employees and visitors safe to during and after normal business hour How facility will monitor corrective active (s) to ensure deficient practice will not re-occur: Results of all audits will be reviewed b the QAPI (Quality Assurance Performation) 	ed II II D1, Ve w v r vill V V v v v v v v v v v v v v v v v v v

Event ID: 89YG12

Facility ID: 943091

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	-	ID HUMAN SERVICES MEDICAID SERVICES				FOR	D: 10/24/201 M APPROVE <u>D. 0938-039</u>	
	F DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,		CONSTRUCTION	Сом	E SURVEY PLETED R-C	
		345405	B. WING				/21/2017	
	ROVIDER OR SUPPLIER	ITATION CENTER	_	STREET ADDRESS, CITY, STATE, ZIP CODE 1735 TODDVILLE ROAD CHARLOTTE, NC 28214				
(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 E CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)	3E	(X5) COMPLETION DATE	
{F 225}	Continued From page		(F 2		revisions to the plan as needed. Administrator responsible for implementing the acceptable plan of correction.			
{F 226} SS=D	POLICIES 483.12	95(c)(1)-(3) IT ABUSE/NEGLECT, ETC levelop and implement	{F 2	26}			9/22/17	
	exploitation of resider resident property,	ent abuse, neglect, and hts and misappropriation of						
	(2) Establish policies and procedures to investigate any such allegations, and(3) Include training as required at paragraph							
	§483.95, 483.95 (c) Abuse, neglect, ar the freedom from abu	nd exploitation. In addition to use, neglect, and exploitation 3.12, facilities must also						
	provide training to the educates staff on-	ir staff that at a minimum						
		onstitute abuse, neglect, appropriation of resident at § 483.12.						
		reporting incidents of abuse, or the misappropriation of						
	(c)(3) Dementia mana	agement and resident abuse						

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		ND HUMAN SERVICES MEDICAID SERVICES				FO	ED: 10/24/20 RM APPROVE NO. 0938-039
	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	· ,			CO	TE SURVEY MPLETED R-C
		345405	B. WING				9/21/2017
NAME OF PR	ROVIDER OR SUPPLIER		•	ST	TREET ADDRESS, CITY, STATE, ZIP CODE	•	
CHARLOT	TE HEALTH & REHABIL	ITATION CENTER			735 TODDVILLE ROAD HARLOTTE, NC 28214		
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID		PROVIDER'S PLAN OF CORRECT	ON	(X5)
PREFIX TAG		Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREF		(EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRC DEFICIENCY)	D BE	COMPLETION
{F 226}	Continued From page	e 22	{F 2	226}			
	prevention.			1			
	1	F is not met as evidenced					
	by:						
		ons, staff, nurse practitioner			F226		
1 1 1	and Law Enforcemen			Charlotte Health Care Center			
		led to follow policy and Prohibition for protecting a			This allegation of compliance is sub	mitted	
	resident after an assa			in compliance with applicable law a			
		⁽²⁾ . After the assault, the			regulation. To demonstrate continu		
	·	nknown male to remain in the			compliance with applicable law, the	-	
		nt, waited to contact police			has taken or will take the actions se		
		nown male to flee the facility.			in the following allegation of compli-	ance.	
		as arrested on 09/05/17 and			The following credible allegations		
	confessed to two 2nd	d degree sex offenses.			constitutes the center's allegation o		
					compliance. All alleged deficiencie been or will be completed by the da		
	Immediate Jeopardy	began on 08/31/17 when			indicated.	103	
		force to open Resident # 2's					
		observed an unknown male			How the corrective action will be		
	in Resident #2's roon	n, the sheets were off the			accomplished for those residents for	und to	
		s brief had been removed.			have been affected by the deficient		
		e unknown male to stay in			practice:		
	-	staff waited before calling			• On the evening of August 31, 2		
		e unknown male to flee the			or around 9:30 pm, Nurse 2 observ	ed	
	Jeopardy is present a	ice arrived. The Immediate			Resident 2's door closed. Nurse 2 opened Resident 2's door and foun	d an	
	ocopardy is present a				unknown male in the room with Res		
	The facility provided	the State Agency and the			2. Resident 2 was found with her c		
	• •	and Medicaid with an			down and brief off. When question		
	acceptable allegation	for the removal of the			unknown male told Nurse 2 that he		
	Immediate Jeopardy	on 09/14/17.			the nephew of Resident 2 and he w		
					changing his aunt's brief. Nurse 2		
		conducted on 09/21/17 to			approached House Coordinator, wh		
		of the ongoing Immediate			in an office and on the phone with a	•	
		y provided documentation			member of a resident. House Coordina		
	for review of the follo	wing.			heard Nurse 2 ask House Coordina call 911, but House Coordinator dire		
	- Systematic chan	ges implemented to ensure			Nurse 2 to ask Nurse 1 to call 911		
		before being allowed inside			House Coordinator finished her call		

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		ID HUMAN SERVICES MEDICAID SERVICES				FOF	ED: 10/24/2017 RM APPROVED IO. 0938-0391
STATEMENT O	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	· · ·		STRUCTION	(X3) DAT COM	TE SURVEY MPLETED
		345405	B. WING				R-C 9/21/2017
NAME OF PI	ROVIDER OR SUPPLIER			STREET	ADDRESS, CITY, STATE, ZIP CODE		
				1735 TC	DDDVILLE ROAD		
CHARLOI	TE HEALTH & REHABIL	ITATION CENTER		CHARI	LOTTE, NC 28214		
(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 CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETION DATE
{F 226}	 education on abuse, resident protection. Documentation of and procedures imple prohibition, protection emergency response Observations of the faprocedures for visitat interviews with staff, i aware of the systemic The facility provided s support corrective act the immediate jeopar and severity (D) isola not immediate jeopar continues the process implementation of the The findings included A policy titled Mause/Neglect/Misar Misappropriation of p 	f, resident and family emergency response and of audits for the in-servicing emented related to abuse of residents and procedures. acility's new security ion were made and residents and visitor were c changes implemented. sufficient evidence to tion by the facility to remove dy at F 226 at a lower scope ted, no actual harm that is dy while the facility s of monitoring and e corrective action.	{F 22	Nu cal Co ass • Re que unh 2's a la las ma ano the hal wh ma 2's 1 le she ren out ma pro ins doo unt exir hal pmo	rse 1 overheard Nurse 2's reque I 911, but did not hear House ordinator's response and therefo sumed House Coordinator called Nurse 1 then joined Nurse 2 in resident 2's room, and continued to estion the unknown male. The known male insisted he was Res rephew and provided a first name ast name that matched Resident it name. At this point, the unknown ale began to show signs of aggree d Nurse 1 instructed Nurse 2 to be re room. Nurse 2 stationed hersel llway just outside Resident 2's ro ile Nurse 1 explained to the unkr ale that she was going to call Res daughter to confirm his identity. eft Resident 2's room for privacy e called Daughter and Nurse 2 mained stationed in the hallway ju- tside the room. However, the un- ale closed Resident 2's door whice ompted Nurse 1 to reopen the do truct the unknown male not to clo or. This occurred several more ti til the unknown male was instruct it Resident 2's room and remain i llway. Nurse 1 called Daughter a from Nurse 1's cell phone. How ughter did not pick up the call. N	re 911. o ident he and #2's vn ssion eave f in the om ident Nurse while ust known h or and ose the mes red to n the t 9:51 ever,	
	abuse, neglect, misa mistreatment or a rea	er observing or suspecting opropriation of property, isonable suspicion of a patient from any observed nmediately report the		2's Nu the ste Da unł	urned to the area outside of Resi room where the unknown man a rse 2 were waiting. Daughter ref phone call at 9:52 pm so Nurse apped away again and explained ughter what had transpired and t known male claimed he was a fa ember and provided a first name.	und urned 1 to hat the	

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		ID HUMAN SERVICES MEDICAID SERVICES			FOR	D: 10/24/2017 M APPROVED D. 0938-0391
STATEMENT (DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	· /	PLE CONSTRUCTION	(X3) DATE	E SURVEY PLETED
		345405	B. WING			R-C /21/2017
NAME OF PI	ROVIDER OR SUPPLIER	I		STREET ADDRESS, CITY, STATE, ZIP CODE		
				1735 TODDVILLE ROAD		
CHARLOT	TE HEALTH & REHABIL	ITATION CENTER		CHARLOTTE, NC 28214		
(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 CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
{F 226}	initial report to the Sta o Serious bodily in later than two hours a - The Administrator will immediately initial investigation of the all occurrence. The inve- include but not limited interviewing alleged v involving other appro- authorities to assist in determinations. - The Administrator 24 hours of knowledg Adult Protective Serv Ombudsman and the enforcement authoriti Resident #2 was adm 07/20/17 with diagnos respiratory failure with tracheostomy, gastro urinary tract infections Data Set (MDS) dater resident had short an impairment with seve for daily decision mal- specified the resident no speech and the ra understood. The resi physical assistance w A nurse's entry made at 11:38 PM specified	liate supervisor. or will immediately file an ate Agency. jury must be reported no after forming the suspicion. or and/or Director of Nursing te a thorough internal leged/suspected estigative protocol will d to, collecting evidence, victims and witnesses and priate individuals, agents or in the process and or will immediately (within 2 or ge of the allegation) notify the ices Agency, the local appropriate law es. hitted to the facility on ses that included acute in hypoxia, seizures, stomy, dementia, and s. The admission Minimum d 07/27/17 specified the d long term memory rely impaired cognitive skills king. The MDS also t was not comatose, but had re ability to make herself ident required two person vith activities of daily living. by Nurse #1 dated 08/31/17 a 911 was called and police	{F 220	 Daughter advised Nurse 1 that the have a family member by that first and that she was going to drive to Center to confirm whether the unimale was a family member. Around 9:52 pm, when Nurse stepped away to speak to Daught House Coordinator went to find N see if she could be of assistance. knowing yet what had transpired, Coordinator found the unknown mether he had signed the front desk. When the unknown responded that he had not signed House Coordinator escorted him front desk and observed him sign unknown male and House Coordinator that Daugon her way to identify the unknown Nurse 2 called the DON at 9:59 p explain what had transpired. Nurse 1, Nurse 2, and House Coordinator then worked togethe an eye on the unknown male, kee contact with Daughter, care for an protect the residents, alert the DO try to alert other staff members of situation while attempting to keep unknown male calm and not alert to their actions. It was around thi that Nurse 1, Nurse 2, and House Coordinator realized that no one called 911. Nurse 1 then called Data that she was on 	at name o the known e 1 ter, lurse 2 to . Not House male and ed in at wn male d in, to the n in. The inator coint 2 what Nurse 2 ghter was wn male. om to e r to keep ep in nd DN, and f the thim as is time e had Daughter n her	
	•	n relation to an unknown		way and in close proximity to the		

Facility ID: 943091

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	OF DEFICIENCIES	MEDICAID SERVICES	(X2) MI II TIP	LE CONSTRUCTION		O. 0938-03
	CORRECTION	IDENTIFICATION NUMBER:	. ,			IPLETED
					R-C	
		345405	B. WING			9/21/2017
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CO		
				1735 TODDVILLE ROAD		
CHARLO	TE HEALTH & REHABIL	ITATION CENTER		CHARLOTTE, NC 28214		
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF C		(X5)
PREFIX TAG		Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY	IE APPROPRIATE	COMPLETIO DATE
{F 226}	Continued From page	e 25	{F 226	5}		
	male observed in Res	sident #2's room.	-	The nurses would call 911 if	the unknown	
				male was not identified by D	aughter as a	
				family member.		
		2's medical record revealed		At 10:18 pm, Daughter		
	-	tion report dated 08/31/17.		1's cell phone and advised the arrived at the Center and ha		
		the medical transport was PM and arrived to Resident		through the window to obser		
		report specified the chief		unknown male. Daughter co		
		It and that they arrived on		the unknown male was wear		
		ear old "semi-flower" in bed.		Nurse 1 and then Daughter		
	The report also revea	aled family reported the		unknown male was not her f	amily	
		een sexually assaulted by an		member. At this point, Nurs		
		arricaded himself in the		with Daughter and immediat		
		ed the resident's brief. The		at 10:20 pm. Per telephone		
		een allowed to leave the		Administrator, the 911 call w		
		d to the medical transport had not been changed or		at 10:20pm, and dispatched		
	cleaned since the as	0		Around the same time, CNA		
				(by swiping her badge) the f		
				allow the unknown male out		
	Further review of the	medical record revealed a		building at 10:19 pm. CNA	1 had no	
	document titled "Sex	ual Assault Nurse		knowledge as to what had tr		
	Examination" dated 0			related to the unknown male		
		ergency Department. The		Based on information pr		
		Resident #2 had no physical ault. The exam report		Detective, the police arrived at 10:23 pm. Nurse 1 and D		
	revealed the resident	•		spoke with police outside the		
		bia. Evidence was collected		which time Nurse 1 provided		
	and provided to Law			of the unknown male and Da		
	-	e by Nurse #3 dated 09/01/17		provided a description of the	-	
		Resident #2 was returning to		fled in. Based on informatio		
		mergency Department after		per interview of Detective, th		
		assault exam. The nurse		closed by the police at 10:42	•	
		t was received from the		Visual assessment of re		
		ng to the assessment and ne unidentified male was		done by Nurse #2 for any signature bruising, redness, bleeding,	yns or	
		could do anything to the		agitation/anxiety-none found	I The	
	resident."			decision was made to not ch		
			1			

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	-	ID HUMAN SERVICES MEDICAID SERVICES				FORM	D: 10/24/2017 MAPPROVED D: 0938-0391
STATEMENT	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,		CONSTRUCTION	(X3) DATE SURVEY COMPLETED R-C	
		345405	B. WING				-C 21/2017
NAME OF P	ROVIDER OR SUPPLIER			ST	REET ADDRESS, CITY, STATE, ZIP CODE	1 03/	21/2017
				17	35 TODDVILLE ROAD		
CHARLO	ITE HEALTH & REHABIL	ITATION CENTER		Cł	HARLOTTE, NC 28214		
(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD E CROSS-REFERENCED TO THE APPROPRI. DEFICIENCY)		(X5) COMPLETION DATE
{F 226}	dated 09/01/17 that s Resident Abuse with crime had occurred o The facility document Suspicion of a Crime Bodily Injury. The fac Department. The police report title Case Synopsis" creat on 09/05/17 specified a person of interest o sexual assault when #2's room. The Resid and brief pulled down unknown male had bu unknown male had bu unknown male was lo 09/05/17. The unknot charged with two 2nd against Resident #2 of On 09/07/17 at 9:50 / observed in bed and On 09/07/17 at 9:50 / observed in bed and On 09/07/17 at 10:35 interviewed and repo entrance for visitors t 9:30 PM. She stated were dependent on a and out of the facility. 08/31/17 she was wo was preparing to star on the 200 A Hall. Th 9:15 or 9:20 PM she Hall standing at her m	pecified an allegation of reasonable suspicion of in 08/31/17 for Resident #2. ted there was a Reasonable but there was no Serious cility notified the Police d "Criminal Investigations ted on 09/01/17 and updated t the unknown male became in 09/01/17 for possible he was found in Resident dent's gown was opened h. The report revealed the een allowed to flee. The bocated and interviewed on own male was arrested and d degree sex offenses on 09/05/17.	{F 22	26}	 sexual assault examination. Daughter visited with Resident 2, facility staffed consoled the family, and was counseled by the nurses about sending Resident 2 to hospital to be evaluated. Decision was made to sentresident to hospital to rule out sexual assault. While family was questioned to Nurse #1 whether they wanted the assessment done, the nurse stated shi did this only to include them since it was significant event, but intentioned to senther anyway to protect the resident, her and the center. As a result of this second call to 9 both EMS and law enforcement officer were dispatched to the center. EMS ut dispatched per 911 call at 11:38pm, and reached patient's room at 11:52pm. Arrived to Hospital at 12:24AM. Per hospital report no evidence of break in skin, abrasions except for excortation to labia, redness, bruising, swelling, or bleeding to the body. No evidence of semen, DNA pending at the time, and detective assigned to case unable to tell us when we will get it baca and undetermined time at this point. Fiverbal transfer report from ED nurse to Nurse 3 at the time of discharge from the Emergency Department, it appeared unidentified male was interrupted befor he was able to do anything to resident Family updated by hospital. Excortation to labia noted in ER record, but undetermined as to source. Beginning 9/1, automatic front doc lock system was moved from auto lock at 8PM and will 	d py e as a nd rself 11, s nit nd s his ck, Per o the re on to pr	

Facility ID: 943091

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		ND HUMAN SERVICES MEDICAID SERVICES			FORM APPROVE OMB NO. 0938-039
TATEMENT (DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	· ,	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		345405	B. WING	R-C 09/21/2017	
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE	•
CHARLOT	CHARLOTTE HEALTH & REHABILITATION CENTER			1735 TODDVILLE ROAD CHARLOTTE, NC 28214	
(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 CORRECT (EACH CORRECTIVE ACTION SHOL CROSS-REFERENCED TO THE APPR(DEFICIENCY)	JLD BE COMPLETION
{F 226}	Continued From page	e 27	{F 226	33	
(*,	E 226} Continued From page 27 end of the 200 A Hall, opened a door, looked in the room, shut the door and walked back up the hall. She stated she felt this was "odd" because she didn't know who the male was and why he would have been visiting that Resident. The Nurse added that when the unknown male walked back up the hall she said, "Hi" and the unknown male waved and stated, "Good night."			 remain locked until 9:00 AM; the receptionist hours are 9:00 AM -8:0 The system does not allow any oth doors to be used for entry by visito never has. All other doors are and always been locked continuously a require badge access for entry and Between the hours of 5pm and beginning 9/1/17, the patient receives sitter to ensure her safety. 	er rs, and have ind l exit. d 9pm
	with her story that she location at the top of the unknown male ex- explained that she pr pass and approximat heard a "boom" and I House Coordinator to rape her (Resident #2 she stopped her med umbrella and went to Nurse #1 asked what reported that she four closed and when she unknown male in the Resident's bed sheet Nurse #1 stated that male she saw 5 minu had left the building. nurses he was visiting provide incontinence	rview the Nurse continued e remained in the same the 200 A Hall and assumed kited the building. Nurse #1 occeeded with her medication ely "5 minutes later" she Nurse #2 yelling for the b, "Call 911! He's trying to 2)." Nurse #1 described that lication pass, grabbed an Nurse #2 on the 200 B Hall. t was going on and Nurse #2 nd Resident #2's door e opened it she saw an room and he had taken the is off and removed her brief. it was the same unknown thes earlier that she assumed The unknown male told the g his "aunt" and needed to care because the nursing heir jobs of providing care to		 The perpetrator/unknown male apprehended/caught by law enforce on 9/5/17. Sitter services were discontinued on 9/6/17. Staff began to receive education immediately following the event on 8/31/17 by the DON, and designee o Expectations for visitor identific after door lock times. All visitor's of facility or ring bell to identify who the and who whey want to see. A nurse person in change will then allow an and give them a visitor name badg staff have received education on the A 24 hour initial report was file the Health Care Personnel Investig on 9/1/17 A 5 day working report was file the Health Care Registry detailing incident 9/8/17, within 5 working data. APS was notified on 9/11/17. 	ement on es on: cation will call ney are se or ccess e. All nis. ed with gation ed with the ays.
	asked the unknown n stating the question s	iew, Nurse #1 stated she nale his identity and after several times, he provided d she wanted to try to diffuse		educated Administrator on reasona suspicion of a crime/serious bodily reporting requirements and on 9/6/ Administrator educated DON of se bodily injury reporting requirements	'17 rious

Facility ID: 943091

If continuation sheet Page 28 of 46

		MEDICAID SERVICES		LE CONSTRUCTION	OMB NO. 0938 (X3) DATE SURVEY	
	CORRECTION	IDENTIFICATION NUMBER:			COMPLETED	Ť
				R-C		
		345405	B. WING		09/21/201	17
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE	1	
				1735 TODDVILLE ROAD		
CHARLO	ITE HEALTH & REHABIL	ITATION CENTER		CHARLOTTE, NC 28214		
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRE	(X5)
PREFIX TAG		Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)		ATE
{F 226}	Continued From page	e 28	{F 226	5}		
	the situation because	e she could tell the unknown		All staff began to receive edu	ucation on	
		Nurse #2, so she asked the		9/6/17 by the DON/designee on:		
		/e a seat in Resident #2's		o Abuse policy/procedures; Nu	Irsing P/	
		d the family to verify his		101, titled "Abuse,		
	-	ated she realized when she		Neglect/Misappropriation/Crime"		
		e room, the unknown male the room. Nurse #1 opened		including: ز reasonable suspicion of a cri	me and	
		ed to the unknown male that		examples of things that fall into the		
		in the room with the door		category		
	open. Nurse #2 stoo			¿ protecting the resident first		
		ation pass to watch the		¿ calling 911 immediately after	and/or	
	unknown male while	Nurse #1 used the		simultaneously if possible		
	telephone. Nurse #1	reported that the unknown		خ reporting timeframes of a 2-h	nour	
	-	ut the door 4 times until she		period vs. the 24 hour period of the	ne	
	-	d to get out of the room.		Federal Elder Justice Act to the		
		unknown male was shutting		appropriate persons (police, State	9	
		was "fixing Resident #2"		Agency, APS)		
	back.			o Education began on 9/6/17 a		
				completed on 9/14/17; Any staff t not received the education will no		
	Nurse #1 evolained t	he unknown male had		allowed to work until education will no		
	-	ent's brief and put the covers		Root cause analysis determi		
		urse #1 described that she		o Unknown male was not initia		
	-	tation area and observed the		removed from room due to escala	•	
	House Coordinator o	n the telephone and		situation and the unknown male's	•	
		the phone with 911 as		potential aggressive response. T		
		for her to do. The Nurse		escalated to his noncompliance to	0	
		me to keep Resident #2 safe		keeping door open, and he was		
		y. The nurse stated she saw		permanently removed from room		
		or and asked her if she had adn't. The Nurse stated she		o Nurse #1, 2 and house coord were all involved in calls with key		
		l upset that 911 had not been		in resolving the above situation; t	-	
		she had to protect Resident		all believed someone else had ca		
		d to contact the family		When it became apparent that no		
		e unknown male was locked		called 911, the nurses waited unt		
		e it was after 9:30 PM. The		family confirmed that the unknow		
	-	hone to track call times and		was not a family member and the		
		vith Resident #2's daughter		immediately called 911.		
	at 0.52 DM to oak if a	he had a family member		Education/Coaching provided to		

Facility ID: 943091

If continuation sheet Page 29 of 46

		MEDICAID SERVICES			OMB NO	
	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	· ,		(X3) DATE S COMPL	
	CONNECTION	IDENTIFICATION NOWDER.	A. BUILDING	3		
		0.15.405			R-	-
		345405	B. WING		09/2	21/2017
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE		
CHARLOI	TTE HEALTH & REHABIL	ITATION CENTER		1735 TODDVILLE ROAD		
010 11 20				CHARLOTTE, NC 28214		
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORF		(X5)
PREFIX TAG		Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AF DEFICIENCY)		COMPLETIO DATE
{F 226}	Continued From page	e 29	{F 22	6}		
	with the name provid	ed and the daughter said,		2 and house coordinator on 9/8	/17 by	
		vided a description of the		Administrator.	-	
		ne descriptions did not match		o Because the nurses did no	t want to	
	-	she was on her way to the		alarm the unknown male and wa		
		ced a second call to the		keep him in the Center until the		
		I asking her where she was		arrived, the unknown male was		
		nto the parking lot. During		removed from all patient care an		
		ughter sat in her vehicle and		Communication occurred to oth		
		Inknown male through the		care areas, but communication	ala not	
	window and front doc	#1 the unknown male was		reach everyone. o Nurse #1, upon initially noti	icina	
		the police. Nurse #1 ended		unknown male in center, did no		
	-	hter and called 911 at 10:20		to his identity and whom he was	-	
	-	e, Nurse #1 explained nurse		o Facility did not report within	•	
		front door for the unknown		required 2-hour period to State		
		rse #1 added the police		because it was determined base		
	arrive to the facility "le	ess than 5 minutes" after		hospital report that the patient d	lid not	
	she called.			suffer serious bodily injury, as a	result of	
				the abuse. Moving forward, we		
				anyway, given the nature of the		
		with Nurse #1 she reported		All visitors will be required to		
		d training on abuse and knew		the visitor log, denoting name, r		
		any suspected allegation		individual they are visiting and e		
	and to protect the res	sident.		time. All visitors will receive a d		
				badge before entry into patient		
	On 09/07/17 at 11:15	AM Nurse #2 was		areas. Any visitor noted in the c without a guest badge will be st		
		ribed on 08/31/17 "around		taken to the lobby by a staff me		
		ed the door to Resident #2's		sign in/obtain a badge. All vend		
	room closed. The nu			contractors must display a visib		
		the resident required close		badge. If not, one will be provid		
	-	she was a fall risk and had a		Receptionist will be responsible		
		able to call for help. The		out dated guest badges every d		
	Nurse described that	she attempted to open the		Facility now provides a receptio		
		aded and she called inside		per week from 9AM to 8PM, to		
		as no answer. The Nurse		above protocol. Receptionist w		
		door open and witnessed		guest badges during these hour		
		Resident #2's room and the		these hours, a nurse will answe		
	unknown male had re	emoved the resident's brief		door bell, and provide guest bac	dae usina	

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	-	ID HUMAN SERVICES MEDICAID SERVICES			PRINTED: 10/24/20 FORM APPROV OMB NO. 0938-03	
	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED R-C	
		345405	B. WING		09/21/2017	
	ROVIDER OR SUPPLIER	ITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 1735 TODDVILLE ROAD CHARLOTTE, NC 28214		
(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 CORR (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE AP DEFICIENCY)	HOULD BE COMPLETIC	
{F 226}	she thought the unkn (Resident #2) and fea her (Resident #2)." N the room and yelled f call 911. Nurse #2 st replied that she was explained that it was police were called be keep the Resident #2 when the police arrive allowed the unknown Nurse #2 described t lowered Resident #2? the sheets and place the pillows from the b resident's legs out str separated and the un shoes off. On 09/07/17 at 12:03 was interviewed on th that the night of 08/3? telephone with anoth non-emergency situa #2 ask her to call 911 stated she did not kn the Nurse #2 to yell for that she remained on 911. The House Coo explanation why she #2's yell to call 911. explained that when a call she went to Nurs going on. The House of how long she was explained that she sp	The Nurse stated at first own male had "killed her ared he was going to rape Nurse #2 reported she left or the House Coordinator on the phone." Nurse #2 15- 20 minutes before the cause she was trying to safe. Nurse #2 stated that ed a staff member had male to leave the facility. hat the unknown male had s bed to the floor, removed d them in the floor, removed d them in the floor, removed ded and, extended the raight and had them tknown male had taken his PM the House Coordinator he telephone and explained 1/17 she was on the er resident's family for a tion when she heard Nurse . The House Coordinator ow what was going on for or help and to call 911 but the phone and did not call ordinator offered no did not respond to Nurse The House Coordinator she finished with the phone e #2 to find out what was a Coordinator was unaware	{F 226	 same protocol above. All staff were educated on the process beginning on 9/11, to con 9/14/17 by the Administrator designees. Any staff member the been educated will not be allower return to work prior the receiving education. The center has initiated the walkie-talkies to be kept on the reperson on 9/14/17, to communine immediate needs from unit to unincluding a situation where there patient protection emergency or lock-down situation. Walkie-talkies are charged via nor computer. Nurses will pass wall on when giving report. All residents who are intervation when giving report. All residents to be free from a expected reporting of residents/ Visitation procedures on This education began on Setting and was documented in the mediation spreview of Residents Rights and Patient's Bill of Rights. All Responsible Parties recommunication via letter, on September 13th, with information the following: Door lock times, and gaining during these times 	ompletion and hat has not ed to g the use of nurse's cate hit, e is a kies are urse kie-talkies iewable c) received or and buse and staff eptember er 14th, dical eive this ocess with Notice of eived , mailed ation	

Facility ID: 943091

			0.00		OMB NO. 0938-0
	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,		(X3) DATE SURVEY COMPLETED
			A. DOILDING	R-C	
		345405	B. WING	09/21/2017	
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE	00/21/2011
				1735 TODDVILLE ROAD	
CHARLO	TTE HEALTH & REHABIL	LITATION CENTER		CHARLOTTE, NC 28214	
(X4) ID	1	TATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECT	
PREFIX TAG		Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D.475
{F 226}	Continued From page	e 31	{F 226	3}	
		She added she walked him		o The Elder Justice Act	
		hed as he signed the guest		o What a reasonable suspicion o	of a
		Coordinator stated that		crime is	
	when the police arriv			o The use of one-time use Visito	or 🛛
		eft the facility. The House		identification, ie. Guest Badges	
		d that in an attempt to keep		o What methods we use to keep	
		om leaving she told Nurse #4		patients, employees and visitors sa	
		not to let anyone out of the		during and after normal business h	
		Coordinator stated that she elayed the message to all		All new patients will receive ec via the admission process with revi	
	staff on the 100 Hall.			visitation guidelines.	
				 Policies and procedures # 101 	titled
				Abuse/Neglect/Misappropriation/Ci	
	Nurse #4 no longer w	vorks in the facility and was		and Policy #516 Patient Visitation	
	unable to be reached	-		reviewed on 9/14/17 by Administra	
				determine whether revisions or upo	dating
				was required, or whether additiona	
		S AM nurse aide (NA) #1 was		training was required for adherence	
		ained that on 08/31/17		policies and procedures. No revisi	
		e met an unknown male in		updates to policies were made, but	
		er to let him out and she did. e unknown male looked		 staff have been retrained on the po All abuse allegations will be 	DIICIES.
	-	et because he stated he had		investigated by the Administrator a	t the
		t of the building "for an hour."		time it is reported to him to ensure	
		ked him who he was and he		resident was immediately taken ou	t of
		visiting his aunt but did not		harms way and that abuse policy #	
	provide a name.	-		was followed. All staff will be re-ed	ucated
				on abuse policies, and future	
				non-compliance with policy and pro	
		PM Law Enforcement Officer		will result in corrective action up to	
	#1 was interviewed o	-		including termination from employn	
		e reporting officer for the nt #2. The Law Enforcement		Measures to be put in place or syst changes made to ensure that the p	
	-	ce reports and stated police		correction is effective and that spec	
		le facility on 08/31/17 at		deficiency cited remains corrected	
		dispatched immediately. The		in compliance with the regulatory	
		ficer explained that when the		requirements:	
		facility, the unknown male		Administrator will daily M-F, fo	ra 🛛
		leave the facility. He added		period of four weeks, then twice we	

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	-	ND HUMAN SERVICES MEDICAID SERVICES				FO	ED: 10/24/20 RM APPROVE NO: 0938-039
STATEMENT C	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	· /	(X2) MULTIPLE CONSTRUCTION A. BUILDING			TE SURVEY MPLETED
	345405		B. WING _				R-C 9/21/2017
NAME OF PF	ROVIDER OR SUPPLIER			ST	REET ADDRESS, CITY, STATE, ZIP CODE		
CHARLOT	TE HEALTH & REHABIL	LITATION CENTER			35 TODDVILLE ROAD		
				СН	IARLOTTE, NC 28214		
(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 CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETION DATE
{F 226}	Continued From page	a 32	{F 22	261			
(i 220)		parking lot were able to give		20}	for four weeks, and weekly for four	wooks	
		nknown male and make and			will check to ensure visitors are adh		
		he was driving. The Law			to guest badge protocols and walkie	•	
		added that once the resident			talkies are on the nurse person. A		
	-	e Emergency Department			deficient practice will be addressed		
		examination, police were			immediately by the administrator.		
		facility at 11:41 PM. The ficer stated the unknown			 Automatic front door lock syste lock door at 5PM and will remain log 		
		to crimes against Resident			until 9:00AM.	ckeu	
		ed that samples taken from			 All new hires during orientation 	will	
		n sent to the crime lab and			receive education on abuse/neglect		
	could take weeks to g	get results. He stated the			misappropriation/crime Nursing P/P	101,	
		ngerprints and saliva from			Elder Justice Act and Visitor Badge		
		n Resident #2 that would not			protocols.	-	
		ual assault exam. He added as currently in custody for			 All new licensed nurses will rec education on use of walkie talkies. 	eive	
		on 08/31/17. The Officer			 Administrator will audit that all i 	new	
		n male stated he walked in			patients received education via the		
	the front entrance to	the facility and entered			admissions process with review of		
		vith intention to steal items of			Residents Rights. Visitation proced		
		er body looking for items to			and Notice of Patient's Bill of Rights		
	more than once.	her vagina with his fingers			three months. Any deficient practic be addressed immediately by the	e will	
	more man once.				administrator.		
					Responsible parties for all new		
	On 09/07/17 at 2:27	PM the Administrator was			admission will receive a letter notify		
		ained he was notified of the			them of:	-	
		by the Corporate Consultant			o Door lock times, and gaining er	ntry	
		vacation. He stated that in			during these times		
		ctor of Nursing, Corporate ctor of Operations oversaw			o Elder Justice Acto What a reasonable suspicion o	fa	
		he Administrator added that			crime is	ia	
		on 09/05/17 and started the			o The use of one-time use Visitor	r	
		incident. The Administrator			identification, ie. Guest Badges		
		hould have been called			o What methods we use to keep		
	00/04/47				patients, employees and visitors sa	fo hoth	
		and would expect staff to call					
		and would expect staff to call ly if there was suspicion of a			during and after normal business ho How facility will monitor corrective a	ours.	

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	-	ID HUMAN SERVICES MEDICAID SERVICES				FOR	D: 10/24/2017 M APPROVED D. 0938-0391
STATEMENT	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,	X2) MULTIPLE CONSTRUCTION A. BUILDING			E SURVEY PLETED
		345405	B. WING			R-C 09/21/2017	
NAME OF P	ROVIDER OR SUPPLIER	l		ST	TREET ADDRESS, CITY, STATE, ZIP CODE	• • •	-
CHARLOT	TE HEALTH & REHABIL	ITATION CENTER			735 TODDVILLE ROAD		
				C	HARLOTTE, NC 28214		
(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 CORRECTIC (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)) BE	(X5) COMPLETION DATE
{F 226}	Continued From page	e 33	{F 2	26}	re-occur:		
	Nursing (DON) was in was contacted by Nu PM informing her an Resident #2's room a The DON stated she police. The DON exp that the unknown mal based on what Nurse room. The DON was were called. But the unknown male had by facility prior to the pol 08/31/17 the first time the facility. The DON investigation was initi contacted the Corpor stated she expected a immediately of suspic would want staff to qu in the facility's medical country and unable to interview. On 09/08/17 at 2:10 F (NP) was interviewed would expect staff to they suspected assau the resident to the Em immediately for evalu that it would be helpfu communication syste to alert all staff of a d prevent a staff memb from leaving the build	een able to leave the locked lice arriving at the facility on a they were dispatched to a dded an abuse ated that night when she ate Consultant. The DON staff to call police cion of a crime and that she uestion the identity of anyone 0 PM they did not recognize. director was out of the b be reached for an PM the Nurse Practitioner and explained that she call police immediately if ult on a resident and send nergency Department lation. The NP also stated ul if the facility had a m such as a "code" system angerous situation to er from letting a perpetrator			re-occur: Results of all audits will be reviewed the QAPI (Quality Assurance Perform Improvement) committee monthly tin three, for continued compliance or revisions to the plan as needed. Administrator responsible for implementing the acceptable plan of correction.	nance nes	

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TATEMENT (OF DEFICIENCIES	MEDICAID SERVICES (X1) PROVIDER/SUPPLIER/CLIA	(X2) MUL	TIPLE C	ONSTRUCTION	(X3) DAT	O. 0938-039 E SURVEY
ND PLAN OF	CORRECTION	IDENTIFICATION NUMBER:	A. BUILDI	NG		COMPLETED	
	345405		B. WING			R-C 09/21/2017	
NAME OF P	ROVIDER OR SUPPLIER			STR	REET ADDRESS, CITY, STATE, ZIP CODE	1 00	
					5 TODDVILLE ROAD		
CHARLO	TE HEALTH & REHABIL	ITATION CENTER		СН	ARLOTTE, NC 28214		
(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 B CROSS-REFERENCED TO THE APPROPRI/ DEFICIENCY)		(X5) COMPLETIO DATE
{F 226}	Continued From page	e 34	{F 2	261			
()			ر، <u>۲</u>	.207			
{F 490}	notified of Immediate 483.70 EFFECTIVE	Jeoparuy.	(E 4				9/22/17
{F 490} SS=D		RESIDENT WELL-BEING	{F 4	190}			9122111
33-D							
	483.70 Administration	n.					
		ninistered in a manner that					
		esources effectively and					
	efficiently to attain or	-					
		mental, and psychosocial					
	well-being of each re	Γ is not met as evidenced					
	by:	is not met as evidenced					
		ons, staff, nurse practitioner			F490		
		nt interviews and record			Charlotte Health Care Center		
	review, the administr	ation failed to impose					
	expectations related	to immediately intervening			This allegation of compliance is submit	ted	
		vas suspected; failed to			in compliance with applicable law and		
		related to immediately			regulation. To demonstrate continuing		
		or from resident care areas;			compliance with applicable law, the cer		
	failed to impose expe	aw enforcement when a			has taken or will take the actions set fo in the following allegation of complianc		
		; failed to empower the staff			The following credible allegations	с.	
		ted sexual abuse and not			constitutes the center's allegation of		
	sending the resident				compliance. All alleged deficiencies ha	ave	
	-	have systems in place			been or will be completed by the dates		
		ouilding are notified of an			indicated.		
		esidents safety and failed to					
	-	w how to respond to an			How the corrective action will be		
	•••	immediately that would be in			accomplished for those residents found	to	
	sampled residents (F	I the residents for 1 of 3			have been affected by the deficient practice:		
					 On the evening of August 31, 2013 	7 at	
					or around 9:30 pm, Nurse 2 observed	, αι	
	Immediate Jeopardv	began on 08/31/17 when			Resident 2's door closed. Nurse 2		
		force to open Resident # 2's			opened Resident 2's door and found a	n	
		observed an unknown male			unknown male in the room with Reside		
		n, the sheets were off the			2. Resident 2 was found with her cove		
	bed and the resident				down and brief off. When questioned,		1

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		MEDICAID SERVICES		LE CONSTRUCTION	OMB NO. 0938- (X3) DATE SURVEY				
	CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING	COMPLETED					
				R-C					
		345405	B. WING		09/21/2017				
NAME OF P	ROVIDER OR SUPPLIER	•	•	STREET ADDRESS, CITY, STATE, ZIP CODE	•				
				1735 TODDVILLE ROAD					
CHARLO	TTE HEALTH & REHABIL	LITATION CENTER		CHARLOTTE, NC 28214					
(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 CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPI DEFICIENCY)	OULD BE COMPLE				
{F 490}	Continued From page	e 35	{F 490	n					
[1.5	immediately respond in a	1 490	unknown male told Nurse 2 that h					
		The Immediate Jeopardy is		the nephew of Resident 2 and he					
	present and ongoing.			changing his aunt's brief. Nurse					
				approached House Coordinator, v					
		the State Agency and the		in an office and on the phone with	-				
		and Medicaid with an		member of a resident. House Co					
		n for the removal of the		heard Nurse 2 ask House Coordin					
	Immediate Jeopardy	on 09/14/17.		call 911, but House Coordinator d Nurse 2 to ask Nurse 1 to call 91					
	A revisit survey was o	conducted on 09/21/17 to		House Coordinator finished her ca	-				
	-	of the ongoing Immediate		Nurse 1 overheard Nurse 2's requ					
	Jeopardy. The facilit	y provided documentation		call 911, but did not hear House					
	for review of the follo	wing:		Coordinator's response and there					
				assumed House Coordinator calle					
	Sustamatia aban	and implemented to ensure		Nurse 1 then joined Nurse 2					
		iges implemented to ensure before being allowed inside		Resident 2's room, and continued question the unknown male. The					
	the facility.			unknown male insisted he was Re					
		f, resident and family		2's nephew and provided a first n					
	education on abuse,	emergency response and		a last name that matched Reside	nt #2's				
	resident protection.			last name. At this point, the unkn					
		of audits for the in-servicing		male began to show signs of agg					
		emented related to abuse		and Nurse 1 instructed Nurse 2 to the room. Nurse 2 stationed hers					
	prohibition, protection emergency response			hallway just outside Resident 2's					
				while Nurse 1 explained to the un					
				male that she was going to call R					
	Observations of the f			2's daughter to confirm his identit					
	procedures for visitat			1 left Resident 2's room for privac	cy while				
		residents and visitor were		she called Daughter and Nurse 2					
	The facility provided	c changes implemented.		outside the room. However, the u	-				
		tion by the facility to remove		male closed Resident 2's door wh					
		dy at F 490 at a lower scope		prompted Nurse 1 to reopen the c	-				
		ated, no actual harm that is		instruct the unknown male not to					
	not immediate jeopar	dy while the facility		door. This occurred several more	e times				
	continues the proces	-		until the unknown male was instru					
	implementation of the	e corrective action.		exit Resident 2's room and remain					
				hallway. Nurse 1 called Daughter	r at 9:51				

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	-	D HUMAN SERVICES MEDICAID SERVICES			PRINTED: 10/24/2017 FORM APPROVED OMB NO. 0938-0391
STATEMENT C	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	· ,	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		345405	B. WING		R-C 09/21/2017
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE	
				1735 TODDVILLE ROAD	
CHARLOT	TE HEALTH & REHABIL	ITATION CENTER		CHARLOTTE, NC 28214	
(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 COF (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE / DEFICIENCY)	SHOULD BE COMPLETION
{F 490}	Continued From page	36	{F 490	}	
	 Cross refer to F 2 staff, nurse practitione interviews and record protect a resident fror unknown male for 1 o (Resident #2). The ur and charged on 09/08 sex offenses against Cross refer to F 2 interviews, Law Enfor nurse practitioner inter facility failed to notify Investigations of a crit the required 2 hour tir Adult Protective Servit failed to notify law end suspicion of a crime for (Resident #2). An unk and charged on 09/08 sex offenses against Cross refer to F 2 staff, nurse practitioner 	223: Based on observations, er and Law Enforcement review, the facility failed to in being assaulted by an f 3 sampled residents known male was arrested 5/17 with two 2nd degree Resident #2. 225: Based on staff cement Officer Interview, rview and record review the Health Care Personnel me against a resident within neframe, failed to notify ces of the incident and forcement immediately of for 1 of 1 sampled resident snown male was arrested 5/17 with two second degree Resident #2.		 pm from Nurse 1's cell phone. Daughter did not pick up the c returned to the area outside of 2's room where the unknown r Nurse 2 were waiting. Daught the phone call at 9:52 pm so N stepped away again and expla Daughter what had transpired unknown male claimed he was member and provided a first n Daughter advised Nurse 1 tha have a family member by that and that she was going to driv Center to confirm whether the male was a family member. Around 9:52 pm, when Nu stepped away to speak to Dau House Coordinator went to fine see if she could be of assistan knowing yet what had transpire Coordinator found the unknow questioned whether he had sig the front desk. When the unkr responded that he had not sig House Coordinator escorted h front desk and observed him s unknown male and House Coor returned to the hallway at whic House Coordinator asked Nurse 	all. Nurse 1 f Resident man and ter returned Jurse 1 ained to and that the s a family ame. t they did first name e to the unknown urse 1 ughter, d Nurse 2 to tee. Not ed, House m male and gned in at nown male ned in, iim to the bign in. The ordinator ch point se 2 what
	follow policy and proc for protecting a reside sampled residents (R assault, the facility all	review, the facility failed to edures for Abuse Prohibition ent after an assault for 1 of 3 esident #2). After the owed the unknown male to th the resident, waited to		 and House Coordinator that D on her way to identify the unkr Nurse 2 called the DON at 9:5 explain what had transpired. Nurse 1, Nurse 2, and Ho Coordinator then worked toget 	nown male. 9 pm to use
	contact police and all flee the facility. The u	th the resident, waited to bwed the unknown male to inknown male was arrested ged with two 2nd degree		an eye on the unknown male, contact with Daughter, care fo protect the residents, alert the	keep in r and

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		ID HUMAN SERVICES MEDICAID SERVICES				F	ORM APPROVED NO. 0938-0391
STATEMENT	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	(X2) MULTIPLE CONSTRUCTION A. BUILDING			DATE SURVEY OMPLETED
		345405	B. WING				R-C 09/21/2017
NAME OF P	NAME OF PROVIDER OR SUPPLIER			STREETA	ADDRESS, CITY, STATE, ZIP CODE		
				1735 TOE	DDVILLE ROAD		
CHARLO	ITE HEALTH & REHABIL	ITATION CENTER		CHARLO	OTTE, NC 28214		
(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 CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
{F 490}	Sex offenses. On 09/07/17 at 3:00 I interviewed and state way of knowing a crir resident and felt the f	PM the Administrator was ed he felt that facility had no ne like this could occur to a facility had necessary dures in place for handling	{F 4	try to situa unkr to th that Coo calle at 10 Dau way The male fami • 1's c arriv throu unkr the u Nurs unkr men with at 10 Dete Adm at 10 Dete at 10 Dete	o alert other staff members of ation while attempting to keep nown male calm and not alert heir actions. It was around thi Nurse 1, Nurse 2, and House ordinator realized that no one I ed 911. Nurse 1 then called E 0:09 pm to obtain her status. Ighter advised that she was on and in close proximity to the nurses would call 911 if the u e was not identified by Daugh ily member. At 10:18 pm, Daughter called cell phone and advised that sl yed at the Center and had loo ugh the window to observe the nown male. Daughter confirm unknown male was wearing w se 1 and then Daughter stated nown male was not her family mber. At this point, Nurse 1 h Daughter and immediately ca 0:20 pm. Per telephone inter ective assigned to case on 9/7 ninistrator, the 911 call was co 0:20pm, and dispatched at 10 und the same time, CNA 1 un swiping her badge) the front of w the unknown male out of the ding at 10:19 pm. CNA 1 had wledge as to what had transp ted to the unknown male. Based on information provide of the with police outside the Cer ch time Nurse 1 provided a den the unknown male and Daughter the unknown male and Daugh	o the c him as is time c had Daughter had Daughter n her center. unknown iter as a d Nurse he had ked he had ked he what vith d that the vith d that the view with 13/17 by onfirmed D:22pm. locked door to e I no ired ed by e Center her, at escription	

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		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	ECONSTRUCTION	OMB NO. 0938-039 (X3) DATE SURVEY
	CORRECTION	IDENTIFICATION NUMBER:			COMPLETED
					R-C
		345405	B. WING	B. WING STREET ADDRESS, CITY, STATE, ZIP CODE	
NAME OF P	ROVIDER OR SUPPLIER		S	STREET ADDRESS, CITY, STATE, ZIP CODE	
CHARLO ⁻	TE HEALTH & REHAB	ILITATION CENTER		735 TODDVILLE ROAD CHARLOTTE, NC 28214	
(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 CORRECT (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE COMPLETIO
{F 490}	Continued From page	ge 38	{F 490}		velief, t was body r clean e 2, and 2, an 2, a a , a a , a a , a , a , a , a ,

Event ID: 89YG12

Facility ID: 943091

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STATEMENT	OF DEFICIENCIES CORRECTION	& MEDICAID SERVICES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,	E CONSTRUCTION	OMB NO. 0938-03 (X3) DATE SURVEY COMPLETED
	345405		B. WING	R-C 09/21/2017	
NAME OF P	ROVIDER OR SUPPLIER		•	STREET ADDRESS, CITY, STATE, ZIP CODE	
CHARLO	ITE HEALTH & REHAB	BILITATION CENTER		1735 TODDVILLE ROAD CHARLOTTE, NC 28214	
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE COMPLETIO
{F 490}	Continued From pa	ge 39	{F 490	 Nurse 3 at the time of discharge f Emergency Department, it appear unidentified male was interrupted he was able to do anything to resi Family updated by hospital. Exco labia noted in ER record, but undetermined as to source Beginning 9/1, automatic from lock system was moved from auto 9:30pm to auto lock at 8PM and w remain locked until 9:00 am; the receptionist hours are 9:00 AM – 8 The system does not allow any ott doors to be used for entry by visito never has. All other doors are and always been locked continuously a require badge access for entry and Between the hours of 5pm and beginning 9/1/17, the patient recei- sitter to ensure her safety. The perpetrator/unknown mal apprehended/caught by law enform on 9/5/17. Sitter services were discontinued on 9/6/17. Staff began to receive educatat immediately following the event or 8/31/17 by the DON, and designed o Expectations for visitor identifi after door lock times. All visitor's facility or ring bell to identify who t and who whey want to see. A star member will then allow access and them a visitor name badge. All star received education on this on 9/14 A 24 hour initial report was file the Health Care Personnel Investi on 9/1/17 it is health care person investigation, not registry A 5 day working report was file 	red before dent. riation to t door b lock of <i>i</i> ill 3:00 PM. her ors, and d have and d exit. id 9pm ived a le was cement ived a le was cement ication will call hey are ff d give aff have 4/17. ed with gation nnel

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		MEDICAID SERVICES	(X2) MULTIPI	E CONSTRUCTION	OMB NO. 093 (X3) DATE SURV	
	F CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING		COMPLETED	
		345405	B. WING		R-C	047
NAME OF P	IE OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE		09/21/20	017		
				1735 TODDVILLE ROAD		
CHARLO	I I E HEALIH & REHABIL	ITATION CENTER		CHARLOTTE, NC 28214		
(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 CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE CON	(X5) /IPLETION DATE
{F 490}	Continued From page	e 40	{F 490		ays. ations: y ting his later dinator bersons erefore, led 911. one had the male n urses 1, 7 by es did ale and until the was not is. patient d not n g quire as isiting. quired cause it l report us	

Event ID: 89YG12

Facility ID: 943091

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TATEMENT O	F DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	· ,	E CONSTRUCTION	OMB NO. 0938-039 (X3) DATE SURVEY COMPLETED R-C
		345405	B. WING		09/21/2017
NAME OF PR	OVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE	
CHARLOT	TE HEALTH & REHABI	ILITATION CENTER		1735 TODDVILLE ROAD CHARLOTTE, NC 28214	
(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 CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	JLD BE COMPLETIO
{F 490}	Continued From pag	ge 41	(F 490)	} given the nature of the allegation w two hours.	vithin
				Systemic Correction: 9/6/17 Vice President of Operation educated Administrator on reasonal suspicion of a crime/serious bodily reporting requirements and on 9/6/ Administrator educated DON of se bodily injury reporting requirements • All staff began to receive educe 9/6/17 by the DON/designee on: • Abuse policy/procedures; Nurs 101, titled "Abuse, Neglect/Misappropriation/Crime" including: ¿ reasonable suspicion of a crime examples of things that fall into this category ¿ protecting the resident first ¿ calling 911 immediately after a simultaneously if possible ¿ reporting timeframes of a 2-hop period vs. the 24 hour period of the Federal Elder Justice Act to the appropriate persons (police, State Agency, APS) • Education began on 9/6/17 an completed on 9/14/17; any staff that not received the education will not allowed to work until education cor • All visitors will be required to so the visitor log, denoting name, namindividual they are visiting and entri time. All visitors will receive a date badge before entry into patient car areas. Any visitor noted in the cent	able (17 rious s. cation on sing P/ he and s and/or pur d at has be npleted. sign in to he of y/exit ed guest e

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		& MEDICAID SERVICES (X1) PROVIDER/SUPPLIER/CLIA		E CONSTRUCTION		D. 0938-039 E SURVEY
	CORRECTION	IDENTIFICATION NUMBER:	· · /			PLETED
					F	R-C
		345405	B. WING		09	/21/2017
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE		
CHARLO	TE HEALTH & REHA	BILITATION CENTER		1735 TODDVILLE ROAD CHARLOTTE, NC 28214		
(X4) ID	SUMMARY	STATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRE	ECTION	(X5)
PREFIX TAG	(EACH DEFICIE	NCY MUST BE PRECEDED BY FULL OR LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE API DEFICIENCY)		COMPLETIO
{F 490}	Continued From pa	age 42	{F 490	}		
				sign in/obtain a badge. All vend	ors or	
				contractors must display a visible		
				badge. If not, one will be provide		
				Receptionist will be responsible out dated guest badges every da		
				Facility now provides a reception		
				per week from 9AM to 8PM, to fe		
				above protocol. Receptionist wi		
				guest badges during these hours	s. After	
				these hours, a nurse will answer		
				door bell, and provide guest bad	ge using	
				same protocol above.	•	
				o All staff were educated on the process beginning on 9/11, to co		
				on 9/14/17 by the Administrator		
				designees. Any staff member th		
				been educated will not be allowed		
				return to work prior the receiving	the	
				education.		
				The center has initiated the		
				walkie-talkies to be kept on the r		
				person on 9/14/17, to communic immediate needs from unit to un		
				including a situation where there	,	
				patient protection emergency or		
				lock-down situation. Walkie-tall	kies are	
				stored on the medication cart.		
				Walkie-talkies are charged via n		
				computer. Nurses will pass walk	kie-talkies	
				 on when giving report. All residents who are intervi 	owable	
				(as evidenced by a BIMS of 12+		
				verbal education by Administrate		
				other designees on:		
				¿ Residents to be free from al		
				expected reporting of residents/s	staff	
				¿ Visitation procedures		
				o This education began on Sector	•	
	1			11th, to completion on Septembe	er 14th.	1

Event ID: 89YG12

Facility ID: 943091

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STATEMENT	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING		
	345405		B. WING	R-C 09/21/2017		
NAME OF P	AME OF PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 1735 TODDVILLE ROAD		
CHARLO	TE HEALTH & REHAB	ILITATION CENTER		CHARLOTTE, NC 28214		
(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 CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE COMPLETIO	
{F 490}	Continued From page	ge 43	{F 490	 and was documented in the medical record. All new patients will receive education via the admissions proce review of Residents Rights and Not Patient's Bill of Rights. All Responsible Parties receive written communication via letter, ma on September 13th, with information including the following: Door lock times, and gaining enduring these times The Elder Justice Act What a reasonable suspicion of crime is The use of one-time use Visitor identification, i.e. Guest Badges What methods we use to keep patients, employees and visitors sat during and after normal business hot Staff will be re-educated and furnon-compliance with policy and prowill result in corrective action up to a including termination from employm All abuse allegations will be investigated by the Administrator at time it is reported to him, to ensure resident was immediately taken out harms way and that abuse policy # was followed. All staff will be re-educed and prowill result in corrective action up to a including termination from employm All abuse allegations will be investigated by the Administrator at time it is reported to him, to ensure resident was immediately taken out harms way and that abuse policy # was followed. All staff will be re-edu on abuse policies, and future non-compliance with policy and prowill result in corrective action up to a including termination from employm Measures to be put in place or syste changes made to ensure that the plic correction is effective and that specideficiency cited remains corrected at in compliance with the regulatory requirements: 	e this ss with ice of ed ailed n htry f a r our fe both ours. iture cedure and hent. the of 101 ucated cedure and hent. em an of ific	

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Facility ID: 943091

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STATEMENT	DF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,	E CONSTRUCTION	OMB NO. 0938-039 (X3) DATE SURVEY COMPLETED	
	345405		B. WING	R-C 09/21/2017		
NAME OF P	ROVIDER OR SUPPLIER	•		STREET ADDRESS, CITY, STATE, ZIP CODE		
CHARLO	TE HEALTH & REHAB	ILITATION CENTER		1735 TODDVILLE ROAD CHARLOTTE, NC 28214		
(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 CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE COMPLETIO	
{F 490}	Continued From page	ge 44	{F 490	 Administrator will daily M-F, for period of four weeks, then twice week for four weeks, and weekly for four weeks to guest badge protocols and walkie talkies are on the nurse person. An deficient practice will be addressed immediately by the administrator. Automatic front door lock syster lock door at 5PM and will remain loc until 9:00AM. All new hires during orientation preceive education on abuse/neglect/misappropriation/crime Nursing P/P Elder Justice Act and Visitor Badge protocols. All new licensed nurses will receive education on use of walkie talkies. Administrator will audit that all n patients received education via the admissions process with review of Residents Rights, Visitation procedu and Notice of Patient's Bill of Rights three months. Any deficient practice be addressed immediately by the administrator. Regional Vice President of Ope and Regional Nurse Consultant will will twice monthly for three months. The corporate personnel will round for adherence to the guest badge protociand randomly audit portions of the P Correction. Any deficient practice no will be corrected immediately, with coaching/discipline as needed. Reg Vice President of Operations and Regional Nurse Consultant will atten quarterly QAPI meeting X's 2 and m frequently as needed. 	ekly veeks ering y n will ked will 101, 101, eive ew re for e will rations visit e col lan of ted ional	

Event ID: 89YG12

Facility ID: 943091

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	-	ID HUMAN SERVICES MEDICAID SERVICES				FOR	D: 10/24/2017 M APPROVED O. 0938-0391
	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,		CONSTRUCTION	(X3) DATE COM	E SURVEY PLETED R-C
		345405	B. WING				k-C /21/2017
	ROVIDER OR SUPPLIER	ITATION CENTER	I	173	REET ADDRESS, CITY, STATE, ZIP CODE 85 TODDVILLE ROAD IARLOTTE, NC 28214	0	
(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 CORRECTIO (EACH CORRECTIVE ACTION SHOUL) CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE	(X5) COMPLETION DATE
{F 490}	Continued From page	2 45	{F 4		 Responsible parties for all new admission will receive a letter notifyi them of: Door lock times, and gaining en during these times Elder Justice Act What a reasonable suspicion of crime is The use of one-time use Visitor identification, ie. Guest Badges What methods we use to keep or patients, employees and visitors safe during and after normal business ho How facility will monitor corrective ar (s) to ensure deficient practice will n re-occur: Results of all audits will be reviewed the QAPI (Quality Assurance Perform Improvement) committee monthly tir three, for continued compliance or revisions to the plan as needed. Administrator responsible for implementing the acceptable plan of correction. 	try a bur e both urs. ction ot by mance nes	
	7(02-99) Previous Versions Obs	solete Event ID: 89	/612	Eacilit	itv ID: 943091 If con	tinuation cha	et Page 46 of 46

Facility ID: 943091

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