

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345482	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 10/18/2018
NAME OF PROVIDER OR SUPPLIER BROOKDALE CARRIAGE CLUB PROVIDENCE			STREET ADDRESS, CITY, STATE, ZIP CODE 5804 OLD PROVIDENCE ROAD CHARLOTTE, NC 28226		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 677 SS=D	<p>ADL Care Provided for Dependent Residents CFR(s): 483.24(a)(2)</p> <p>§483.24(a)(2) A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene; This REQUIREMENT is not met as evidenced by: Based on observations, resident and staff interviews and record review the facility failed to trim a dependent resident's toenails for 1 of 2 sampled residents for activities of daily living (Resident #3).</p> <p>The findings included:</p> <p>Resident #3 was admitted to the facility on 08/16/18 and readmitted on 09/22/18. Her diagnoses included diverticulitis of large intestine with perforation and abscess, muscle weakness, type 2 diabetes and others. The admission Minimum Data Set (MDS) dated 08/23/18 specified the resident's cognition was intact, she did not reject care, was able to make her needs known and required one-person physical assistance with personal hygiene.</p> <p>The activity of daily living (ADL) Care Area Assessment (CAA) dated 08/29/18 specified the resident required extensive assistance from staff for ADL and that the resident was alert and oriented and able to make her needs known to staff.</p> <p>A care plan for ADL dated 09/04/18 was developed and identified Resident #3 had a self-care deficit and required assistance with personal hygiene from staff.</p>	F 677	<p>I have enclosed the Plan of Correction for the above-referenced facility in response to the Statement of Deficiencies. While this document is being submitted as confirmation of the facility's on-going efforts to comply with all statutory and regulatory requirements, it should not be construed as an admission or agreement with the findings and conclusions in the Statement of Deficiencies.</p> <ol style="list-style-type: none"> 1. Resident #3 toenails were trimmed immediately by charge nurse on 10/17/18. 2. 100% visual audit of all residents toenails completed on 10/17/18. No additional residents identified to need toenails trim. 3. Certified Nursing Assistants were re-educated on 10/25/18 on observing toenails daily during ADL'S. Certified Nursing Assistants were also re-educated on 10/25/18 to notify charge nurse or Director of Clinical Services of any residents in need of a toenail trim. Licensed Nurses were re-educated 10/25/18 on observing toenail during weekly skin audits. 4. To monitor on-going compliance, Director of Clinical Services or designee 	10/31/18	

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

TITLE

(X6) DATE

Electronically Signed

10/30/2018

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 677	<p>Continued From page 1</p> <p>On 10/17/18 at 11:41 AM Resident #3 was interviewed and during the interview observations of the resident's feet were made. Resident #3's toenails were uncovered and noted to be approximately ¼ inch long. The toenails were grown out and some were noted to be growing around the toes. Resident #3 was interviewed about her toenail care and reported she was waiting to have them trimmed. She explained that since her admission to the facility she had not had toenail care. She stated she asked a staff member to trim her toenails and was told that she would have to wait for the podiatrist. Resident #3 added that since her hospitalization she was no longer able to trim her toenails and added that she feared if they got much longer they would start to hurt. The toenails were long, white, thin and not yellow or thick.</p> <p>On 10/17/18 at 11:45 AM The Director of Clinical Services (DCS) was interviewed and explained that nail care was to be completed on shower days and as needed. She stated nurse aides could provide nail care but if the resident was diabetic then the nurse should provide nail care. She also reported that a podiatrist came to the facility monthly. During the interview the DCS observed Resident #3's toenails and confirmed they were too long and should be trimmed.</p> <p>On 10/17/18 at 11:47 AM nurse #1 was interviewed and stated he was responsible for trimming diabetic residents' toenails. He was not aware Resident #3 needed her toenails trimmed.</p> <p>On 10/17/18 at 2:28 PM nurse aide (NA) #1 was interviewed and reported she was assigned to Resident #3 and had assisted her with a shower the morning of 10/17/18. The NA added she did</p>	F 677	will complete random toenail, skin audits weekly x 4, then monthly x 3. Director of Clinical will review findings in QAPI.		

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

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F 677	Continued From page 2 not notice the resident's toenails were long and needed to be trimmed. The NA explained that toenail care was to be completed as needed during showers unless a resident was diabetic and then she would notify the nurse to trim a resident's toenails.	F 677		