PRINTED: 06/25/2020 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: (X2) MULTIPLE CONSTRUCTION A. BUILDING		(×	(X3) DATE SURVEY COMPLETED					
		345482	B. WING _			C 06/04/2020		
	ROVIDER OR SUPPLIER ALE CARRIAGE CLUB I	PROVIDENCE		STREET ADDRESS, CITY, STATE, ZIP 5804 OLD PROVIDENCE ROAD CHARLOTTE, NC 28226	CODE			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN C ((EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	CTION SHOULD BE THE APPROPRIATE	(X5) COMPLETION DATE		
E 000	Initial Comments		EC	000				
F 000	was conducted on 00 The facility was foun §483.73 related to E	ents for Long Term Care #TH6111.	FC	000				
F 200	Control Survey and of conducted on 06/02/ facility was found in §483.80 infection co-implemented the CM Control and Preventi practices to prepare complaint allegation substantiated resultin #TH6111.	was investigated and it was ng in deficiencies. Event ID				7/4/20		
F 600 SS=G	CFR(s): 483.12(a)(1 §483.12 Freedom from Exploitation The resident has the neglect, misappropriand exploitation as discludes but is not lired corporal punishment any physical or chemical the resident's misable from \$483.12(a) The facility in the second control of	om Abuse, Neglect, and right to be free from abuse, ation of resident property, lefined in this subpart. This nited to freedom from , involuntary seclusion and nical restraint not required to nedical symptoms. ty must- se verbal, mental, sexual, or	F6			7/1/20		
ADODATOR	involuntary seclusion			TITLE		(X6) DATE		

Electronically Signed 06/24/2020

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.

	OF DEFICIENCIES CORRECTION	IDENTIFICATION NITIMBED:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
						1	С	
		345482	B. WING _			06	/04/2020	
NAME OF PI	ROVIDER OR SUPPLIER			STREE	T ADDRESS, CITY, STATE, ZIP CODE			
BROOKD	ALE CARRIAGE CLUB I	PROVIDENCE		5804 C	OLD PROVIDENCE ROAD			
BROOKE	ALL GARRIAGE GLOD	NOVIDENCE		CHAR	RLOTTE, NC 28226			
(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 CORRECTIC (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)) BE	(X5) COMPLETION DATE	
F 600	Continued From pag	e 1 T is not met as evidenced	F 6	00				
	by: Based on staff interand review of facility prevent and protect resident with behaviorabuse. Resident #1 striking him on the him to bed, screaming telling him to "shut un Resident #1 was not tear on his left arm, aright cheek and an unforehead. This occur residents reviewed for The findings included. Resident #1 was additionally from the hospital, train 4/8/20 for a medical the facility on 4/16/20 Resident #1 expired Diagnoses included, failure with a cardiact obstructive pulmonal continuous oxygen up pneumonia, acute or 3, and severe pulmonal.	views, medical record review records, the facility failed to a cognitively impaired ors from staff to resident accused Nurse Aide #1 of ead twice, forcefully putting ag in his face and repeatedly p." When assessed, ed with an unexplained skin an unexplained bruise on his nexplained bruise on his red for 1 of 3 sampled or abuse. d: mitted to the facility 3/26/20 ansferred to the hospital on procedure and returned to 0 with Hospice services. in the facility on 4/16/20. in part, congestive heart a pacemaker, chronic ry disease, hypoxia, se, dysphagia, aspiration a chronic kidney failure stage		thicoceff recowing St. 1. #1 avv ass So wa inv. 2. int. co. 3. ab Co.	assignment after nurse was made vare of incident. Resident #1 was esessed on 04/05/2020 by staff nurbocial Worker and Administrator. Chas terminated upon completion of twestigation. Nurse interviewed all other terviewable residents with no other amplaints noted.	onse nile d t be ment he dent e se, NA#1 he		
	understand/be under person, place and tir long-term memory, a corrective lenses, ac	rstood, clear speech, alert to ne with intact short-term and idequate vision with lequate hearing with hearing tear to the right forearm and		of ab In- th	any staff member accused of puse/neglect from resident areasservices to be completed monthly ree months related to abuse/neglecten follow up.	times		

	DF DEFICIENCIES CORRECTION	IDENTIFICATION NUMBER:		2) MULTIPLE CONSTRUCTION BUILDING			(X3) DATE SURVEY COMPLETED	
		345482	B. WING _				04/2020	
NAME OF P	ROVIDER OR SUPPLIER	<u> </u>		S	TREET ADDRESS, CITY, STATE, ZIP CODE	1 00/	04/2020	
					804 OLD PROVIDENCE ROAD			
BROOKD	ALE CARRIAGE CLUB P	ROVIDENCE	CHARLOTTE, NC 28226					
(VA) ID	SLIMMADV ST	ATEMENT OF DEFICIENCIES	ID		PROVIDER'S PLAN OF CORRECTION		(X5)	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	X	(EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		COMPLETION DATE	
F 600	Continued From page	e 2	F	500				
	An admission Minimudated 4/2/20, assessed speech, understood/Luvision with corrective with bilateral hearing cognition, verbal behaviothers, screaming at others, required exteractivities of daily living transfers, locomotion, bathing, toilet use), all pressure ulcer. An initial care plan, dacare plan, 4/2/20, idea skin interventions due skin on admission as the right forearm, a suplacement of a pace of pressure sore to his concluded, in part, to as friction/shearing with evaluate his skin on a monitor/document locany skin injury. Resid with self - care perford diagnoses, need for a transfers, and risk for in part, to assist Residmonitor his skin integrated 4/2/20 also idea risk for impaired behavioral patterns. Sineeds, approach him	am Data Set assessment, and Resident #1 with clear understands, adequate lenses, adequate hearing aide, moderately impaired avior to include threatening others, and cursing at a sive to total assistance with a g (ADL) (bed mobility, and the design of the			4. Social Worker or designee to mon for ongoing compliance with monthly Questionnaires per random selection to monitor for any concerns related to abuse or neglect. Information gathered will be reported at monthly Questings. Discipline Responsible: Director of Nursing/Social Worker/Healthcare Administrator or designee Date of Compliance: 7/1/2020	A n		
		geted behavior (yelling). s notes for each shift from						

l ' '		` IDENTIFICATION NI IMBED:		PLE CONSTRUCTION IG		(X3) DATE SURVEY COMPLETED	
		345482	B. WING _			C 06/ 04/2020	
	ROVIDER OR SUPPLIER	1		STREET ADDRESS, CITY, STATE, ZIP CO 5804 OLD PROVIDENCE ROAD CHARLOTTE, NC 28226	•	10/04/2020	
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE E APPROPRIATE	(X5) COMPLETION DATE	
F 600	for Resident #1. An Initial Allegation of 4/5/20, completed by documented an alleg Initial Allegation of Alpart, that Resident #1 on 4/5/20. When Nur #1 voiced that the ma Resident #1 to "shut resulted in a skin tea Resident #1 with a sl written statement from 8:00 AM, which accord Abuse Report, docobserved Resident # forearm. When Nurse happened, he stated punched him twice in face and repeatedly is statement also docur stated NA #1 was ven Nurse #1 documented spoke to NA #1 who #1 to shut up and stock striking the Resident her statement that shinto Resident #1's rown A Weekly Skin Integrence 9:00 AM, recorded Resident #1's rown A Comprehensive Nu 2:07 PM, recorded in and oriented to persone mained with bruise remained with bruise	of Abuse Report, dated of the Administrator, lation of resident abuse. The couse Report documented, in 1 rang his call bell at 7:34 AM as e #1 responded, Resident ale nurse aide (NA #1), told up" and was rough, which or. Nurse #1 observed kin tear to his left forearm. A monomore may be a managed the Initial Allegation cumented that Nurse #1 what no skin tear on his left of the #1 asked Resident #1 what no skin tear on his left of the #1 asked Resident #1 what no skin tear on his left of the #1 asked Resident #1 what no skin tear on his left of the #1 asked Resident #1 what no skin tear on his left of the #1 asked Resident #1 what no should him to "shut up." The mented that Resident #1 ry aggressive and mean. It is did not statement that she admitted to telling Resident of the poscreaming. No #1 denied in the told No #1 not to go back	F 6				

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED C
		345482	B. WING		06/04/2020
	ROVIDER OR SUPPLIER	PROVIDENCE		STREET ADDRESS, CITY, STATE, ZIP CODE 5804 OLD PROVIDENCE ROAD CHARLOTTE, NC 28226	1 33.6 1.2020
(X4) ID PREFIX TAG	(EACH DEFICIEI	STATEMENT OF DEFICIENCIES NCY 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)	LD BE COMPLETION
F 600	Nurse Practitioner, Resident #1 sustain forearm which mean an Investigation of completed by the Aunwitnessed allegal regarding the same the Initial Allegation the Investigation of Resident #1 as aleand fearful of NA #Report recorded the same allegation to details unchanged. him twice, once in the cheek. The Administ Resident #1 was of his forehead, and his forehead physical about allegation was substructed to law enforcements. During a telephone 6/2/20 at 9:55 AM, worked the 11 PM	ated 4/6/20, recorded by the documented that on 4/5/20, ned a large skin tear to his left sured 3 cm by 4 - 5 cm. Abuse Report, dated 4/8/20, dministrator, documented an tion of resident abuse accusation as recorded on of Abuse Report Additionally, Abuse Report described twith confusion noted at times 1. The Investigation of Abuse at Resident #1 reported the the Administrator with the Resident #1 stated NA #1 hit the head and once in the strator documented that poserved with a "red spot" on his left forearm was bandaged ag. The Administrator spoke to be admitted to verbal abuse, use and was suspended. The stantiated for verbal abuse, orcement and NA #1 on he stated that on 4/5/20 he 7 AM shift and worked Resident #1 that night. He	F 600	,	
	described Resident off his bed and mad of his bed unassiste a history of falls wh bruises and skin te	Resident #1 that night. He #1 often left his feet hanging de frequent attempts to get out ed. NA #1 said this resulted in ere he sustained multiple ars to his skin. NA #1 stated 4/5/20, Resident #1 constantly			

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	I NI IMBED:		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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		345482	B. WING				04/2020
NAME OF PI	ROVIDER OR SUPPLIER				STREET ADDRESS, CITY, STATE, ZIP CODE	1 00/	0-4/2020
					5804 OLD PROVIDENCE ROAD		
BROOKDA	ALE CARRIAGE CLUB	PROVIDENCE			CHARLOTTE, NC 28226		
0(0)15	CLIMMADY	STATEMENT OF DEFICIENCIES	ID.		PROVIDER'S PLAN OF CORRECTION		()(5)
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREF TAG		(EACH CORRECTIVE ACTION SHOULD E CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE
F 600	Continued From page	ge 5	F	600			
	· ·	, help me" over and over,					
		al practice. NA #1 described					
		little frustrating." NA #1 stated					
		re him, every time he yelled					
	_	heck on him because you did					
		d be wrong." NA #1 said he					
		e Residents room several					
	times that night bec	ause Resident #1 continued					
	to yell out and get o	out of bed without assistance.					
	NA #1 stated he had	d to help Resident #1 put his					
	legs back in the bed	d. NA #1 further stated "I had					
		e to get his legs back in the					
		s a big guy." NA #1 denied					
		ough with Resident #1 and					
		rt him." NA #1 stated that					
		nt #1 in bed, put his bed in a					
		all mat next to his bed, he left					
		lent #1 yelled out again. NA #1					
		frustrated because he was					
		etting to my other patients." NA ed to the Resident's room, the					
		g "Help me" over and over					
		get out of his bed again. NA					
		in the Resident's ear because					
		ring and said, "Hush all that					
		ne Resident that he was going					
		ed. NA #1 described being					
	•	nt and stated that their heads					
	touched. NA #1 said	d that when their heads					
	touched, Resident #	‡1 said "Ouch you hit me in					
		ld the Resident that he did not					
	hit him in the head.	NA #1 said Nurse #1 came to					
	him later in the shift	, asked him what happened					
		an allegation of abuse made					
	by Resident #1 aga	inst him. NA #1 said he told					
	Nurse #1 he told Re	esident #1 to shut up but that					
	he did not hurt him.	Nurse #1 told NA #1 not to go					
	back into the Reside	ent ' s room. NA #1 said Nurse					
	#1 asked him about	the skin tear to the					

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			PLE CONSTRUCTION G	(X3)	COMPLETED	
		345482	B. WING			C 06/04/2020
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 5804 OLD PROVIDENCE ROAD CHARLOTTE, NC 28226		06/04/2020
(X4) ID PREFIX TAG	(EACH DEFICIEI	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
F 600	noticed it, but I had said this occurred it. AM, he did not go it and left the facility a said that once he gicall sometime after. Administrator to ad suspended pending #1 said he told the that he told Nurse # shut up, but that he #1 said he received during orientation to the knew what abus allowed. NA #1 furt the facility; the alleg substantiated and the employment. A telephone intervie PM with Nurse #1. stated she was the #1 on 4/5/20 for the described Resident extensive/total staff care, and frequently staff assistance. Not assigned nurse aid was a new employed worked with before 5:30 or 6:00 AM on the nurse aides cor Resident #1 put his	arm and he told Nurse #1 "I nothing to do with it." NA #1 between 6:30 AM and 7:00 back to Resident #1's room at the end of his shift. NA #1 ot home, he received a phone	F 6			
	short time, he left the stated moments lat	dent's call light and after a ne Resident's room. Nurse #1 er, Resident #1 put his call yelling "Help me" repeatedly.				

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	ATTECATION NUMBER		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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		345482	B. WING			06/	/04/2020
NAME OF P	ROVIDER OR SUPPLIER				STREET ADDRESS, CITY, STATE, ZIP CODE		
					5804 OLD PROVIDENCE ROAD		
BROOKD	ALE CARRIAGE CLUI	B PROVIDENCE			CHARLOTTE, NC 28226		
(X4) ID	SUMMARY	STATEMENT OF DEFICIENCIES	ID		PROVIDER'S PLAN OF CORRECTION	I	(X5)
PREFIX TAG	(EACH DEFICIE	ENCY MUST BE PRECEDED BY FULL OR LSC IDENTIFYING INFORMATION)	PREFI TAG		(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE	COMPLETION DATE
F 600	Continued From page	age 7	F	600			
	Nurse #1 stated it	was common practice for					
	Resident #1 to yell	out. She responded to the					
	Resident's call ligh	it and observed Resident #1					
	bleeding from a sk	in tear to his left forearm, a					
	bruise to his right of	cheek and a bruise to his					
	forehead. Nurse #	1 stated these were new					
	changes to his skii	n that she had not observed on					
	him earlier in the s	hift. When she entered the					
	room, she stated F	Resident #1 screamed "That					
	guy beat me up ar	nd told me to shut up; don't let					
		Nurse #1 stated to calm					
		, she had to assure him that NA					
		lowed back into his room; she					
	•	th staff assistance and dressed					
		e #1 asked Resident #1 to tell					
		d. Resident #1 stated that NA					
	-	struck him twice in the head,					
	, ,	n bed and told him to shut up					
		elling. Nurse #1 stated after					
		leaned up, she found and					
		Nurse #1 stated she asked NA					
		with Resident #1. NA #1 told					
		d him to shut up and be quiet." advised NA #1 that he could					
		dent that way and told NA #1					
	l '	Resident #1's room. Nurse #1					
		1 that Resident #1 accused him					
		not want him back in his room.					
		ne contacted the Administrator,					
		ge and completed a nursing					
		sidents who were assigned to					
		urse #1 stated "I went behind					
		no other residents were					
		f he would do that to an alert					
	,	ent, I did not know what else he					
		#1 stated that she did not					
		signs of abuse. Nurse #1 then					
		dministrator returned her call,					
		the Administrator of the					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULT A. BUILDIN	IPLE CONSTRUCTION IG		(X3) DATE SURVEY COMPLETED		
		345482	B. WING _			C 06/04/2020	
	ROVIDER OR SUPPLIER	PROVIDENCE		STREET ADDRESS, CITY, STATE, ZIP CODE 5804 OLD PROVIDENCE ROAD CHARLOTTE, NC 28226		3010-412020	
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFI) TAG	PREFIX (EACH CORRECTIVE ACTION SHOU		(X5) COMPLETION DATE	
F 600	#1. Nurse #1 said th #1 if NA #1 was still Administrator that he stated she could not Administrator return specific time NA #1 stated the Administrator around 8:00 AM and statement about the conduct a second in Nurse #1 stated she on all residents assi on all other resident that she did not find other resident. During a telephone PM, the Administrate home, she received #1 around 7:34 AM Administrator stated Resident #1 stated I head, put him back to shut up. The Adm NA #1 was still in the her he had already I said she immediatel Nurse #1 to complet regarding any signs Resident #1. The Ad did not identify any s residents. The Admi interviewed Resider consistent with what Administrator stated to tell her what happ Resident #1 to shut	Resident #1 made against NA the Administrator asked Nurse in the facility and she told the the had already left. Nurse #1 the recall the specific time the the dethe phone call, or the left the facility. Nurse #1 the facility. Nurse #1 the facility asked Nurse #1 to write a the abuse allegation and to the phone call the facility asked Nurse #1 to write a the abuse allegation and to the phone call the facility and the facility; she stated the evidence of abuse for any Interview on 6/3/20 at 3:30 the facility; she stated the evidence of abuse for any Interview on 6/3/20 at 3:30 the facility and the call. The the Nurse #1 told her that the NA #1 struck him twice in the the bed forcefully and told him the facility and Nurse #1 told the facility and Nurse #1 told the facility and Nurse #1 told the facility and the facility, asked the a round on all residents to fabuse and interviewed the facility asked the told the stated when she the the told Nurse #1. The the called NA #1, asked him the she called NA #1	F6				

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	l ' '		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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		345482	B. WING _			06/	04/2020
	ROVIDER OR SUPPLIER ALE CARRIAGE CLUB P	ROVIDENCE		58	REET ADDRESS, CITY, STATE, ZIP CODE 04 OLD PROVIDENCE ROAD 14 OLD THE NO. 28226		
					HARLOTTE, NC 28226		
(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 BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 600 F 607 SS=D	of an allegation of about the interview, the Adm Initial Allegation of About Investigation of Abuse reports were accurate she reported the abuse police report was filed. She stated the facility of verbal abuse as NA aggressively telling R did not substantiate p	ed pending an investigation use for Resident #1. During ministrator reviewed the use Report and the Report and stated both E. The Administrator stated se allegation to the police, a substantiated the allegation A #1 admitted to esident #1 to shut up; but hysical abuse because the action and unexplained seed.		600			7/1/20
	§483.12(b)(1) Prohibit neglect, and exploitate misappropriation of results in the same of	t and procedures that: t and prevent abuse, ion of residents and esident property, sh policies and procedures			I have enclosed the Plan of Correction the above-referenced facility in respons 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	se e	

NAME OF PROVIDER OR SUPPLIER ### ROOKOALE CARRIAGE CLUB PROVIDENCE #### REGULATORY OR LSC IDENTIFYING INFORMATION) F 607			(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	TIPLE CONSTRUCTION ING			(X3) DATE SURVEY COMPLETED	
STREET ADDRESS, CITY, STATE, ZIP CODE			345482	B. WING			1		
SAME OLD PROVIDENCE CARRIAGE CLUB PROVIDENCE PROPERTY SUMMARY STATEMENT OF DEFICIENCIES EACH DEFICIENCY MUST BE PRECEDED BY PULL PREFIX TAG PROPURENT RATION SHOULD BE CARRIED AND PROVIDENT PLAN OF CORRECTION (BACH CORRECTIVE ACTION SHOULD BE CARRIED AND PROVIDENCE ACTION SHOULD BE CARRIED AND PROPURENCE CONTINUE ACTION SHOULD BE CARRIED AND PROVIDENCE ACTION SHOULD BE CARRIED AND PROPURENCE CONTINUE ACTION SHOULD BE CARRIED AND PROPURE CONTINUE ACTION SHOULD BE CARRIED AND PROPURE CONTINUE ACTION SHOULD BE CARRIED AND PROPURE ACTION SHOULD BE CARRIED AN	NAME OF DE	POVIDED OD SLIDDI IED	0-10-102			TREET ADDRESS CITY STATE ZID CODE	06/	/04/2020	
CHARLOTE, NC 28226 CHARLOT	NAME OF F	NOVIDER OR SUFFLIER							
Resident #1 was admitted to the facility on 4/16/20. Diagnoses included, in part, congestive heart failure with a cardiac pacemaker, chronic obstructive pulmonary disease, hypoxia, and a devermination succession for packed in part, congestive heart failure with a cardiac pacemaker, chronic obstructive pulmonary disease, hypoxia, and a nursing admission data collection toil dated 3/26/20, assessed Resident #1 as able to understandibe understood, clear speech, allert to person, place and time with intact short-term and long-term memory, adequate vision with cardiac pacemaker in part and possible properties. The facility on properties of the facility of the person, place and time with intact short-term and long-term memory, adequate vision with cardiac pacemaker, when the person, place and time with intact short-term and long-term memory, adequate vision with cardiac pacemaker, with cardiac pacemaker, with corrective lenses, adequate hearing with facility on properties. The person, place and time with intact short-term and long-term memory, adequate vision with cardiac pacemaker, with corrective lenses, adequate hearing with hearing the person. Packed from the person, place and time with intact short-term and long-term memory, adequate vision with corrective lenses, adequate hearing with hearing the person.	BROOKDA	ALE CARRIAGE CLUB P	ROVIDENCE						
FREEIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) F 607 Continued From page 10 reviewed for abuse. The findings included: The facility policy, Abuse, Neglect & Exploitation Policy, effective July 2016, last revised October 2018, recorded in part, Protection of Resident, upon learning of alleged abuse, neglect, mistreatment or exploitation, if an allegation of abuse, neglect and libration is made against an associate or associates, the accused individual should be suspended until the matter has been investigated and a determination made as to the underlying allegation. Resident #1 was admitted to the facility of 4/16/20. Diagnoses included, in part, congestive heart failure with a cardiac pacemaker, chronic obstructive pulmonary hybertension. A nursing admission data collection tool dated 3/26/20, assessed Resident #1 as able to understand/be understood, clear speech, alert to person, place and time with intact short-term and long-term memory, adequate vision with corrective lenses, adequate hearing with hearing					С	HARLOTTE, NC 28226			
reviewed for abuse. The findings included: The facility policy, Abuse, Neglect & Exploitation Policy, effective July 2016, last revised October 2018, recorded in part, Protection of Resident, upon learning of alleged abuse, neglect, mistreatment or exploitation, the administrator or supervisor on duty should attempt to take necessary steps to ensure that residents are protected from subsequent episodes of abuse neglect, mistreatment or exploitation. If an allegation of abuse, neglect or mistreatment, or exploitation is made against an associate or associates, the accused individual should be suspended until the matter has been investigated and a determination made as to the underlying allegation. Resident #1 was admitted to the facility 3/26/20 from the hospital, transferred to the hospital or 4/8/20 for a medical procedure and returned to the facility on 4/16/20 with Hospice services. Resident #1 expired in the facility on 4/16/20, Diagnoses included, in part, congestive heart failure with a cardiac pacemaker, chronic obstructive pulmonary diseases, hypoxia, continuous oxygen use, dysphagia, aspiration pneumonia, acute on chronic kidney failure stage 3, and severe pulmonary hypertension. A nursing admission data collection tool dated 3/26/20, assessed Resident #1 as able to understand/be understood, clear speech, alert to person, place and time with intact short-term and long-term memory, adequate vision with corrective lenses, adequate hearing with hearing	PRÉFIX	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL	PREFIX	((EACH CORRECTIVE ACTION SHOULD E CROSS-REFERENCED TO THE APPROPRI		COMPLETION	
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		A nursing admission 3/26/20, assessed Reunderstand/be under person, place and tim long-term memory, a	data collection tool dated esident #1 as able to stood, clear speech, alert to be with intact short-term and dequate vision with			for ongoing compliance with monthly of resident questionnaires per random selection to monitor for any concerns related to abuse or neglect. Informatic gathered will be reported at monthly Q	QA on		

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			PLE CONSTRUCTION IG	(X	(X3) DATE SURVEY COMPLETED	
		345482	B. WING _			C 06/04/2020
	ROVIDER OR SUPPLIER ALE CARRIAGE CLUB P	I		STREET ADDRESS, CITY, STATE, ZI 5804 OLD PROVIDENCE ROAD CHARLOTTE, NC 28226	P CODE	00/04/2020
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F 607	a stage 2 sacral press An admission Minimulated 4/2/20, assess speech, understood/vision with corrective with bilateral hearing cognition, verbal beh others, screaming at others, required exte activities of daily livin transfers, locomotion bathing, toilet use), a pressure ulcer. An initial care plan, d care plan, 4/2/20, ide skin interventions duskin on admission as the right forearm, a splacement of a pace pressure sore to his concluded, in part, to a friction/shearing with evaluate his skin on a monitor/document locany skin injury; report heal, infection, or mater and provide treatmer Resident #1 was also performance deficits need for an assistive risk for falls. Intervent assist Resident #1 w skin integrity. Daily nursing progress	im Data Set assessment, ed Resident #1 with clear understands, adequate lenses, adequate hearing aide, moderately impaired avior to include threatening others, and cursing at nsive to total assistance with g (ADL) (bed mobility, dressing, personal hygiene, and had a stage 2 sacral ated 3/26/20, and a revised ntified Resident #1 required to actual impairment to his evidenced by a skin tear to urgical incision for maker and a stage 2 soccyx. Interventions ssist with positioning; reduce use of lift/transfer sheets;	F6	Discipline Responsible: Director of Nursing/Socia Worker/Healthcare Admi designee Date of Compliance: 7/1	inistrator or	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	I ' '	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
345482		B. WING _	B. WING			04/2020	
NAME OF PROVIDER OR SUPPLIER BROOKDALE CARRIAGE CLUB PROVIDENCE				58	TREET ADDRESS, CITY, STATE, ZIP CODE 804 OLD PROVIDENCE ROAD HARLOTTE, NC 28226	, 00.	V 1:2020
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFI TAG	PREFIX (EACH CORRECTIVE ACTION SHO			(X5) COMPLETION DATE
F 607	9:00 AM, recorded Reissue, a skin tear to hhis forehead and a br A Comprehensive Nu 2:07 PM, recorded in and oriented to persoremained with bruises dressing to his left for tear. A progress note, date Nurse Practitioner, do Resident #1 sustained forearm which measure An Initial Allegation of 4/5/20, completed by	ty Review, dated 4/5/20 at esident #1 had a new skin is left forearm, redness to uise to his right cheek. rsing Note, dated 4/5/20 at part, Resident #1 was alert in, place, time and situation, is to his extremities and a learn was in place for a skin industry of dated that on 4/5/20, da large skin tear to his left ired 3 cm by 4 - 5 cm. Abuse Report, dated the Administrator,	F	607			
	Initial Allegation of Ab part, that Resident #1 on 4/5/20. When Nurs #1 voiced that the ma Resident #1 to "shut uresulted in a skin tear Resident #1 with a sk written statement from 8:00 AM, which accord Abuse Report, doc accused NA #1 of purtwice, screamed in his Resident #1 to "shut uin her statement that admitted to telling Restop screaming. NA #Resident. Nurse #1 d	in tear to his left forearm. A n Nurse #1 dated 4/5/20 at mpanied the Initial Allegation umented that Resident #1 nching him in the head s face and repeatedly told up." Nurse #1 documented she spoke to NA #1 who sident #1 to shut up and					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDII	IPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
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F 607	Continued From pa	ge 13	F	507			
	completed by the Aunwitnessed allegar regarding the same the Initial Allegation the Investigation of Resident #1 as aler and fearful of NA #7 Report recorded the same allegation to the details unchanged, abuse and was sus substantiated, report NA #1 was terminated. During a telephone 6/2/20 at 9:55 AM, It worked the 11 PM independently with described Resident off his bed unassisted a history of falls who bruises and skin teat that on the night of yelled out "help me which was his typication that the properties out, we had to go continued the properties of the prop	Abuse Report, dated 4/8/20, dministrator, documented an tion of resident abuse accusation as recorded on of Abuse Report. Additionally, Abuse Report described the with confusion noted at times at Resident #1 reported the he Administrator with the NA #1 admitted to verbal pended. The allegation was reted to law enforcement and red. Interview with NA #1 on the stated that on 4/5/20 he 7 AM shift and worked Resident #1 that night. He #1 often left his feet hanging refrequent attempts to get out red. NA #1 said this resulted in rere he sustained multiple rest to his skin. NA #1 stated 4/5/20, Resident #1 constantly help me" over and over, all practice. NA #1 described rete him, every time he yelled reck on him because you did do be wrong." NA #1 said he re Residents room several rease Resident #1 continued reto the president #1 put his did not help Resident #1 put his did not help					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPI A. BUILDING	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		345482	B. WING		C 06/04/2020		
NAME OF PROVIDER OR SUPPLIER BROOKDALE CARRIAGE CLUB PROVIDENCE				STREET ADDRESS, CITY, STATE, ZIP CODE 5804 OLD PROVIDENCE ROAD CHARLOTTE, NC 28226	1 0010-11-2020		
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F 607	Continued From pag	ge 14	F 60	7			
	stated, "I did not hur once he put Resider low position and a father room and Reside then stated, "I was fikeeping me from ge #1 stated he returned Resident was yelling while attempting to get #1 said he got right he was hard of hear fuss" and advised that to put him back to be close to the Resident touched. NA #1 said touched, Resident #1 the head. "NA #1 tol hit him in the Resident #1 again Nurse #1 he told Rehe did not hurt him. back into the Reside #1 asked him about Resident's left forea noticed it, but I had said this occurred be AM, he did not go be but that he did comporare on the remaining and left the facility a stated he did not recresidents he assiste estimated he worked residents independent.	augh with Resident #1 and thim." NA #1 stated that in thim." NA #1 stated that in thim. In bed, put his bed in a all mat next to his bed, he left ent #1 yelled out again. NA #1 rustrated because he was titing to my other patients." NA and to the Resident's room, the great out of his bed again. NA in the Resident's ear because ing and said, "Hush all that he Resident that he was going ed. NA #1 described being into and stated that their heads in that when their heads in the Resident that he did not in the Resident #1 said Nurse #1 came to in asked him what happened an allegation of abuse made in the lot in the room. NA #1 said he told sident #1 to shut up but that in the skin tear to the room. NA #1 said Nurse the skin tear to the room and he told Nurse #1 "I he the head of his shift. NA #1 he the end of his shift. NA #1 he head of his shift. NA #1 he head of his shift, but in the rest of his shift, but it with approximately 7 he held after Nurse #1 told him of abuse. NA #1 said that					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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NAME OF PROVIDER OR SUPPLIER BROOKDALE CARRIAGE CLUB PROVIDENCE				58	REET ADDRESS, CITY, STATE, ZIP CODE 04 OLD PROVIDENCE ROAD HARLOTTE, NC 28226	, ,	
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F 607	advise him that he was abuse investigation. In Administrator the same #1, that he told Reside he did not hurt the Refereceived abuse and received abuse and received abuse and received abuse was and #1 further stated he of the allegation of verband that he was term. A telephone interview PM with Nurse #1. Do stated she was the as #1 on 4/5/20 for the 1 described Resident # extensive/total staff a care, and frequently staff assistance. Nurse assigned nurse aides was a new employee worked with before. Note 5:30 or 6:00 AM on the nurse aides compresident #1 put his constitution of the Reside short time, he left the stated moments later light back on while years with the stated she call light and observed a skin tear to his left to cheek and a bruise to stated these were ne she had not observed.	AM from the Administrator to as suspended pending an NA #1 said he told the ne thing that he told Nurse lent #1 to shut up, but that esident. NA #1 said he neglect training during the facility and that he knew that it was not allowed. NA did not return to the facility; all abuse was substantiated inated from employment. A occurred on 6/2/20 at 1:45 curing the interview, Nurse #1 sesigned Nurse for Resident 11 PM - 7 AM shift. She 11 as alert/oriented, required esistance with his nursing used his call bell to request see #1 stated NA #1 was the for Resident #1 that night, he who she had not previously durse #1 stated that around the morning of 4/5/20, while obleted their final rounds, all light on. She stated that enter Resident #1's room, not's call light and after a Resident #1 put his call elling "Help me" repeatedly. The responded to the Resident's do Resident #1 bleeding from forearm, a bruise to his right of this forehead. Nurse #1 we changes to his skin that the on him earlier in the shift. The room, she stated Resident #1 to his forehead Resi	F	607			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				(X3) DATE SURVEY COMPLETED C	
							
		345482	B. WING			1	04/2020
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				58	804 OLD PROVIDENCE ROAD		
BROOKD	ALE CARRIAGE CLUB	PROVIDENCE		С	HARLOTTE, NC 28226		
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F 607	Continued From part of the stated to calm Resistance and dressistance and dressistance and to struck him twice in bed and told him to yelling. Nurse #1 stated struck him twice in bed and told him to yelling. Nurse #1 stated she with Resident #1. Nhim to shut up and advised NA #1 that resident that way a into Resident #1's resident that way a into Resident #1's resident that Resider and did not want hi said she did not imbecause there was allowed him to comindependently. Nur Administrator, left a completed a nursin who were assigned stated "I went behir residents were abut that to an alert and know what else he that she did not ide Nurse #1 then state returned her call, N Administrator of the #1 made against N			607			

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			COMPLETED	
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NAME OF PROVIDER OR SUPPLIER BROOKDALE CARRIAGE CLUB PROVIDENCE				STREET ADDRESS, CITY, STATE, ZIP CODE 5804 OLD PROVIDENCE ROAD CHARLOTTE, NC 28226	l	06/04/2020	
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F 607	the phone call, or the facility. Nurse #1 state the facility around #1 to write a statement allegation and to coron all residents. Nursecond round on all that shift and over the prior 2 year facility, but that she policy to suspend a abuse. During a telephone in PM, the Administrator stated Resident #1 stated in head, put him back in the head, put him back in the head already is all she immediated in the head already is all she immediated in the head already is said she immediated in	ne the Administrator returned e specific time NA #1 left the ated the Administrator arrived 8:00 AM and asked Nurse	F 6	07			

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		I ' '	TIPLE CONSTRUCTION NG		(X3) DATE SURVEY COMPLETED	
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F 607	of an allegation of ab the interview, the Adr Initial Allegation of Ab Investigation of Abuse reports were accurate she reported the abuse and a police report we stated that she was no continued his assignar accused him of physi Administrator further been suspended imm	ed pending an investigation use for Resident #1. During ninistrator reviewed the use Report and the Report and stated both e. The Administrator stated se allegation to the police as filed. The Administrator ot made aware that NA #1 nent after Resident #1 cal/verbal abuse. The stated NA #1 should have lediately, pending the ligation and not allowed to	F	507		