D PLAN OF	F DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	· · ·	E SURVEY IPLETED
		345201	B. WING			C
AME OF PF	ROVIDER OR SUPPLIER	0.0201		IREET ADDRESS, CITY, STATE, ZIP CODE		1/16/2020
				16 EAST 5TH STREET		
ELICAN	HEALTH AT CHARLOTT	E		HARLOTTE, NC 28204		
(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 COR (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETIC DATE
E 000	Initial Comments		E 000			
F 000	was conducted on 11 exit from the facility o information was obtai Therefore, the exit da The facility was found Emergency Prepared	VID-19 Focused Survey /9/2020 and 11/10/20 with n 11/10/20. Additional ned through 11/16/20. It was changed to 11/16/20. It to be in compliance with ness at 42 CFR §483.73 (6). Event ID#Y3C411.	F 000			
F 686 SS=E	complaint investigation 11/9/2020 and 11/10/20 on 11/10/20. Addition through 11/16/20. The changed to 11/16/20. in compliance with 42 control regulations an CMS and Centers for Prevention (CDC) rec prepare for COVID-19 complaint allegations cited. Event ID#Y3C	20 with exit from the facility al information was obtained erefore, the exit date was The facility was found to be 2 CFR §483.80 infection ad has implemented the Disease Control and commended practices to 9. One of the three was substantiated and 411. event/Heal Pressure Ulcer	F 686			12/12/20
SS=E	§483.25(b) Skin Integ §483.25(b)(1) Pressu Based on the compre- resident, the facility m (i) A resident receives professional standard pressure ulcers and c ulcers unless the indi demonstrates that the	rity re ulcers. hensive assessment of a				

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.

	-	ND HUMAN SERVICES MEDICAID SERVICES				FOR	D: 12/14/202 MAPPROVE D. 0938-039
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION UMBER:		• •	(X2) MULTIPLE CONSTRUCTION A. BUILDING			E SURVEY PLETED	
		345201	B. WING			11/16/2020	
NAME OF P	ROVIDER OR SUPPLIER	•		ST	REET ADDRESS, CITY, STATE, ZIP CODE		
PELICAN	HEALTH AT CHARLOTT	E		-	16 EAST 5TH STREET HARLOTTE, NC 28204		
(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 CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROI DEFICIENCY)	D BE	(X5) COMPLETION DATE
F 686	with professional star promote healing, prev- new ulcers from dever This REQUIREMENT by: Based on record rev practitioner, wound d interviews, the facility assessments and pro- wounds on the sacrue pressure ulcers for 1 pressure ulcers for 1 pressure ulcers for 1 pressure ulcers for 1 pressure ulcers in the Findings included: Resident #1 was read 7/20/20 with medical nontraumatic intracer obstructive hydrocep illness. Resident #1 hospital on 10/25/20 Resident #1's annual dated 7/27/20 reveale The MDS identified s assistance with bed r dependence on bathi incontinent of bowel. care noted. Resident #1's quarter dated 10/25/20 reveal impaired cognition. T clear speech, adequa to understand and ma required one-person bed mobility, turning a incontinent of bowel,	ndards of practice, to vent infection and prevent eloping. T is not met as evidenced iew, nursing staff, nurse octor and medical director v failed to document skin ovide services to treat two m of a resident at risk for of 3 residents reviewed for e facility (Resident #1). dmitted to the facility on diagnoses inclusive of rebral hemorrhage, halus and a severe mental was discharged to the for rectal bleeding. Minimum Data Set (MDS) ed she was cognitively intact. he required extensive	F	686	Corrective action accomplished for residents found to have been affects the deficient practice: Resident #1 w sent to the ER on 10/25/20 for evalu of possible rectal bleeding. Prior to transfer treatment nurse observed wounds and notified on call MD and received orders for treatment to be applied to wounds and initiated thes orders/treatment. Nurse involved in incident was terminated from emplo at the facility. Identify other residents who have th potential to be affected by the same deficient practice and the actions tal All residents are at risk for alleged deficient practice therefore a 100% audit of every resident was complete 10/26/20 to identify any undocumen wounds. All documentation is reflect each resident □s chart. Measure/systemic changes put in pl ensure the deficient practice does n reoccur: Effective 12/14/20 all nursi staff have been provided with re-education by the Director of Nurs and/or the Assistant Director of Nurs and/or the Assistant Director of Nurs for all Licensed Nurses and Certified Nursing Assistants on completion of weekly skin assessments, monitorin integrity during all care provided, documentation and communication	ed by vas lation e yment e ken: skin ed on ted ace to ot ng ling sing d g skin	

Facility ID: 952971

If continuation sheet Page 2 of 11

(EACH DEFICIENCY REGULATORY OR L ntinued From page ressure ulcer. The care with verbal be sident #1's care pla	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)		STREET ADDRESS, CITY, STATE, ZIP CODE 2616 EAST 5TH STREET CHARLOTTE, NC 28204 PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHC CROSS-REFERENCED TO THE APPI DEFICIENCY) 6	CTION DULD BE	C 1/16/2020 (X5) COMPLETIO DATE
LTH AT CHARLOTTE SUMMARY STA (EACH DEFICIENCY REGULATORY OR L ntinued From page ressure ulcer. The care with verbal be sident #1's care pla	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) 2 2 MDS also included refusal	ID PREFIX TAG	2616 EAST 5TH STREET CHARLOTTE, NC 28204 PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPL DEFICIENCY)	CTION DULD BE	(X5) COMPLETIO
SUMMARY STA (EACH DEFICIENC) REGULATORY OR L ntinued From page ressure ulcer. The care with verbal be sident #1's care pla	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) 2 2 MDS also included refusal	ID PREFIX TAG	CHARLOTTE, NC 28204 PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPL DEFICIENCY)	OULD BE	COMPLETIO
SUMMARY STA (EACH DEFICIENC) REGULATORY OR L ntinued From page ressure ulcer. The care with verbal be sident #1's care pla	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) 2 2 MDS also included refusal	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPI DEFICIENCY)	OULD BE	COMPLETIO
(EACH DEFICIENCY REGULATORY OR L ntinued From page ressure ulcer. The care with verbal be sident #1's care pla	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) 2 2 MDS also included refusal	PREFIX TAG	(EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPI DEFICIENCY)	OULD BE	COMPLETIO
ressure ulcer. The care with verbal be sident #1's care pla	MDS also included refusal	F 68	6		
are with verbal be					
formance deficit ar ssure ulcer develo portinent of bowels. 10/7/20 to include owers, hair combine eview of Resident a cumentation of refu- sessments by the n powing dates: 10/20 Writer Socia about her shower r but it and stated that about her shower r but it and stated that all. She was educat ye we can accommover, but she conti- ered including bed ified and stated that courage Resident # 15/20 Nurse Practi- ncompliance - ong per hygiene, risk for dominal) infection. 21/20 Nursing Pro- used to be changed t she needed to be ing full of BM (bower said no.	resistive to care with g, nail care and weights. #1's progress notes included isal of care by nursing and burse practitioner on the al worker spoke to Resident routine. She was upset at she doesn't like to shower ated about hygiene and hodate her reasons not to nued to refuse anything bath. Family member was at she would continue to #1. itioner progress note - oing, patient educated about or severe and worsening of gress Note - Resident #1 d even though staff told her e changed because her brief el movement). Resident #1		forms that are integrated into the electronic medical record and allo to document change in condition automatic notification to the Direct Nursing and hall Nurse. Monitoring of the corrected action ensure the deficient practice will r reoccur; beginning on 12/07/2020 Director of Nursing and/or the Ass Director of Nursing will audit 5 we assessments 5 x per week x 4 w then 3x per week for 2 months. Th Director of Nursing will follow wou nurse and observe wounds week changes and review the Wound F Clinical Risk Meetings weekly. Th Director of Nursing will present re this audit to the Quality Assurance Performance Improvement comm monthly for 3 months. The QAPI committee will make any changes necessary to ensure the facility re	weekly aily in nented. VATCH WATCH with ctor of not 0, the sistant weekly skin eeks, he und ly for Report in ne soults of e nittee	
	ontinent of bowels. 10/7/20 to include wers, hair combin eview of Resident : umentation of refu- essments by the r owing dates: 10/20 Writer Socia about her shower ut it and stated that about her shower ut it and stated that il. She was educa vs we can accomm wer, but she conti red including bed fied and stated that ourage Resident # 15/20 Nurse Pract acompliance - ong ber hygiene, risk for dominal) infection. 21/20 Nursing Pro ised to be changer is she needed to be ng full of BM (bower said no. 10/20 Nursing pro sitioned. Writer e positioned and to pro	<ul> <li>antinent of bowels. The care plan was revised 10/7/20 to include resistive to care with wers, hair combing, nail care and weights.</li> <li>eview of Resident #1's progress notes included umentation of refusal of care by nursing and essments by the nurse practitioner on the owing dates:</li> <li>10/20 Writer Social worker spoke to Resident about her shower routine. She was upset ut it and stated that she doesn't like to shower II. She was educated about hygiene and vs we can accommodate her reasons not to wer, but she continued to refuse anything red including bed bath. Family member was fied and stated that she would continue to ourage Resident #1.</li> <li>15/20 Nurse Practitioner progress note - ncompliance - ongoing, patient educated about ber hygiene, risk for severe and worsening of dominal) infection.</li> <li>21/20 Nursing Progress Note - Resident #1</li> <li>used to be changed even though staff told her is she needed to be changed because her brief ng full of BM (bowel movement). Resident #1</li> </ul>	<ul> <li>antinent of bowels. The care plan was revised 10/7/20 to include resistive to care with wers, hair combing, nail care and weights.</li> <li>eview of Resident #1's progress notes included umentation of refusal of care by nursing and essments by the nurse practitioner on the owing dates:</li> <li>10/20 Writer Social worker spoke to Resident about her shower routine. She was upset ut it and stated that she doesn't like to shower II. She was educated about hygiene and vs we can accommodate her reasons not to wer, but she continued to refuse anything red including bed bath. Family member was fied and stated that she would continue to ourage Resident #1.</li> <li>15/20 Nurse Practitioner progress note - incompliance - ongoing, patient educated about ber hygiene, risk for severe and worsening of dominal) infection.</li> <li>21/20 Nursing Progress Note - Resident #1 used to be changed even though staff told her is she needed to be changed because her briefing full of BM (bowel movement). Resident #1 used NA (Nurse Aide) care or to be positioned. Writer explained the need to be considered to be changed the need to be considered to be changed the need to be considered to be changed the need to be positioned and to provide peri (perineal) care to</li> </ul>	<ul> <li>Intinent of bowels. The care plan was revised 10/7/20 to include resistive to care with wers, hair combing, nail care and weights.</li> <li>Interview of Resident #1's progress notes included umentation of refusal of care by nursing and essments by the nurse practitioner on the wing dates:</li> <li>Interview of Resident #1's progress notes included umentation of refusal of care by nursing and essments by the nurse practitioner on the wing dates:</li> <li>Interview of Resident #1's progress notes included umentation of refusal of care by nursing and essments by the nurse practitioner on the wing dates:</li> <li>Interview of Resident #1's progress note of the shower of the shower routine. She was upset ut it and stated that she doesn't like to shower ll. She was educated about hygiene and vs we can accommodate her reasons not to wer, but she continued to refuse anything red including bed bath. Family member was fied and stated that she would continue to corrected acting erading weekly. The Director of Nursing will follow woon nurse and observe wounds week changes and review the Wound F Clinical Risk Meetings weekly. The Director of Nursing will present refins audit to the Quality Assurance compliance - ongoing, patient educated about be changed even though staff told her she needed to be changed even though staff told her she needed to be changed even though staff told her she needed to be changed because her brief ng full of BM (bowel movement). Resident #1 sed NA (Nurse Aide) care or to be ositioned and to provide peri (perineal) care to</li> </ul>	<ul> <li>Initiant of bowels. The care plan was revised 10/7/20 to include resistive to care with wers, hair combing, nail care and weights.</li> <li>Initiant of refusal of care by nursing and essments by the nurse practitioner on the wing dates:</li> <li>Initian stated that she doesn't like to shower tuit and stated that she doesn't like to shower like to entitued to refuse anything red including bed bath. Family member was fied and stated that she would continue to ourage Resident #1.</li> <li>If 2/20 Nurse Practitioner progress note - neorging, patient educated about pygiene, risk for severe and worsening of dominal) infection.</li> <li>If 2/20 Nursing Progress Note - Resident #1 used to be changed even though staff told her she meeded to be changed even though staff told her she meeded to be changed even though staff told her she meeded to be changed even though staff told her shower nurse and worsening of grunt of BM (bowel movement). Resident #1 used NA (Nurse Aide) care or to be spitoned Am (kurse Aide) care or to be spitoned Am to provide peri (perimeal) care to</li> </ul>

Facility ID: 952971

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	-	ID HUMAN SERVICES				FORM	M APPROVED
		MEDICAID SERVICES (X1) PROVIDER/SUPPLIER/CLIA	(X2) MUL	TIPL	E CONSTRUCTION	(X3) DATE	D. 0938-0391 SURVEY
AND PLAN OF	CORRECTION	IDENTIFICATION NUMBER:	ì í				PLETED
		0.1500.1					С
		345201	B. WING			11/	16/2020
NAME OF P	ROVIDER OR SUPPLIER				STREET ADDRESS, CITY, STATE, ZIP CODE 2616 EAST 5TH STREET		
PELICAN	HEALTH AT CHARLOTT	E			CHARLOTTE, NC 28204		
(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)		(X5) COMPLETION DATE
F 686	continues to refuse. - 10/14/20 Social Wor held today with (Powe reported that resident care and medication. and redirect. Resident caseload but always of Practitioner (NP). Far services. NP will be n - 10/20/20 Nursing Pr refused check/change shift (11:00 pm - 7:00 approached three tim A weekly skin assess #3 on 9/23/20 noted p abdominal area. During an interview w 2:22 PM, she acknow cooperative with the h assessment on 9/23/2 time of the assessme abdominal wound. N it was brought to her by Nurse #2 that Res her sacrum on the da hospital. A weekly skin assess #4 on 10/2/20 no doc On 11/10/20 at 2:30 c Nurse #4, he acknow the weekly skin assess 10/2/20. He reported assessment of her full observed Resident #7	rker note - A care plan was er of Attorney) POA. Nursing is refusing daily hygiene Staff continue to educate t is on psych (psychiatry) declines to talk to Nurse nily is open to Palliative otified. ogress Note - Resident #1 e on last round during 3rd am). Resident #1 es by CNA and nurse. ment completed by Nurse	F	686			

Facility ID: 952971

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	-	ID HUMAN SERVICES MEDICAID SERVICES				FOR	M APPROVED 0. 0938-0391
STATEMENT	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, í		E CONSTRUCTION	(X3) DATE COM	E SURVEY PLETED
		345201	B. WING				C / <b>16/2020</b>
NAME OF P	ROVIDER OR SUPPLIER			:	STREET ADDRESS, CITY, STATE, ZIP CODE		
PELICAN	HEALTH AT CHARLOTT	E			2616 EAST 5TH STREET CHARLOTTE, NC 28204		
(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 CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE	(X5) COMPLETION DATE
F 686	the interview, he state been notified of any v sacrum. Weekly skin assessm on 10/9/20, 10/16/20 documentation of obs Nurse #1 was intervie PM. Nurse #1 stated second shift. Nurse # she observed two wo sacrum. She describ the wound was bluish crusting, discharge of centimeter deep. Nur not notify the provided treatment orders. Nur the facility wound nur for the wound. She a if she had documente weekly skin assessm completed in October prevent infection, she gauze over the wound three times before Re the hospital on 10/25, During an interview of Aide (NA) #1 stated s shift, 3:00 PM - 11:00 refused care but occa care after a bowel mo approximately two we transfer to the hospita blackened area the si the split of Resident # no odor or drainage.	ed he was not aware or had younds on Resident #1's ent completed by Nurse #1 and 10/23/20 revealed no revations. wed on 11/10/20 at 12:46 she worked at the facility on 41 estimated in mid-October, unds on Resident #1's ed the inside of the bed of with pink edges, no odor and a fourth of a rse #1 acknowledge she did r nor did she check for rse #1 stated she believed se was providing treatment lso could not recall where or ed her observations on the ents she initialed as 2020. Nurse #1 reported to cleaned and placed a ds without an order two to esident #1 was transferred to 2020. In 11/9/20 at 3:38 PM Nurse he primarily worked second PM, and Resident #1 often asionally allowed incontinent ovement. She reported texs prior to Resident #1's	F	686	3		

Facility ID: 952971

If continuation sheet Page 5 of 11

	-	ID HUMAN SERVICES MEDICAID SERVICES				FORM	): 12/14/2020 MAPPROVED ). 0938-0391
STATEMENT (	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				(X3) DATE COMP	SURVEY LETED
		345201	B. WING		_		C 16/2020
NAME OF P	ROVIDER OR SUPPLIER		s	TREET ADDRESS, CITY, ST	ATE, ZIP CODE		
PELICAN	HEALTH AT CHARLOTTI	E		616 EAST 5TH STREET CHARLOTTE, NC 28204	1		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORREC CROSS-REFEREN	PLAN OF CORRECTION CTIVE ACTION SHOULD BI NCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 686	NA #1 recalled approvate after the initial observers same area on Reside some redness around odor, and reported to Nurse #1 spray the arroward over the area; she was contents of what had NA #1 reported when Resident #1 following area was already cover initials or date. A phone interview was 11/13/20 at 10:57 AM day at the facility 10/2 with incontinent care and NA #3 observed Reside #2 stated Nurse #2 we NA #2 reported Nurse aware of Resident #1 backside. NA #2 states by Nurse #2 and transit that day. During a phone interve AM, NA #3 reported with and NA #2 informed N wound care. NA #3 s she was not aware of	a and secured it with tape. kimately three to four days ation, she observed the nt #1 as the same size with a the edges, no drainage or Nurse #1. She observed rea and placed a bandage is not familiar with the been sprayed on the wound. care was allowed by the second observation, the ered with a bandage with no s conducted with NA #2 on . She reported on her first 25/20, she assisted NA #3 for Resident #1. NA #2 and dent #1 had a bandage e with no initials or date. NA as notified of the bandage. e #2 stated she was not having a wound on her ed Resident #1 was treated sferred to the hospital later fiew on 11/13/20 at 11:03 while providing incontinent wement, she observed iled, pink colored bandage no initials or date. NA #3 Nurse #2 of the need for tated Nurse #2 indicated wound care orders for noted 10/25/20 was her first Resident #1 was	F 686				

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	MENT OF HEALTH AN					FORM	): 12/14/2020 MAPPROVED ). 0938-0391
STATEMENT	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,			(X3) DATE COMP	SURVEY LETED
		345201	B. WING				C 16/2020
NAME OF P	ROVIDER OR SUPPLIER		5	STREET ADDRESS, CITY, STAT	TE, ZIP CODE		
DELIGAN		_	2	616 EAST 5TH STREET			
PELICAN	HEALTH AT CHARLOTTI	=	0	CHARLOTTE, NC 28204			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECT CROSS-REFERENC	PLAN OF CORRECTION TVE ACTION SHOULD BE CED TO THE APPROPRIA FICIENCY)		(X5) COMPLETION DATE
F 686	Nursing progress note AM revealed docume follows: Nurse #2 was room for wound care. #1 was found with op slough present with ir granulation to edges 100% slough. Both op amount of yellow drai #1 denied pain to eith practitioner was made practitioner gave new orders were carried o applied. Message was family member. A phone interview witt on 11/10/2020 at 8:37 the facility as an ager wound care for the re Nurse #2 reported on #2 and NA #3 that sho of the facility to start w and to notify her of wh them were ready for w the aides indicated Re bandage on her sacru rectal bleeding. Nurs aware of an abdomina for wound care for Re #2 observed a taped Resident #1's sacrum facility's Director of Ni one was aware of the	es dated 10/25/20 at 10:59 intation by Nurse #2 as a called to Resident #1's Upon observation, Resident en areas to left buttock- regular shape and beefy red and coccyx area open with ben areas had moderate inage without odor. Resident er site, on call nurse a ware and the nurse orders for treatment and ut and new dressings were is left for Resident #1's is left for Resident #1's in Nurse #2 was conducted 'AM. Nurse #2 worked in top nurse and provided sidents on the weekends. 10/25/20, she informed NA e was going to the other side wound care for the residents hen residents assigned to wound care. Nurse #2 stated esident #1 had a soiled um and was experiencing e #2 stated she was only al wound and had no orders isident #1's sacrum. Nurse gauze pad covering . Nurse #2 informed the hervisor, the facility's unit nurse practitioner and the ursing. Nurse #2 reported ds according to the orders	F 686				

Facility ID: 952971

If continuation sheet Page 7 of 11

		ID HUMAN SERVICES				FORM	M APPROVED	
			(X2) MUU	וחוד	LE CONSTRUCTION	(X3) DATE	0.0938-0391	
	CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	· ,				PLETED	
			A. BUILD	ing	·		с	
		345201	B. WING				_ 16/2020	
NAME OF PI	ROVIDER OR SUPPLIER				STREET ADDRESS, CITY, STATE, ZIP CODE			
					2616 EAST 5TH STREET			
PELICAN	HEALTH AT CHARLOTTI	E			CHARLOTTE, NC 28204			
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID		PROVIDER'S PLAN OF CORRECTION		(X5)	
PREFIX			PREF		(EACH CORRECTIVE ACTION SHOULD E		COMPLETION DATE	
TAG	REGULATORT OR L	SC IDENTIFYING INFORMATION)	TAG	1	CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)			
			-					
F 000		-	_					
F 686	Continued From page		F	686	6			
		s conducted with NA #4 on						
		During the interview, NA						
		I did not like to be touched						
	•	everal nurse aides and						
		ed at times on second shift,						
		a bed bath, provided						
		a bowel movement, and						
	changed the bed liner	n.						
	Resident #1's physici	an orders did not include						
		vounds on her sacrum prior						
		ansferred to the hospital on						
	10/25/20.							
	10/20/20.							
	Hospital transfer note	dated 10/25/20 at 12:12						
		t #1 was transferred to the						
	hospital for rectal blee							
		on history and physical dated						
		sident #1 was admitted to						
		ve confusion and reported						
		esident #1 presented to the						
		ppetite for a week, dark						
		g urine. Resident #1 was						
	hypotensive (low bloc	• •						
		than normal level of sodium						
	in the bloodstream) in							
	Department and was	ree ulcer to her left buttocks						
		r on her sacrum were noted,						
	-	consulted on 10/26/20. On						
	the first night of admis							
	hypotension and aner							
		. Resident #1 was seen by a						
	-	1000000000000000000000000000000000000						
		ubitus ulcer. The ulcer was						
	-	Necrotic tissue at periphery;						
		peared to be amenable to						
	local wound care with							

Facility ID: 952971

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION       [X1] PROVIDERSUPPLIERCLIA IDENTIFICATION NUMBER       [X2] MULTIPLE CONSTRUCTION A BUILDING       [X3] DATE SURVEY COMPLETED         NAME OF PROVIDER OR SUPPLIER       345201       [X1] WROUTER STATE IN CHARLOTTE       STREET ADDRESS, CITY, STATE, ZIP CODE       ISTREET ADDRESS, CITY, STATE, ZIP CODE         PELICAN HEALTH AT CHARLOTTE       STREET ADDRESS, CITY, STATE, ZIP CODE       STREET ADDRESS, CITY, STATE, ZIP CODE       ISTREET ADDRESS, CITY, STATE, ZIP CODE         (M1] D PREFIX       ISUMMARY STATEMENT OF DEFICIENCIES TAG       ID       PREFIX (EACH ORRECTION WILLST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)       ID       PREFIX TAG       PREFIX (CONSERFFRENCED TO THE APPROPRIATE DEFICIENCY)       COMPLETION DURITION         F 686       Continued From page 8 debriding agent.       F 686       F 686       F 686       ID       COMPLETION DEFICIENCY)       COMPLETION DURITION DURITION       COMPLETION DEFICIENCY)         F 11/10/20 at 3:03 PM, a phone interview was conducted with the Nurse Practitioner (NP). The NP stated she was not aware of Resident #1's wounds on her sacrum. The NP reported the DON made her aware of the status of Resident #1's wounds at the time of transfer to the hospital. The NP reported due to Resident #1's transfer to the back, skin breakdown would have been unavoidable due to Resident #1's transfer to the hospital. The DON stated an investigation revealed Nurse #1 was aware of the wounds on Resident #1's sacrum for a couple of weeks and had cleaned the wounds and applied a gauze padd to the area. The DON as the due gauze padd		-	ID HUMAN SERVICES MEDICAID SERVICES				FORM	M APPROVED 0. 0938-0391
345201     B. WING	STATEMENT C	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA				(X3) DATE COMF	SURVEY PLETED
NAME OF PROVIDER OR SUPPLIER       STREET ADDRESS, CITY, STATE, ZIP CODE         28/6 EAST STH STREET       CHARLOTTE         CHARLOTTE, NO. 28204       CHARLOTTE, NO. 28204         CHARLOTTE, NO. 28204       CHARLOTTE, NO. 28204         PREEX       IEACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)       ID PREFIX       PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)       Owner The APPROPRIATE DEFICIENCY)         F 686       Continued From page 8 debriding agent.       F 686         On 11/10/20 at 3:03 PM, a phone interview was conducted with the Nurse Practitioner (NP). The NP stated she was not aware of Resident #1's wounds on her sacrum. The NP reported the DON made her aware of the status of Resident #1's wounds at the time of transfer to the hospital. The NP reported due to Resident #1's noncompliance, poor nutrition, and lying on her back, skin breakdown would have been unavoidable due to Resident #1's fully all to allow nursing staff and providers to perform assessments and care.         A phone interview was conducted with the Director of Nursing (DON) on 11/9/20 at 11:15 AM. The DN reported the investigation revealed Nurse #1 was aware of the wounds on Resident #1's sacrum for a couple of weeks and had cleaned the wounds and applied a gauze pad			345201	B. WING				-
PELICAN HEALTH AT CHARLOTTE       CHARLOTTE, NC 28204         (X4) ID PREFIX TAG       SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)       D PREFIX TAG       PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)       (x) (x) (x) DATE         F 686       Continued From page 8 debriding agent.       F 686       F 686         On 11/10/20 at 3:03 PM, a phone interview was conducted with the Nurse Practitioner (NP). The NP stated she was not aware of Resident #1's wounds on her sacrum. The NP reported the DON made her aware of the status of Resident #1's wounds at the time of transfer to the hospital. The NP reported due to Resident #1's noncompliance, poor nutrition, and lying on her back, skin breakdown would have been unavoidable due to Resident #1 refusal to allow nursing staff and providers to perform assessments and care.       A phone interview was conducted with the Director of Nursing (DON) on 11/9/20 at 11:15 AM. The DON reported the investigation revealed Nurse #1 was aware of the wounds on Resident #1's sacrum for a couple of weeks and had cleaned the wounds and applied a gauze pad	NAME OF PF	ROVIDER OR SUPPLIER		•				
PREFIX TAG       (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)       PREFIX TAG       (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)       COMPLETION DATE         F 686       Continued From page 8 debriding agent.       F 686       F 686         On 11/10/20 at 3:03 PM, a phone interview was conducted with the Nurse Practitioner (NP). The NP stated she was not aware of Resident #1's wounds on her sacrum. The NP reported the DON made her aware of the status of Resident #1's noncompliance, poor nutrition, and lying on her back, skin breakdown would have been unavoidable due to Resident #1's noncompliance, poor nutrition, and lying on her back, skin breakdown would have been unavoidable due to Resident #1's noncompliance, poor nutrition, and lying on her back, skin breakdown stated an investigation began the day following Resident #1's transfer to the hospital. The DON reported the investigation revealed Nurse #1 was aware of the wounds on Resident #1's sacrum for a couple of weeks and had cleaned the wounds and applied a gauze pad	PELICAN	HEALTH AT CHARLOTTE	E					
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had not contacted Resident #1's family member, notified a provider or checked for treatment orders. The DON reported Nurse #1 stated she thought other nurses were aware of the wounds. The DON received statements from nurses indicating no knowledge of the wounds on Resident #1's sacrum. As a result of the investigation, the facility reeducated all nursing staff regarding the expectation to notify a provider of a change of condition, notify the resident's family member, and to initiate any orders received by the provider. An interview conducted on 11/9/20 at 1:45 PM with the Administrator revealed the facility began	F 686	debriding agent. On 11/10/20 at 3:03 F conducted with the Nit NP stated she was not wounds on her sacrur DON made her aware #1's wounds at the tim The NP reported due noncompliance, poor back, skin breakdown unavoidable due to R nursing staff and prov assessments and carr A phone interview was Director of Nursing (D AM. The DON stated day following Resider hospital. The DON rep revealed Nurse #1 was Resident #1's sacrum had cleaned the wour to the area. The DON had not contacted Re notified a provider or orders. The DON rep thought other nurses The DON received stat indicating no knowled Resident #1's sacrum investigation, the facil staff regarding the exp of a change of conditi family member, and to received by the provide	PM, a phone interview was urse Practitioner (NP). The ot aware of Resident #1's m. The NP reported the e of the status of Resident ne of transfer to the hospital. to Resident #1's nutrition, and lying on her n would have been esident #1 refusal to allow viders to perform re. s conducted with the DON) on 11/9/20 at 11:15 d an investigation began the nt #1's transfer to the eported the investigation as aware of the wounds on n for a couple of weeks and nds and applied a gauze pad N also reported Nurse #1 esident #1's family member, checked for treatment borted Nurse #1 stated she were aware of the wounds. atements from nurses lge of the wounds on n. As a result of the lity reeducated all nursing pectation to notify a provider ion, notify the resident's o initiate any orders der.	F	686			

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	-	D HUMAN SERVICES MEDICAID SERVICES				FORM	APPROVED 0. 0938-0391	
STATEMENT O	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MUL	FIPLE	E CONSTRUCTION	(X3) DATE	SURVEY	
AND PLAN OF	CORRECTION	IDENTIFICATION NUMBER:	A. BUILDI	NG _			LETED	
		345201	B. WING				C 16/2020	
NAME OF PI	ROVIDER OR SUPPLIER			S	STREET ADDRESS, CITY, STATE, ZIP CODE			
PELICAN	HEALTH AT CHARLOTTI	E			2616 EAST 5TH STREET			
				(	CHARLOTTE, NC 28204			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFI TAG	х	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE	
F 686	Continued From page	9	F	686				
	quality measures to e a full skin assessmen and existing wounds, sheets by the nurse a notification of change and resident ' s family reported nursing man	in condition to a provider . The Administrator agement began the process						
		weekly skin assessments day following Resident #1's II.						
	11:56 AM with the fac doctor. During the int reported Resident #1 observation, assessm abdominal wound. Th reviewing the hospital facility, her impression breakdown was most terminal ulcers. She wounds were identified determine length of the present, especially sin on her back and refus stated Resident #1 m any pain from the wou	nents, and treatment of her ne wound doctor stated after I record provided by the n was the initial skin likely a result of Kennedy also indicated once the ed, it would be difficult to me the wounds were nee Resident #1 laid in bed sed care. The wound doctor ay not have experienced unds.						
	Resident #1 refused of general decline in heat conditions. The MD several conversations losing weight, refusing surgery for nonhealing	at 5:17 PM, he reported care and was experiencing a alth due to multiple medical stated he and the NP had s regarding Resident #1, g care, consults, and g abdominal wound. He sident #1 having wounds on						

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		ID HUMAN SERVICES MEDICAID SERVICES			FO	RM APPROVED NO. 0938-0391
STATEMENT (	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		TIPLE CONSTRUCTION	(X3) DA	TE SURVEY MPLETED
		345201	B. WING		1	1/16/2020
NAME OF P	ROVIDER OR SUPPLIER		1	STREET ADDRESS, CITY, STATE, ZIP		
PELICAN	HEALTH AT CHARLOTTI	E		2616 EAST 5TH STREET CHARLOTTE, NC 28204		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		TION SHOULD BE	(X5) COMPLETION DATE
F 686		to Resident #1's physical re and all medications, the a palliative care with	F	686		

Event ID: Y3C411

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