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

PRINTED: 11/21/2022 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	
345201		B. WING			C 11/02/2022		
NAME OF PROVIDER OR SUPPLIER			 	STREET ADDRESS. C	CITY, STATE, ZIP CODE	1 11/	02/2022
PELICAN HEALTH AT CHARLOTTE		≣		2616 EAST 5TH STR CHARLOTTE, NC	REET		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH C	VIDER'S PLAN OF CORRECTION CORRECTIVE ACTION SHOULD B EFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 000	INITIAL COMMENTS		FO	00			
F 583 SS=D	INITIAL COMMENTS An onsite revisit and complaint investigation were conducted on 11/02/22. Tags F908, F925 and F812 were corrected as of 11/02/22. However, new tags were cited as a result of the complaint investigation survey that was conducted at the same time as the revisit. The facility is still out of compliance. Event ID E4WP11 NC00193556, NC00193873, NC00193973 were investigated. 8 of 9 allegations were unsubstantiated. Personal Privacy/Confidentiality of Records CFR(s): 483.10(h)(1)-(3)(i)(ii) §483.10(h) Privacy and Confidentiality. The resident has a right to personal privacy and confidentiality of his or her personal and medical records. §483.10(h)(l) Personal privacy includes accommodations, medical treatment, written and telephone communications, personal care, visits, and meetings of family and resident groups, but this does not require the facility to provide a private room for each resident. §483.10(h)(2) The facility must respect the residents right to personal privacy, including the right to privacy in his or her oral (that is, spoken), written, and electronic communications, including the right to send and promptly receive unopened mail and other letters, packages and other materials delivered to the facility for the resident, including those delivered through a means other		F 5	83			11/15/22
		sident has a right to secure onal and medical records.					
ABORATORY I	DIRECTOR'S OR PROVIDER/S	SUPPLIER REPRESENTATIVE'S SIGNATURE			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

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 583	of personal and med provided at §483.70 federal or state laws (ii) The facility must Office of the State L to examine a reside administrative recorlaw. This REQUIREMEN by: Based on record reinterviews and medifailed to honor a reshis photograph take medical record for 1 providing privacy an #2). Findings included: Resident #2 was ad 07/25/22. A review of the facilidated 07/25/22 reversused to sign any areas which include AUTHORIZATION Foracelets, Names of part that the Reside authorized the facilit the Resident, which identification and/or Resident or Resider right to privacy and for any other purpospermission. A written in the state of the state of the service of the service of the facility of the resident or Resider right to privacy and for any other purpospermission. A written in the state of the service of the se	the right to refuse the release dical records except as (i)(2) or other applicable allow representatives of the ong-Term Care Ombudsman and the second and t	F 58	Resident #1 picture was removed fro Point Click Care 11/2/2022 by the RN Consultant. All residents have the potential to be affected, therefore all residents in the facility were interviewed on 11/2/2022 the Interdisciplinary Team to include Director of Nursing, RN Consultant, Business Office Director, Activity Dire Rehab Director, Medical Records Director, Nurse Managers and the ME (Minimum Data Set) Coordinator interviewed all residents currently in the facility regarding if the approved of the photo being in Point Click Care. If a resident was unable to be interviewed then the facility contacted the Responsible Party decline to have the photo in Point Click Care the photo we removed on 11/2/2022. Audit was completed on 11/2/2022. Effective 11/2/2022 the nurse management team re-educated all nursing staff to include agency persor that if a resident declined to have a plataken, they were not to take their photo and if a resident and or responsible parts and or responsible parts and or responsible parts and or responsible parts and if a resident and or responsible parts are resident and or responsible parts and if a resident and or responsible parts are resident and or responsible parts and if a resident and	ctor, OS ne eir I, sible eir as	

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F 583	dated 07/25/22 reversible Agreement was revited Admission Direct of Clinical Services refused to sign the awas witnessed and Director and RDCS Review of comprehe Data Set (MDS) assible revealed that Reside impairment, he understand. He plan community. On 11/02/22 at 9:59 conducted with Reside impairment, he understand he was actern rehabilitation a refused to sign any presented to him. Rethat one day a short facility, a staff member immediately. Resident and the staff member immediately. Resident active meal trays which had a copy of revealed he asked swas not deleted and tray card. Resident responded the facility the computer system recognize him for identifications.	an. The Admission Agreement aled the Admission ewed by Resident #2 with tor and the Regional Director (RDCS) and Resident # 2 agreement and the refusal signed by the Admission on 07/25/22. The sive admission Minimum essment dated 08/04/22 ent #2 had no cognitive erstood and was able to med to discharge to the extended to the facility for short and because of this, he paperwork that the facility esident #2 went on to explain time after admission to the extended to the extended the photograph ent #2 revealed the photograph ent #2 revealed the photo was ested because it was a short was taken that he started to with a printed card on the tray his photo on it. Resident #2 taff members why his photo I was copied onto the meal #2 revealed that staff ey needed his photograph for in so nurse staff could entification and safe	F	declines to sign the cor the resident photo will repload into Point Click after signing the consent have their photo taken management team will remove their photo from All new nursing staff to staff will be educated poshift. Effective 11/2/2022 the Set) MDS Coordinator proper consent has been verifying with the resider responsible party prior resident photo into Poin resident and or responsion to have their photo take will be uploaded in place picture that indicates reconsent to photo. Effective 11/9/2022 the management team will audits on 5 residents repreference of having the Click Care and for thos previously consented to taken and now rescind nurse manager will have removed from Point Cliwill be conducted week. The Director of Nursing to the Quality Assurance Improvement committee months any reported conducted immediately.	not be taken to Care. If a reside nt, then declines the nurse be informed to n Point Click Carinclude agency rior to starting the (Minimum Data will ensure the en obtained by ent and or the to uploading the nt Click Care. If to its complete weekly en then a docume of the resident does not nursing complete weekly eight and or the ewho had to having their photo in Poir e who had to having their photo in Care. Audits all y x 12 weeks. If y will report finding the preformance in monthly x 3 oncerns will be y their some will be y their some will be y the consent will be yet and yet	nt to re. eir he he ent t	
recognize him for identifica medication administration.				Completion Date 11/15			

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F 583	"belief system" for h consent and then us anyone that reviewed Resident #2 added to documents with resistrash containers insigned he did not believe photo from any of his he remained at the formal remained	in because it was against his is photo to be taken without hed in ways to identify him to d his personal records. That he had seen other dent's photos on them in de and outside of the facility we the facility deleted his is personal documents while facility. Form titled the Report" dated 09/28/22 and Director of Operations sident #2 was concerned the being taken without	F 58	33			
	The RDO revealed s	she reviewed the					

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F 583	Complaint/Grievance on 09/28/22 and she continued concern be signed the form the groghold of the staff member respresident photographs. On 11/02/22 at 1:58 F with the Nurse Unit M was not aware if Resiphotograph taken. The photograph were taken resident during medicand were part of the expension of the expensi	form with the Administrator was not aware of a cause the Administrator rievance was resolved on evealed she did not know consible for obtaining. If M an interview conducted anager (UM) revealed she dent #2 refused to have his e UM revealed the ten for identification of each ation administration safety electronic medical record. If M the MDS Nurse was alled that resident ten mainly by the previous or and at times the MDS or photographs if needed downloaded into the EMR rise revealed residents did being photographed and eded to be followed. M a phone interview was evious Admission coordinator revealed fon Agreement paperwork dmission or the resident's e Admission Coordinator had refused to sign any which included refusal of and at the time she had the Clinical Services (RDCS)	F	583			

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F 583	An interview with the PM revealed the RDC previous Admission D 07/25/22 when Resid admission paperwork the facility obtain a ph medical records. The signed the admission refusal. The RDCS widentity of the staff that Resident # 2. A phone interview was previous facility Adm PM. The Administrate aware Resident # 2 reallow his photo to be was not a specific staphotographs of Resid were kept confidentia EMR. The Administra provided with a Griev 09/30/22 and Resider facility on 09/30/22, s	RDCS conducted on 4:45 CS was present with the Director and Resident #2 on Ent #2 refused to sign the agreement that included notograph for confidential RDCS revealed that she forms as a witness to his as not able to confirm the at obtained the photo of S conducted with the inistrator on 11/22/22 at 4:03 or revealed she had been efused to sign paperwork to taken at the facility. There ff responsible to obtain ents, but all photos taken I and maintained only in the	F5	583			