Division of Health Service Regulation

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLI A. BUILDING:	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED
			7 20.22		С
		NH0570	B. WING		09/07/2023
NAME OF P	ROVIDER OR SUPPLIER	STREE	ET ADDRESS, CITY, ST	ATE, ZIP CODE	
MECKLEN	IBURG HEALTH & REHA	ABILITATION	SANDY PORTER R		
		CHAI	RLOTTE, NC 28273		T
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES  Y MUST BE PRECEDED BY FULL  LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD E CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)	
L 000	INITIAL COMMENTS	3	L 000		
	from 09/06/2023 thro #6PB811. The followi	ntion survey was conducted ugh 09/07/2023. Event ID ing intake was investigated e 2 complaint allegations cy.			
L 174	.2902(1) PETS (COM	(PANION ANIMALS)	L 174		10/6/23
	10A-13D.2902 When permit pets in the fac following conditions s (1) The facility policy in violation of any loc ordinances regarding control.	ility, the shall be met: shall not be al health			
	failed to have a capting an injured squirrel.  The findings included During an interview of Activities Director revisquirrel in a box in the observed it while it were vealed she did not with the squirrel and the building for 2 day 9/1/23. She stated the building is to have records prior to them	nd staff interviews, the facility vity license for possessing		The statements included in this plan of correction are not an admission of guil and do not constitute agreement with talleged deficiencies herein. The plan of correction is completed in the complian of state and federal regulations as outlined. To remail in compliance with federal and state regulations, the center has taken or will take the actions set for in the following plan of correction. The following plan of correction constitutes center's allegation of compliance. All alleged deficiencies cited have been of be completed by the dates indicated. 10A NCAC 13D .2902  No residents were affected by the deficiencies.  On 9/1/23, the squirrel was removed for facility premises by Regional Clinical	t the the of nce all er orth the the

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

10/03/23 **Electronically Signed** 

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TITLE

(X6) DATE

Division of Health Service Regulation

Division	ot Health Service Regu	lation	_			
	EMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION		CONSTRUCTION	(X3) DATE SURVEY		
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLI	ETED
					c	
			B WING	D. WING		
		NH0570	B. WING		09/0	7/2023
NAME OF P	ROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, STA	ATE ZIP CODE		
MECKLEN	IBURG HEALTH & REHA	BILITATION	DY PORTER R			
	CHARLOTTE, NC 28273					
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX	,	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR		COMPLETE DATE
TAG	REGULATORT OR I	LSC IDENTIFYING INFORMATION)	TAG	DEFICIENCY)	MAIL	D/(IL
L 174	Continued From page	e 1	L 174			
	haby aguirral in the n	arking lot on 9/24/22 and		Managar (PCM)		
		arking lot on 8/24/23 and		Manager (RCM).		
	_	ility. He further indicated that		9/7/23 State Surveyor educated		
		Wildlife Control, the internet		Administrator, Administrator in Trainin	•	
		trol agencies for direction		Director of Nursing Services, and RCN		
		squirrel was kept in a		the state of North Carolina's facility pe	et	
		gencies he contacted could		policy.		
		or test it for diseases		9/8/23 100% audit of facility was		
		y and further stated it could		completed by facility's Pest Company		
		to its mother because it		Technician and no other wild animals		
		ne DON stated the squirrel		found inside of facility. 10/2/23 All-sta		
		cage in his office from		education was initiated on facility's pe		
	_	3 because the Regional		visitation policy and the state rule that		
		emergency and could not		animals are not allowed in facility. Th		
	_	er home on 8/24/23. He		education will be completed by 10/6/2		
		hased a cage the same day		The Administrator or Designee will au		
		ght into the facility, and		10 rooms per week X 4 weeks to ensu		
		egional Director took it		no wild animals are present, then 7 ro	oms	
		DON revealed no residents		per week X 4 weeks, then 5 rooms pe		
		nal during the 9 days it was		week X 4 weeks. The Administrator of		
		h Resident #58 and #67 may		Designee will bring these audits to the	;	
		were walking by. He was		Quality Assurance Committee x 3		
	_	nals needed a certificate of		consecutive meetings, at which time,	a	
	shot records prior to b	peing allowed in the building.		determination will be made if further		
				monitoring is necessary.		
	0	n 9/6/23 at 12:41 PM the				
	•	d she saw the squirrel in the				
	_	n a staff member brought it				
		she found it in the parking				
	lot. She further indica	ted although she loves				
	· ·	ouch the animal because				
		had rabies. She stated she				
		ents interacting with the				
	•	now how long it remained in				
	the building.					
	During an interview o					
		Minimum Data Set (MDS)				
		ng an intact cognition,				
		contact with the squirrel and				
	did not go to see the	animal that was in a little box				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING:			(X3) DATE SURVEY COMPLETED	
		NH0570	B. WING		09	C 9/ <b>07/2023</b>
	ROVIDER OR SUPPLIER	2415 SA	DDRESS, CITY, STATE NDY PORTER ROA DTTE, NC 28273			
(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 ( (EACH CORRECTIVE ACTI CROSS-REFERENCED TO TI DEFICIENC	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
L 174	it and talked about it.  During an interview of Rehab Director reveal cage in the Director of walking by. She furth any residents interact During an interview of Resident #58, whose having an intact cogrisquirrel in a box in the building, but it was not further indicated she and did not know if of contact with it.  During an interview of Resident #92, whose having an intact cogrisaw the squirrel and when the squirrel and when the squirrel was She further stated shin the building but did true.  During an interview of Aide (NA) # 3 indicated cage in the DON's of rumor that the squirrel did not believe it was not come in contact of the come in contact of the case in the contact of the case in the come in contact of the case in the	on 9/6/23 at 2:45 PM the aled she saw the squirrel in a of Nurse's office as she was her revealed she did not see at with the squirrel.  On 9/6/23 at 4:45 PM at MDS assessed her as hition indicated she saw the le lobby at the front of the ot running around. She never touched the animal ther residents came in	L 174			
	took it home or remo  During an interview of Unit Manager reveals	ys and she did not know who ved it from the building. on 9/7/23 at 11:50 AM the ed she saw a cage that I swings. However, she did				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE A. BUILDING:	CONSTRUCTION	(X3) DATE	SURVEY PLETED		
			A. BOILDING.				
		NH0570	B. WING		09	C / <b>07/2023</b>	
NAME OF D		CTDEET	ADDDECC CITY CTA	TE 710 CODE	•		
NAME OF P	NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE  2415 SANDY PORTER ROAD						
MECKLEN	NBURG HEALTH & REHA	BILITATION	OTTE, NC 28273	JAD			
	CLIMMADY CT			DROVIDEDIC DI ANI OF	CODDECTION	T	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENCED TO TO DEFICIENCED TO TO TO TO THE PROVIDENCE TO THE PROVIDER'S PLAN OF THE PROVIDER'S PLAN	ΓΙΟΝ SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE	
L 174	Continued From page	e 3	L 174				
		harana Oha ƙashara					
	not see a squirrel in the						
	revealed she could no	or recall the day she					
	observed the cage.						
	During an interview o	n 9/7/23 at 12:27 PM the					
	Regional Nurse revea						
		e facility parking lot and she					
	• •	st. She further revealed she					
	picked it up (bare han	nds/ no gloves) and brought					
		iuse she feared it may be					
	,	She then stated she and					
	_	g Wildlife agencies to pick					
	•	re not successful. She					
	further stated she rec						
		her family member and had do to return and remove the					
		y but was not able to do so					
		ed she was not aware it was					
		have a squirrel in a nursing					
	home.	·					
	During an interview of	n 9/7/23 at 12:43 PM the					
	_	ed she received a call from					
		ho stated she found a baby					
		parking lot, and she brought					
		Administrator was not in the					
	_	rel was brought into the					
	building. She further i	ndicated the Regional Nurse					
	1 -	quirrel home the same day					
	but due to a family en	-					
	-	om the facility until 9/1/23.					
		ted she was not aware of					
	•	ountering any residents and					
		nat Resident # saw the the DON's office while she					
		way. She stated the DON					
		and the Activities Director					
		on the weekend when the					
	'	g. The Administrator further					
	_	nal Nurse, the DON and					

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED				
			A. BUILDING: _					
		NH0570	B. WING		C 09/07/2023			
NAME OF P	NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE							
MECKLEN	MECKLENBURG HEALTH & REHABILITATION CHARLOTTE NC 28273							
CHARLOTTE, NC 28273  (X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION (X5)								
(X4) ID PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE COMPLETE			
L 174	Continued From page	e 4	L 174					
Ξ.,,	other facility staff wer animal rescue, and sl having the squirrel in it did not come in con  During a follow-up int Director on 9/7/23 at Director revealed on squirrel some milk via milk in a bowl in the constant of the squirrel some milk in a bowl in the constant of the squirrel some milk via milk in a bowl in the constant of the squirrel some milk via milk in a bowl in the constant of the squirrel some milk via milk in a bowl in the squirrel sowe milk in a bowl in the squirrel sowe milk in a bowl in the squi	e not certified in wildlife ne did not see an issue with the facility, especially since tact with any residents.  erview with the Activities 1:00 PM the Activities Sunday 8/27/23 she fed the a syringe by squeezing the eage. She further stated she						
	never opened the cag contact with the squir							

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