

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

PRINTED: 10/31/2011
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345541	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 10/19/2011
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NAME OF PROVIDER OR SUPPLIER OLDE KNOX COMMONS AT THE VILLAGES OF MECKLENBURG	STREET ADDRESS, CITY, STATE, ZIP CODE 13825 HUNTON LANE HUNTERSVILLE, NC 28078
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
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F 250 SS=D	<p>483.15(g)(1) PROVISION OF MEDICALLY RELATED SOCIAL SERVICE</p> <p>The facility must provide medically-related social services to attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident.</p> <p>This REQUIREMENT is not met as evidenced by: Based on medical record review and staff interviews, the facility failed to follow discharge instructions from the hospital for a follow up neurology appointment in two weeks upon admission to the facility for one (1) of three (3) sampled residents reviewed for physician follow up appointments. (Resident # 2)</p> <p>The findings are:</p> <p>Resident # 2 was admitted to the facility on 06/28/10 with diagnoses that included a cerebral artery infarct and a late effect stroke with right-sided hemiparesis. A review of the most recent quarterly Minimum Data Set (MDS) assessment dated on 09/24/11 revealed Resident # 2's cognition was moderately impaired.</p> <p>A review of Resident # 2's discharge instructions and discharge summary from the hospital dated 06/27/11 revealed physician instructions to the facility to arrange a follow up appointment in two weeks upon admission with the resident ' s neurologist.</p> <p>A review of Resident # 2's 'Resident Admission/Financial Agreement' dated 06/28/11</p>	F 250	<p>OLDE KNOX COMMONS' RESPONSE TO THIS REPORT OF SURVEY DOES NOT DENOTE AGREEMENT WITH THE STATEMENT OF DEFICIENCIES; NOR DOES IT CONSTITUTE AN ADMISSION THAT ANY STATED DEFICIENCY IS ACCURATE. WE ARE FILING THE POC BECAUSE IT IS REQUIRED BY LAW.</p> <p>•</p> <p>• F250: <u>ADDRESS HOW CORRECTIVE ACTION (S) WILL BE ACCOMPLISHED FOR THOSE RESIDENTS FOUND TO HAVE BEEN AFFECTED BY THE DEFICIENT PRACTICE:</u> OLDE KNOX COMMONS CALLED THE DAUGHTER NUMEROUS TIMES IN AN EFFORT TO COMMUNICATE THE NEEDS OF THE RESIDENT WITH HER TO DETERMINE IF SHE WAS IN AGREEMENT WITH THESE APPOINTMENTS. THE DAUGHTER, WHO IS POA, NEVER RESPONDED TO ANYONE AT THE FACILITY. A.P.S. WAS CONTACTED RELATED TO DAUGHTER'S POA NEGLIGENCE IN CONTACTING FACILITY REGARDING RESIDENT'S DIRECT CARE NEEDS. A STAFF MEMBER WAS SENT WITH THE RESIDENT FOR THE FOLLOW UP UROLOGIST APPOINTMENT ON 10/26/11, AND A NEUROLOGY APPOINTMENT ON 11/1/2011. THE FAMILY MEMBER HAS STILL NOT RETURNED OUR TELEPHONE CALLS. <u>ADDRESS HOW CORRECTIVE ACTION WILL BE ACCOMPLISHED FOR THOSE RESIDENTS HAVING POTENTIAL TO BE AFFECTED BY THE SAME DEFICIENT PRACTICE:</u> NO OTHER RESIDENTS WERE AFFECTED. ALL OTHER FAMILY MEMBERS HAVE RESPONDED AND ALSO BEEN INVOLVED WITH THEIR LOVED ONES WHEN IT COMES TO ANY DOCTOR'S APPOINTMENT.</p>	
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Mary H. Clithorne Adm</i>	TITLE	(X6) DATE 11/9/2011
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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 250	<p>Continued From page 1</p> <p>revealed the facility agrees to obtain the services of a licensed physician and arrange transfers to the resident's clinic.</p> <p>A continued review of Resident # 2's medical record revealed no documentation that the resident's follow up neurology appointment was scheduled as instructed from the hospital records.</p> <p>Interviews with the Unit Managers on 10/19/11 at 2:25 PM revealed they could not arrange the neurology appointment for Resident # 2, because she had no family to accompany her to the appointment. The Unit Managers reported Resident # 2's family live out of State, and the facility did not provide the staff to accompany the residents to their out of facility physician appointments. The Unit Managers stated they were advised by administration that the residents' family had to accompany the residents to their follow up physician appointments.</p> <p>An interview with the Social Service Director (SSD) on 10/19/11 at 3:06 PM revealed Resident # 2 did not go to her follow up neurology appointment, because she had no family available to accompany her to the appointment. The SSD reported Resident # 2's family live in another State and the family cannot be reached at this time. The SSD further revealed she was advised by administration that the residents could not go to their follow up physician appointments outside the facility without family present.</p> <p>An interview with the Director of Nursing (DON) and the Administrator on 10/19/11 at 3:36 PM revealed the facility could not reach Resident #</p>	F 250	<p>AN INSERVICE WAS CONDUCTED BY THE DON ON 10/20/2011 REGARDING SENDING A STAFF MEMBER IF THE FAMILY IS UNAVAILABLE WHEN FOLLOWING UP WITH A DOCTOR'S APPOINTMENT.</p> <p><u>ADDRESS WHAT MEASURES WILL BE PUT INTO PLACE OR SYSTEMIC CHANGES MADE TO ENSURE THAT THE DEFICIENT PRACTICE WILL NOT OCCUR:</u></p> <p>AN INSERVICE WAS CONDUCTED BY THE DON ON 10/20/2011 REGARDING SENDING A STAFF MEMBER IF THE FAMILY/RESPONSIBLE PARTY IS UNAVAILABLE WHEN FOLLOWING UP WITH A DOCTOR'S APPOINTMENT. THIS INSERVICE ALSO INCLUDED RE-EDUCATING STAFF TO REMIND FAMILY MEMBERS/RESPONSIBLE PARTY ABOUT STAFF NOT AUTHORIZED TO SIGN ANY PAPERWORK FOR RESIDENT. ANY CONCERNS REGARDING NON COMPLIANCE WILL BE BROUGHT TO THE MONTHLY Q/A COMMITTEE FOR REVIEW AND RECOMMENDATIONS, MEASURES AND/OR AMENDMENTS TO IMPLEMENT IN ORDER TO ENSURE COMPLIANCE. THE UNIT COORDINATORS SHALL BE CHARGED WITH ENSURING THAT THE CORRECTION IS ACHIEVED AND SUSTAINED.</p>	

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F 250	Continued From page 2 2's family in order for the resident to be able to go to her follow up neurology appointment. The Administrator reported the facility did not want to take the responsibility for the resident during their outside physician appointments and the residents needed to be accompanied by family when they had appointments. The Administrator and DON stated they were not aware Resident # 2's follow up physician appointment was still not completed. The Administrator and DON further revealed they were not aware they should have still made the follow up neurology appointment for Resident # 2, and the facility should have accompanied the resident to her appointment because she had no family available.	F 250	<p><u>INDICATE HOW THE FACILITY PLANS TO MONITOR ITS PERFORMANCE TO MAKE SURE THAT SOLUTIONS ARE SUSTAINED. THE FACILITY MUST DEVELOP A PLAN FOR ENSURING THAT CORRECTION IS ACHIEVED AND SUSTAINED. THE PLAN MUST BE IMPLEMENTED AND THE CORRECTIVE ACTION EVALUATED FOR ITS EFFECTIVENESS. THE POC IS INTEGRATED INTO THE QUALITY ASSURANCE SYSTEM OF THE FACILITY:</u></p> <p>THE UNIT COORDINATORS WILL PLACE ANY FOLLOW UP M.D. ORDERS FOR APPOINTMENTS ON A CALENDAR LOCATED AT THE NURSES STATION AND SHALL CONDUCT A WEEKLY VISUAL CHECK TO ENSURE ALL APPOINTMENTS ARE SCHEDULED AND COMPLETED WITH FAMILY OR PERSONNEL GOING TO THE APPOINTMENTS WITH THE RESIDENTS. ANY CONCERNS WILL BE BROUGHT TO THE MONTHLY Q/A COMMITTEE FOR REVIEW AND RECOMMENDATIONS. THE UNIT COORDINATORS WILL BE CHARGED WITH THE RESPONSIBILITY TO ENSURE THAT CORRECTION IS ACHIEVED AND SUSTAINED.</p>	11/11/11
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