STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL060166	A. BUILDING: _____ B. WING _____	R-C 03/05/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WICKSHIRE STEELE CREEK	13600 S TRYON ST CHARLOTTE, NC 28278

(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) COMPLETE DATE
{D 000}	Initial Comments The Adult Care Licensure Section and the Mecklenburg County Department of Social Services completed a follow-up survey and a complaint investigation on 03/04/20 and 03/05/20.	{D 000}		
D 271	10A NCAC 13F .0901(c) Personal Care and Supervision 10A NCAC 13F .0901 Personal Care and Supervision (c) Staff shall respond immediately in the case of an accident or incident involving a resident to provide care and intervention according to the facility's policies and procedures. This Rule is not met as evidenced by: TYPE A1 VIOLATION Based on record reviews and interviews, the facility failed to respond immediately and in accordance with the facility's established policy and procedures for 1 of 5 sampled residents (Resident #2) who had a choking episode which required immediate emergency services. Review of Resident #2's current FL2 dated 04/04/19 revealed diagnoses included Alzheimer's disease early onset, unspecified dementia without behavioral disturbance, idiopathic gout, and hypertension. Review of Resident #2's record revealed: -The resident was under hospice care.	D 271		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL060166	A. BUILDING: _____ B. WING _____	R-C 03/05/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WICKSHIRE STEELE CREEK	13600 S TRYON ST CHARLOTTE, NC 28278

(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) COMPLETE DATE
D 271	Continued From page 1	D 271		

-There was a do not resuscitate order (DNR) dated 05/16/18 which included "in the event of cardiac and or pulmonary arrest of the patient, efforts at cardiopulmonary resuscitation should not be initiated, this order does not affect other medically indicated and comfort care".

Review of the facility's emergency action policy (undated) revealed:
-In the event of an emergency, call 911 immediately.
-The only exception to this rule is if the resident is under the care of a hospice provider and his or her condition changes.

Interview with the Administrator on 03/05/20 at 9:58am revealed:
-The facility policy for an emergency was for 911 to be called immediately.
-Hospice preferred to be contacted first regarding any medical issues if a resident was under hospice care.
-If a resident was choking, she expected the Heimlich maneuver (first aid procedure used when someone was choking) to be completed and 911 to be called immediately regardless of a DNR order.

Review of an Incident Report for Resident #2 dated 10/22/19 at 6:30pm revealed:
-Resident #2 was eating dinner with the assistance of staff. When staff started to feed him his dessert, the resident put the dessert in his mouth and he looked as if he was choking. Staff proceeded to do the Heimlich maneuver, and the food came out that was placed in his mouth. The resident continued to turn blue in the face and staff attempted to do the Heimlich maneuver again but nothing came up. The resident was unresponsive and was removed from the dining

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL060166	A. BUILDING: _____ B. WING _____	R-C 03/05/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WICKSHIRE STEELE CREEK	13600 S TRYON ST CHARLOTTE, NC 28278

(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) COMPLETE DATE
D 271	Continued From page 2	D 271		

room.
-There were no vital signs recorded.
-Resident condition was unresponsive.
-Hospice and the family were notified.
-The Resident Care Coordinator (RCC) was notified and instructed staff to call 911.

Review of the Emergency Medical Service (EMS) report for Resident #2 dated 10/22/19 revealed:
-The facility called EMS at 6:51pm.
-The unit was dispatched to the facility at 6:53pm for choking and arrived at the facility at 7:03pm.
-At 7:06pm the EMS crew arrived.
-The paramedics found the resident lying supine in a bedroom.
-The resident was apneic (not breathing), pulseless, with fixed pupils, and nonreactive.
-Food appeared to be present in his mouth.
-Staff reported performing the Heimlich maneuver, dislodged some food, noted patient to be apneic and pulseless, wheeled him back to his room, covered him with a sheet and waited until 6:52pm to call 911.

Observation of Resident #2's room revealed it appeared to be approximately 50 feet from the dining room.

Telephone interview with Resident #2's primary care provider (PCP) on 03/05/20 at 12:00pm revealed:
-She was the PCP assigned to Resident #2 with hospice.
-The facility staff notified hospice that Resident #2 passed after a choking episode.
-Resident #2 did have a DNR order, however during a choking incident, the DNR did not include acute incidents such as choking.
-She would expect the Heimlich maneuver to be attempted until the resident became

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL060166	A. BUILDING: _____ B. WING _____	R-C 03/05/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WICKSHIRE STEELE CREEK	13600 S TRYON ST CHARLOTTE, NC 28278

(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) COMPLETE DATE
D 271	Continued From page 3	D 271		

unresponsive. He would then be lowered to the ground and chest compressions begun until the paramedics arrived.
-She would expect 911 to be called as soon as the choking incident occurred.
-Facilities had been instructed to call hospice before sending a resident to the hospital.
-However in acute situations, hospice could not get to the facility immediately, therefore 911 should be called.

Interview with a first responder with the local fire department on 03/05/20 at 9:47am revealed:
-He was the fireman who responded to the call regarding the choking incident with Resident #2.
-The fire department was next door to the facility.
-When a call was received, the fire station staff could arrive in a few minutes.
-Upon his arrival to the facility, staff informed him the resident choked "about 30 minutes" prior to his arrival.
-He would expect that if someone was choking 911 would be contacted immediately; "we could have saved his life".

Review of the 2017 American Heart Association Basic Life Support guide for healthcare providers revealed:
-The first link in the treatment of any emergency was to recognize that an emergency exists and phone the appropriate emergency response number.
-Early access to the emergency response system in the healthcare community was to ensure that additional rescuers and those capable of providing advanced life support arrive as quickly as possible.
-If a victim was unresponsive, shout for help, activate the emergency response system, observe breathing.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL060166	A. BUILDING: _____ B. WING _____	R-C 03/05/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WICKSHIRE STEELE CREEK	13600 S TRYON ST CHARLOTTE, NC 28278

(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) COMPLETE DATE
D 271	Continued From page 4 -If no breathing or only gasping, or pulse, begin cardio-pulmonary resuscitation (CPR). Interview with a medication aide (MA)/personal care aide (PCA) on 03/05/20 at 10:42am revealed: -She worked second shift as a PCA on 10/22/19. -Resident #2 began choking while consuming his dessert at approximately 6:30pm. -She performed the Heimlich maneuver on Resident #2 twice and she was able to get some food out. -After completing the Heimlich maneuver, Resident #2 became "unresponsive and turned blue", and she could not get a pulse from Resident #2. -The resident "had already passed". She then took the resident to his room. -She thought Hospice and 911 was called by the MA working that day. -She thought 911 was called immediately after the resident turned blue. Interview with another PCA on 03/04/20 at 3:56pm revealed: -She worked as a second shift PCA on 10/22/19. -She was in the dining room passing out trays when Resident #2 began choking. -She observed the PCA administer the Heimlich maneuver twice on Resident #2. -She observed some food come out of Resident #2's mouth and he became unresponsive. -Hospice was called first, "it is our protocol to call hospice first". -The MA made the calls to the appropriate authorities. -The Resident Care Coordinator (RCC) was working the evening of the incident and instructed the MA to call 911. -911 was not called immediately during the	D 271		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL060166	A. BUILDING: _____ B. WING _____	R-C 03/05/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WICKSHIRE STEELE CREEK	13600 S TRYON ST CHARLOTTE, NC 28278

(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) COMPLETE DATE
D 271	Continued From page 5	D 271		

choking incident.
-She and another PCA sat in the resident's room until the paramedics came.
-She thought it took the paramedics approximately 30 minutes to arrive.
-She thought Resident #2 had passed because she could not get a pulse.

Interview with a MA on 03/04/20 at 3:25pm revealed:
-She was the MA working on 10/22/19.
-She went into the dining room when Resident #2 began to choke.
-She observed the PCA perform the Heimlich maneuver.
-Resident #2 was still blue after the maneuver was performed.
-Once the resident turned blue, she called 911.
- "Everything was a big mess and it all happened so fast".
-She could not remember how long it took after the incident for her to call 911.
-She contacted hospice first, because "the resident was under hospice care".
-She did not contact 911 when the resident was first observed choking.
- "It happened so quick, I panicked."

Telephone interview with the RCC on 03/05/20 at 12:23pm revealed:
-She was working second shift as the MA in the special care unit on 10/22/19.
-When she arrived on the assisted living side of the building, a PCA was pushing Resident #2 down to his room in a wheelchair.
-She was told by staff the resident was choking and the Heimlich maneuver was performed.
-She thought the MA informed her that 911, hospice, and the family were contacted.
-She thought 911 was called immediately by the

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL060166	A. BUILDING: _____ B. WING _____	R-C 03/05/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WICKSHIRE STEELE CREEK	13600 S TRYON ST CHARLOTTE, NC 28278

(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) COMPLETE DATE
D 271	Continued From page 6 MA. -She thought in emergency situations and a resident was under hospice care, hospice was to be contacted first. -She thought the staff panicked during Resident #2's choking incident and did not know how to proceed since he had a DNR order. Review of the investigation by the Medical Examiner report for Resident #2 dated 10/23/19 revealed: -The probable cause of death included cardio pulmonary arrest due to obstruction of airway with food (choking). -The manner of death was ruled as an accident. -The body diagram identified a "small amount of soft digested food and fluid in the posterior oropharyngeal". _____ The facility failed to respond in accordance with the facility's policy and procedures for assuring 911 was contacted immediately for Resident #2 who choked and became unresponsive. The facility's failure to respond immediately prevented first responders from arriving as quickly to provide advanced life support resulting in the resident becoming unresponsive and dying which constitutes a Type A1 Violation. _____ The facility provided a plan of protection in accordance with G.S. 131 D-34 on 03/05/20. CORRECTION DATE FOR THE TYPE A2 VIOLATION SHALL NOT EXCEED APRIL 5, 2020.	D 271		
D914	G.S. 131D-21(4) Declaration of Residents' Rights G.S. 131D-21 Declaration of Residents' Rights	D914		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL060166	A. BUILDING: _____ B. WING _____	R-C 03/05/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WICKSHIRE STEELE CREEK	13600 S TRYON ST CHARLOTTE, NC 28278

(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) COMPLETE DATE
D914	Continued From page 7 Every resident shall have the following rights: 4. To be free of mental and physical abuse, neglect, and exploitation. This Rule is not met as evidenced by: Based on observation, interview and record review, the facility failed to ensure residents were free of neglect, abuse and exploitation related to health care. The findings are: Based on record reviews and interviews, the facility failed to respond immediately and in accordance with the facility's established policy and procedures for 1 of 5 sampled residents (Resident #2) who had a choking episode which required immediate emergency services. [Refer to Tag 271 10A NCAC 13F .0901 (c) Personal Care and Supervision (Type A1 Violation)].	D914		