

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL060175	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 07/31/2024
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NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE

CARING HANDS SENIOR HOME
4720 WILSHAM COURT
CHARLOTTE, NC 28226

(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
C 000	Initial Comments The Adult Care Licensure Section and the Mecklenburg County DSS conducted an annual survey on 07/31/24.	C 000		
C 240	10A NCAC 13G .0802(e) Resident Care Plan 10A NCAC 13G .0802 Resident Care Plan (e) The facility shall assure that the resident's physician authorizes personal care services and certifies the following by signing and dating the care plan within 15 calendar days of completion of the assessment: (1) the resident is under the physician's care; and (2) the resident has a medical diagnosis with associated physical or mental limitations that justify the personal care services specified in the care plan. This Rule is not met as evidenced by: Based on record reviews, and interviews, the facility failed to ensure 2 of 3 sampled residents had an accurate care plan that was signed by a provider within 15 days of the residents' being assessed (#1 and #3). The findings are: 1. Review of Resident #1's current FL2 dated 03/11/24 revealed: -Diagnoses included Alzheimer's disease, bedridden, chronic ulcer and constipation. -She was intermittently disoriented. -She was non-ambulatory. -She was non-verbal. Review of Resident #1's resident register revealed an admission date of 03/22/24.	C 240	Administrator completed care plans for resident #1 & #3. Care plans were submitted to resident's physician for review and signatures. In the future, Administrator will conduct a quarterly audit of resident's records to make sure care plan is up to date. Care plans will be completed by Administrator within 30 days for each new resident.	8/15/24

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

Devin P...

TITLE

Administrator

(X6) DATE

8/15/24

STATE FORM

6899

0ZL911

If continuation sheet 1 of 3

Reviewed and acknowledged on 08/15/24
by

DMS

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C 240	Continued From page 1 Review of Resident #1's Care Plan dated 03/11/24 revealed: -Resident #1 required total assistance with eating, toileting, ambulation, bathing, dressing, grooming and transfers. -Resident #1's care plan was not signed by the physician. Refer to Interview with the Administrator on 07/31/24 at 12:30pm. 2. Review of Resident 3's current FL2 dated 03/28/24 revealed: -Diagnoses included atrial fibrillation, hypertension, and unspecified dementia. -He was intermittently disoriented. -He was non-ambulatory. Review of Resident #3's resident register revealed an admission date of 04/01/24. Review of Resident #3's Care Plan dated 07/01/24 revealed: -Resident #3 required extensive assistance with eating, toileting, ambulation, bathing, dressing, and grooming. -Resident #3 required total assistance with transfers. -Resident #3's care plan was not signed by the physician. Refer to Interview with the Administrator on 07/31/24 at 12:30pm. _____ Interview with the Administrator on 07/31/24 at 12:30pm revealed: -He was responsible for completing the care plan. -He did not know the physician was to review the care plan and then sign it because he was using	C 240		

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C 240	Continued From page 2 his own care plan generated by him on his computer. -Care plans were supposed to be completed during the initial assessment or within 30 days of admission for new residents and then annually or with significant changes in condition.	C 240			