STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345482	A. Building B. Wing	05/07/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Brookdale Carriage Club Providence	5804 Old Providence Road Charlotte, NC 28226

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0732 Level of Harm - Potential for minimal harm Residents Affected - Many	Post nurse staffing information every day. Based on record review, observations, and staff interviews, the facility failed to ensure the resident census for the skilled unit was accurate on the daily nurse staffing sheets for 4 of 4 days of the recertification survey (5/4/2026 through 5/7/2026).The findings included:a. An observation on 5/4/2026 at 10:37 AM revealed a census of 17 on the posted nurse staffing sheet. Review of 5/4/26 census report for the skilled unit revealed a census of 5.b. An observation on 5/5/2026 at 8:30 AM, 3:46 PM, and 4:48 PM revealed a census of 1 on the posted nurse staffing sheet. Review of the 5/5/26 census report for the skilled unit revealed a census of 5. c. An observation on 5/6/2026 at 11:43 AM revealed a census of 17 on the posted nurse staffing sheet. Review of the 5/6/26 census report for the skilled unit revealed a census of 5. d. An observation on 5/7/2026 at 9:37 AM revealed a census of 17 on the posted nurse staffing sheet. Review of the 5/7/26 census report for the skilled unit revealed a census of 5. On 5/7/2026 at 1:33 PM an interview with the Scheduler revealed she was responsible for completing the posted nurse staffing sheet. She stated she was trained to complete the posted nurse staffing sheet by the previous Administrator. The Scheduler explained she would open the facility's electronic health system and would count all residents present on both the skilled unit and the non-skilled long term care unit to obtain the census total. The Scheduler then reported she would record the same total census number in the section titled Resident Census at Start of Shift on the posted nurse staffing sheet for 1st shift (7:00 AM to 3:00 PM), 2nd shift (3:00 PM to 11:00 PM), and 3rd shift (11:00 PM to 7:00 AM). The Scheduler communicated she had not been properly trained on how to correctly separate the resident census by unit and complete the posted nurse staffing sheet for the skilled unit.An interview with the Director of Nursing (DON) on 5/7/2026 at 12:07 PM revealed the process of posting the nurse staffing sheet should include posting the skilled unit resident census and the non-skilled long-term care resident census separately. She explained that her lack of awareness regarding the correct procedure was due to not having received training. The DON stated she was not aware the skilled unit resident census and the non-skilled long term care resident census should have been separated. The DON further explained it was important for the posted nurse staffing sheet to be accurate because accuracy was essential as it reflected staffing coverage and alignment with the Centers for Medicare and Medicaid Services (CMS) guidelines for resident care. In an interview with the Administrator on 5/7/2026 at 2:20 PM she stated it was important for posted nurse staffing information to be accurate because accuracy was essential to ensure appropriate care for residents. She explained that she had been in her current role for three months and believed the process failed because the Scheduler received inaccurate training in the past.

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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE