DEPARTMENT OF HEALTH AND HUMAN SERVICES PRINTED: 03/21/2011 CENTERS FOR MEDICARE & MEDICAID SERVICES FORM APPROVED OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION (X3) DATE SURVEY IDENTIFICATION NUMBER: COMPLETED A. BUILDING B. WING 345529 03/10/2011 AME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE UNIVERSAL HEALTH CARE/NORTH RALEIGH 5201 CLARKS FORK DRIVE RALEIGH, NC 27616 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY, MUST BE PRECEDED BY FULL PREFIX (X5) COMPLETION PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) F 250 483.15(g)(1) PROVISION OF MEDICALLY F 250 RELATED SOCIAL SERVICE SS=D The facility must provide medically-related social Resident #4 was seen by Paradigm on 03/08/11 services to attain or maintain the highest practicable physical, mental, and psychosocial An audit of active charts was completed on well-being of each resident. 03/16/11 by Social Worker to ensure no New orders for psych services had been written This REQUIREMENT is not met as evidenced and appropriately implemented. None were Based on observation, record review, resident, staff and physician interview, the facility failed to found. provide psychological services for 1 of 1 sampled resident needing psychological services. Orders will be reviewed by Director of Nursing, (Resident #4) MDS coordinator, Dietary Manager, and Social Findings include: Worker in morning meeting five days a week Resident #4 was admitted to the facility on 2/10/10. Diagnoses included Depression Resident Llason/Social Worker have been counseled Disorder, recurrent severe with psychotic features and history of Subarachnoid Hemorrhage/ motor by Administrator on 03/16/11 for failure to follow vehicle accident 2003. up on referral for Paradigm. Review of a NN (Nurses Notes) dated 2/9/11 Psych services audit will be conducted by Director of 9:00am revealed the resident had an episode of increased anxiety. Vital signs were temperature 98.4, pulse 102, blood pressure 128/82 and Nursing/ designee five times a week for 4 weeks respirations were 24. The physician was notified and a new order received to give an extra dose of and then three times a week for four weeks and Zyprexa (antipsychotic medication) and to get a then monthly times three months. psychiatric consult. Findings will be reported to the Quality Assurance A review of the physician order revealed an order dated 2/9/11 that read; "give extra 5mg of Committee monthly times three months. Zyprexa now. Psychiatrist consult." This order was signed by the physician. LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE 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 of collowing the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID: QOUM11

Facility ID: 20040007

If continuation sheet Page 1 of 9

STATEMEN AND PLAN	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) N	MULTIP	LE CONSTRUCTION	(X3) DATE	<u>J. 0938-0391</u> SURVEY
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NAME OF PROVIDER OR SUPPLIER UNIVERSAL HEALTH CARE/NORTH RALEIGH			,	52	EET ADDRESS, CITY, STATE, ZIP CODE 01 CLARKS FORK DRIVE ALEIGH, NC 27616		10/2011
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	A review of the sociarevealed no docump psychiatric consult interview with the sociarevealed no docump psychiatric consult interview with the social social physician order for a conversation order for a conversation between worker where the resthoughts of harming that the physician district to self or other order was received. Increase Zyprexa to 0.25mg by mouth every family member was thoughts the physicial change and referral review of the MAR (increase) for February was receiving Zypresthrough 2/17/11. A review of the physicial form of the social form	al work progress notes entation that the order for a nad been completed. An ocial worker on 3/10/11 at e was unaware of the a referral on 2/9/11. dated 2/18/11 at 3:00pm /sician was notified of a en the resident and the social sident stated she had her self. The NN indicated d not feel the resident was a rs at this time and a new The new order was to 5mg twice a day and Xanax /ery 6 hours as needed. A notified of the residents an order for medication for a psychiatric consults. A medication administration 2011 revealed the resident xa 5mg daily from 2/1/11 ician orders revealed an that read 1. increase Zyprexa ce a day, 2. Xanax 0.25mg by as needed, 3. contact for follow up. This order was	F	250	DETICIENCY		
	name, not able to rec cues on BIMS (brief i	all month/year and need nterview for mental status).			•		

STATEMEN	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) N	IULTIF	PLE CONSTRUCTION	(X3) DATE). 0938-0391 Survey
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•	down/depressed, til about herself and the dead all related to whouse, can't help far wants to walk. Both after comment and Staff MD (medical depression of the form." When ask referral the SW resp	s resident expressed she feels red, poor appetite, feel bad hought about better off being wanting to go home. see her mily, granddaughter sick and SW's spoke with resident still no change in answer. loctor) notified. MD fells ent will not harm herself, to services and increase ons. Resident continues urther entries in social worker terly MDS (Minimum Data evealed Resident #4 was what others said to her and er self understood by others. tive patterns were severely section titled Mood revealed ughts of being better off dead	F2	250			
	revealed that some o and spoke with her. S	nterview with the resident one came in the other day She indicated that she ation and that the lady was					

	STATEMEN AND PLAN	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING				(X3) DATE SURVEY COMPLETED	
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		going to come and to have some one to occasionally but not was sitting in her wh groomed. On 3/10/11 at 11:00 nurse practitioner from revealed she had not had the breakdown I the resident was like a traumatic brain injuraccident) and that she discussion revealed referral to follow up with the rapist is a different and interview revealed he checked he was in the building remembers how she major break down last hospitalized in the bedelusional and hallucted had last year and the time I keep watch she had last year and the remedications and when asked if he was on 2/9/11 had not bed discussing the consultant ware that she had last ware that she had	alk with her again. "It is nice talk to. The SW comes in not very often. The resident neel chair and was neatly am an interview with the tale of the phychiatric service of seen the resident since she ast year. When asked what she responded that she had any from a MVA(motor vehicle ne was unpredictable. Further that she just received a with her again; she indicated the medication and the	F 2	250				
	3	ne nurse's would folk 3/10/11 at 2:30pm an	interview with the DON orders are reviewed on the			•			

STATEMENT OF DEFICIENCIES (X1) PR AND PLAN OF CORRECTION IDE		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		TIPLE CONSTRUCTION	(X3) DATE S	
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ME OF PROVIDER OR SUPPLIER UNIVERSAL HEALTH CARE/NORTH RALEIGH (X4) ID SUMMARY STATEMENT OF DEFICIENCIES				TREET ADDRESS, CITY, STATE, ZIP C 5201 CLARKS FORK DRIVE RALEIGH, NC 27616	ODE	VIAV I I
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SS=D	following day durin nurse taking a refe appropriate persor The social worker did not know about 483.20(d), 483.20(COMPREHENSIVE A facility must use to develop, review comprehensive plate. The facility must deplan for each resid objectives and time medical, nursing, a needs that are ider assessment. The care plan must to be furnished to a highest practicable psychosocial well-b §483.25; and any side to the resident §483.10, including under §483.10 (b) (4) This REQUIREMED by: Based on record refacility failed to promeet a resident special process of the post of the present of the president with the process of the president with the	g daily staff meeting. Also the bral order contacts the into follow up on the referrals. entered the room and stated "I that referral on the 9th." k)(1) DEVELOP E CARE PLANS the results of the assessment and revise the resident's in of care. Evelop a comprehensive care ent that includes measurable etables to meet a resident's and mental and psychosocial intified in the comprehensive It describe the services that are attain or maintain the resident's physical, mental, and being as required under services that would otherwise \$483.25 but are not provided as exercise of rights under the right to refuse treatment the right to refuse treatment the right to refuse treatment with the residenced evide measurable objectives to sychosocial needs for 1 of 1 with psychosocial needs.	F 279	6009	ntions that are Is have been Is have been Inserviced on Dals on 03/16/11 audited on care Deting by MDS and/or Dare plans that are Die If be completed by Eveekly times four This to ensure	3/2.11
	Findings include:Fi	ndings include:		1	•	1.

STATEMEN AND PLAN (T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	- 1	ULTIP	LE CONSTRUCTION	(X3) DATE S COMPL	SURVEY ETED
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F 279	2/10/10. Diagnose Disorder, recurren and history of Sub vehicle accident 2. A review of the sor revealed an entry read; "resident is a (short term memor by) not being able name, not able to cues on BIMS (briefor the last 2 week down/depressed, the about herself and dead all related to house, can't help for wants to walk. Both after comment and Staff MD (medical confident that resident and proposed to the psychiatric contact psychiatric	idmitted to the facility on sincluded Depression t severe with psychotic features arachnoid Hemorrhage/ motor	F:	279			
	Set) dated 2/18/11 able to understand was able to make I The residents cogrimpaired. The MDS the resident had thor of hurting hersel A review of a care problem STM (sho	arterly MDS (Minimum Data revealed Resident #4 was what others said to her and her self understood by others. litive patterns were severely section titled Mood revealed oughts of being better off dead, f nearly every day. Dolan dated 2/18/11 revealed a ret term memory) deficit AEB regetfulness and unsafe					

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

TAG REGULATORY OR LSC IDENTIFYING INFORMATIONS PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLI			!	MULTIPL ILDING	E CONSTRUCTION	(X3) DATE : COMPL	(X3) DATE SURVEY COMPLETED	
UNIVERSAL HEALTH CARE/NORTH RALEIGH SUMMARY STATEMENT OF DEFICIENCIES FROM DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) F 279 Continued From page 6 decision making, repetitive anxious complaints regarding family issues. Stated feelings of feeling better off dead, but would not harm self. There were 3 identified goals. The second goal was "Nespond to question/statement with appropriate verbalization x 90 days." The second goal was "Display logical progression of thought by making safe decisions thru next review." On 39/11 at 3:32pm an interview with the resident flaison (social worker) responsible for writing the care plan confirmed the goals written were not measurable. F 282 483.20(k)(3)(ii) SERVICES BY QUALIFIED PERSONS/PER CARE PLAN The services provided or arranged by the facility must be provided by qualified persons in accordance with each resident's written plan of care. This REQUIREMENT is not met as evidenced by: Based on record review, staff and resident interview, the facility failed to implement intervientions related to a problem for feeling of being better off dead for 1 of 1 sampled resident with these feelings. (Resident #4).			B. Wil	NG		03/	1012044	
PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) F 279 Continued From page 6 decision making, repetitive anxious complaints regarding family issues. Stated feelings of feeling better off dead, but would not harm self. There were 3 identified goals. The first goal was "Respond to question/statement with appropriate verbailzation x 90 days." The second goal was "Dispiay logical progression of thought by making safe decisions thru next review." The third goal was "Will be receptive to areas of compromise to address feelings of unhappiness and conflict thru next review." On 3/9/11 at 3:32pm an interview with the resident liaison (social worker) responsible for writing the care plan confirmed the goals written were not measurable. F 282 483.20(k)(3)(i) SERVICES BY QUALIFIED PERSONS/PER CARE PLAN The services provided or arranged by the facility must be provided by qualified persons in accordance with each resident's written plan of care. This REQUIREMENT is not met as evidenced by: Based on record review, staff and resident interview, the facility failed to implement interventions related to a problem for feeling of being better off dead for 1 of 1 sampled resident with these feelings. (Resident #4).	}	UNIVERSAL HEALTH CARE/NORTH RALEIGH			520	1 CLARKS FORK DRIVE		10/2011
decision making, repetitive anxious complaints regarding family issues. Stated feelings of feeling better off dead, but would not harm self. There were 3 identified goals. The first goal was "Respond to question/statement with appropriate verbalization x 90 days." The second goal was "Display logical progression of thought by making safe decisions thru next review." The third goal was "Villi be receptive to areas of compromise to address feelings of unhappiness and conflict thru next review." On 3/9/11 at 3:32pm an interview with the resident liaison (social worker) responsible for writing the care plan confirmed the goals written were not measurable. F 282 483.20(k/3)(ii) SERVICES BY QUALIFIED PERSONS/PER CARE PLAN The services provided or arranged by the facility must be provided by qualified persons in accordance with each resident's written plan of care. This REQUIREMENT is not met as evidenced by: Based on record review, staff and resident interview, the facility failed to implement interventions related to a problem for feeling of being better off dead for 1 of 1 sampled resident with these feelings. (Resident #4).	PREFIX	((EACH DEFICIEN(Y MUST BE PRECEDED BY FULL	PREF.		(EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE	I SHOULD BE	(X5) COMPLETION DATE
Resident #4 was admitted to the facility on 2/10/10. Diagnoses included Depression Disorder, recurrent severe with psychotic features and history of Subarachnoid Hemorrhage/ motor	F 282	decision making, regarding family is better off dead, but were 3 identified go "Respond to quest verbalization x 90 go "Display logical prosafe decisions throwas "Will be recept address feelings on next review." On 3/9/11 at 3:32p resident liaison (so writing the care platwere not measurate 483.20(k)(3)(ii) SEI PERSONS/PER Construction of the services provided by accordance with each	epetitive anxious complaints sues. Stated feelings of feeling t would not harm self. There oals. The first goal was ion/statement with appropriate days." The second goal was ogression of thought by making next review." The third goal tive to areas of compromise to funhappiness and conflict thru man interview with the cial worker) responsible for n confirmed the goals written ole. RVICES BY QUALIFIED ARE PLAN ded or arranged by the facility y qualified persons in inch resident's written plan of wiew, staff and resident y failed to implement d to a problem for feeling of d for 1 of 1 sampled resident (Resident #4). Indings include: Imitted to the facility on included Depression severe with psychotic features					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345529		(X2) MU A. BUIL		LE CONSTRUCTION .	(X3) DATE SURVEY COMPLETED				
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AME OF F	.AME OF PROVIDER OR SUPPLIER					03/1	0/2011		
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F 282	F 282 Continued From page 7 vehicle accident 2003.			32	F-282				
A review of a care plan dated 2/18/11 revealed a problem STM (short term memory) deficit AEB (as evidence by) forgetfulness and unsafe decision making, repetitive anxious complaints					Resident #4 was seen by Paradigm or In audit of active charts was complete		321/11		
	regarding family issues. Stated feelings of feeling better off dead, but would not harm self. Interventions listed included; brief visits for interaction, consult with (name of phycological services on changes. and socialization and provide social support and reassurance. These interventions were to be provided by social services department.			03/16/11 by Social Worker to ensure no New orders for psych services had been written					
				and appropriately implemented. None were found.					
	A review of the social work progress notes revealed an entry dated 2/18/11(no time) that read; "resident is alert and oriented x2 with STM (short term memory) deficits AEB (as evidenced by) not being able to recall SW (social worker) name, not able to recall month/year and need cues on BIMS (brief interview for mental status). For the last 2 weeks resident expressed she feels down/depressed, tired, poor appetite, feel bad about herself and thought about better off being dead all related to wanting to go home, see her house, can't help family, granddaughter sick and			0	rders will be reviewed by Director of	Nursing,			
				MDS coordinator, Dietary Manager, and Social					
				Worker in morning meeting five days a week					
.]				Resident Liason/Social Worker have been counseled					
				by Administrator on 03/16/11 for failure to follow up on referral for Paradigm.					
ì									
	wants to walk. Both SW's spoke with resident after comment and still no change in answer. Staff MD (medical doctor) notified. MD fells confident that resident will not harm herself, to contact psychiatric services and increase psychiatric medications. Resident continues resting in bed." No further entries in social worker progress notes.		Psych services audit will be conducted by Director of Nursing/ designee five times a week for 4 weeks						
				an	d then three times a week for four w	eeks and	1		
[]					en monthly times three months.				
	*		Findings will be reported to the Quality Assurance						
	Set) dated 2/18/11 re	erly MDS (Minimum Data evealed Resident #4 was rhat others said to her and			mmittee monthly times three months				

DEPARTMENT OF HEALTH AND HUMAN SERVICES PRINTED: 03/21/2011 CENTERS FOR MEDICARE & MEDICAID SERVICES FORM APPROVED OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION (X2) MULTIPLE CONSTRUCTION IDENTIFICATION NUMBER: (X3) DATE SURVEY COMPLETED A. BUILDING B. WING_ 345529 AME OF PROVIDER OR SUPPLIER 03/10/2011 STREET ADDRESS, CITY, STATE, ZIP CODE UNIVERSAL HEALTH CARE/NORTH RALEIGH 5201 CLARKS FORK DRIVE RALEIGH, NC 27616 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL ID PRÉFIX (X5) COMPLETION REGULATORY OR LSC IDENTIFYING INFORMATION) **PREFIX** TAG (EACH CORRECTIVE ACTION SHOULD BE TAG CROSS-REFERENCED TO THE APPROPRIATE DATE **DEFICIENCY** F 282 Continued From page 8 F 282 was able to make her self understood by others. The residents cognitive patterns were severely impaired. The MDS section titled Mood revealed the resident had thoughts of being better off dead, or of hurting herself nearly every day. On 3/9/11 at 3:32pm an interview with the resident liaison (social worker) revealed that she made a referral for a psychiatric referral after the physician ordered one on 2/18/11. She stated that "maybe last week the referral was returned because the wrong family member had signed the form." When asked if she followed up on the referral the SW responded "no" she (resident#4) is depressed and that will not change she will always be that way". 3/10/11 8:50am an interview with the resident revealed that some one came in the other day and spoke with her. She indicated that she enjoyed the conversation and that the lady was going to come and talk with her again. "It is nice to have some one to talk to. The SW comes in occasionally but not not very often. The resident was sitting in her wheel chair and was neatly groomed. On 3/10/11 at 11:00am an interview with the nurse practitioner from the phychiatric service revealed she had not seen the resident since she had the breakdown last year. When asked what the resident was like she responded that she had

therapist is a different person.

a traumatic brain injury from a MVA(motor vehicle accident) and that she was unpredictable. Further discussion revealed that she just received a referral to follow up with her again; she indicated she just manages the medication and the