

STATEMENT OF ISOLATED DEFICIENCIES WHICH CAUSE NO HARM WITH ONLY A POTENTIAL FOR MINIMAL HARM FOR SNFs AND NFs	PROVIDER # <b>345549</b>	MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	DATE SURVEY COMPLETE: <b>6/8/2011</b>
NAME OF PROVIDER OR SUPPLIER <b>UNIVERSAL HEALTH CARE / BRUNSWICK</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1070 OLD OCEAN HIGHWAY BOLIVIA, NC</b>		
ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES		
<b>F 206</b>	<p><b>483.12(b)(3) POLICY TO PERMIT READMISSION BEYOND BED-HOLD</b></p> <p>A nursing facility must establish and follow a written policy under which a resident whose hospitalization or therapeutic leave exceeds the bed-hold period under the State plan, is readmitted to the facility immediately upon the first availability of a bed in a semi-private room if the resident requires the services provided by the facility; and is eligible for Medicaid nursing facility services.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review and staff interviews, the facility failed to readmit 1 of 1 sampled resident to the first available bed after being discharged from the hospital.( Resident # 173)</p> <p>The findings include:</p> <p>Resident was admitted to the facility on 2/25/2011 with diagnosis of Altered Mental status, Essential Hypertension and Anemia.</p> <p>Review of the facility's Bed Hold Policy which was signed by the responsible party at the time of the resident's admission(2/25/2011) documented "When a resident is able to return to the facility, a resident will be admitted to the first available bed in which services and care required can be provided."</p> <p>Review of the hospital's History and Physical dated 2/21/2011 revealed the resident was admitted to the hospital from home due to altered mental status and fall.</p> <p>Interdisciplinary Assessment dated 2/25/2011 revealed the resident arrived at the facility via ambulance. The resident was alert and oriented to self only. The report further reported the resident was confused, disoriented and combative at times.</p> <p>Review of the Transfer and Referral record dated 2/26/2011 documented "the resident was agitated and paranoid, threatening to hit and hurt staff if they entered her room. Resident barricaded room door."</p> <p>Review of the Physician order dated 2/26/2011 revealed the resident medication of Ativan was discharged on 2/26/2011. Resident was started on Haldol 0.5 MG (milligram) BID (twice a day) MI (by injection) PRN (as needed).</p> <p>Review of the Physician order dated 2/26/2011 revealed the resident was transferred to the hospital for evaluation/ treatment.</p> <p>Review of the nurse's note dated 2/26/2011 documented "Resident increasingly agitated, combative, and suspicious of staff. Barricaded door to room with walker to prevent staff from entering room to assist roommate. Ambulating without assistance, alarms sounding, and staff unable to respond due to inability to enter room. Nurse eventually able to gain entry, resident yelling, waving fist in air, threatening to hit nurse,</p>		

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The above isolated deficiencies pose no actual harm to the residents

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<b>F 206</b>	<p>Continued From Page 1</p> <p> pacing around room and in close proximity to room mate, Additional staff summoned to room to monitor resident while nurse notified family and on- call MD(Medical Doctor) of situation. Family en route to facility. As needed order for Haldol received from the doctor after daughter stated that resident" can't take Ativan because it makes her much worse- she can only take Risperdal or Haldol" safety precautions in place. Staff monitoring resident pending daughter's arrival to facility."</p> <p>Review of the facility's Bed Hold Policy which was signed by the responsible party at the time of the resident 's admission documented "When a resident is able to return to the facility, a resident will be admitted to the first available bed in which services and care required can be provided."</p> <p>During the interview on 6/7/2011 at 11:00 AM, the admission coordinator stated the facility was required to admit the residents who were discharged from the hospital to the first available bed.</p> <p>During the phone interview with the family on 6/7/2011 at 1: 00 PM, she reported that her mother was discharged to the emergency room on 2/26/2011 by the facility and told by the Administrator that her mother was not going to be welcomed back. The family member also stated that once her mother was seen and stabilized at the hospital, she wanted her mother to come back at the facility but the facility did not accept her mother back.</p> <p>During the interview with the Administrator on 6/7/2011 at 4:30 PM, the administrator stated that the resident was a danger to herself and others because she was threatening to hit others and barricaded herself in the room. The Administrator also reported that the facility could not take care of the resident's needs due to her behavioral episode. The Administrator further added the regional ombudsman was notified about the facility not wanting to accept the resident back to the facility.</p>		

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

Fax:

Aug 1 2011 11:13am P004/006  
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FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  345549	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BLDG B. WING _____	(X3) DATE SURVEY COMPLETED  06/30/2011
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NAME OF PROVIDER OR SUPPLIER  UNIVERSAL HEALTH CARE / BRUNSWICK	STREET ADDRESS, CITY, STATE, ZIP CODE 1070 OLD OCEAN HIGHWAY BOLIVIA, NC 28422
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K 025 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD  Smoke barriers are constructed to provide at least a one-hour fire resistance rating in accordance with 8.3. Smoke barriers may terminate at an atrium wall. Windows are protected by fire-rated glazing or by wired glass panels in approved frames. A minimum of two separate compartments are provided on each floor. Dampers are not required in duct penetrations of smoke barriers in fully ducted heating, ventilating, and air conditioning systems. 18.3.7.3, 18.3.7.5, 18.1.6.3  This STANDARD is not met as evidenced by: Based on observation on Thursday 6/30/2011 between 9:30 AM and 1:00 PM the following was noted: 1) The smoke wall located in the attic area on 300 hall has PVC pipe penetrating the smoke wall that are not equipped with an UL rated fire stop assembly. 42 CFR 483.70	K 025	Preparation and / or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusion set forth in the statement of deficiencies. The plan of correction is prepared and / or executed solely because it is required by provisions of state and federal law.  K 025 No residents were adversely affected by the alleged deficient practice.  All residents residing within the facility have the potential to be affected by the alleged deficient practice. All smoke walls within the facility attic area were inspected to identify if there were any other PVC pipes penetrating the smoke wall and not equipped with a UL rated fire stop assembly.  Any pipe that penetrates the smoke wall not having UL rated fire stop assembly will have the assembly installed by our Maintenance Director.	
K 056 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD  There is an automatic sprinkler system, installed in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems, with approved components, devices, and equipment, to provide complete coverage of all portions of the facility. The system is maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. There is a reliable, adequate water	K 056	The Maintenance Director will inspect /audit the fire walls monthly X 3 months to ensure that all PVC pipes penetrating the smoke walls are equipped with the fire stop assemblies. This audit will be brought to the monthly QA meeting for 3 months.	08/05/11

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

*Juan Williams, R.N., D.D.*

*8/11/11*

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K 056	Continued From page 1 supply for the system. The system is equipped with waterflow and tamper switches which are connected to the fire alarm system. 18.3.5.  This STANDARD is not met as evidenced by: Based on observation on Thursday 6/30/2011 between 9:30 AM and 1:00 PM the following was noted: 1) Throughout the facility the sprinkler escutcheon around the sprjnkler heads were not set into the ceiling to seal off all openings between it and the ceiling. 42 CFR 483.70	K 056	K 056 No residents were adversely affected by the alleged deficient practice.  All residents have the potential to be affected by the alleged deficient practice. All sprinkler escutcheon plates around the sprinkler heads were inspected to be sure they were sealed to the ceiling. All that were found to not be sealed were repaired to ensure there were no openings between it and the ceiling.	
K 061 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD Required automatic sprinkler systems have valves supervised so that at least a local alarm will sound when the valves are closed. NFPA 72, 9.7.2.1  This STANDARD is not met as evidenced by: Based on observation on Thursday 6/30/2011 between 9:30 AM and 1:00 PM the following was noted: 1) The two sprinkler riser systems are equipped with accelerators that have gate valves between it and the riser that are not equipped with an electronically supervised tamper alarm. 42 CFR 483.70	K 061	The Maintenance Director will inspect all sprinkler heads on a monthly basis throughout the building to ensure that there are no openings between the ceiling and the escutcheon plate. If any repairs need to be made, the Maintenance Director will complete at that time.  The results of the Maintenance Director's inspection will be brought to the monthly QA meeting for 3 months.	08/05/11.

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K 061

No residents were adversely affected by the alleged deficient practice.

All residents have the potential to be affected by the alleged deficient practice. BFPE International has been contracted to install two ball type supervisory switches located on two Dry System Accelerators on the isolation control valves. BFPE will add two additional monitoring modules to the fire alarm system for monitoring of the supervisory switches.

The Maintenance Director will inspect the risers weekly, BFPE will inspect the sprinkler system quarterly and annually BFPE will inspect the fire alarm panel to ensure compliance with our fire alarm sprinkler and monitoring systems.

The Maintenance Director will bring the results of his inspection and the inspections by BFPE to the monthly QA meeting for 3 months.

08/05/11

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE *Jamie Williamson* TITLE *RAJ, D.D.N.* (X6) DATE *8/1/11*

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