

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

*Accepted for June 25 2012 6/25/12*

PRINTED: 06/13/2012  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  345213	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  C 05/22/2012
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NAME OF PROVIDER OR SUPPLIER  UNIVERSAL HEALTH CARE LILLINGTON	STREET ADDRESS, CITY, STATE, ZIP CODE 1995 EAST CORNELIUS HARNETT BOULEVARD LILLINGTON, NC 27546
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(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) COMPLETION DATE
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F 309 SS=D	<p>483.25 PROVIDE CARE/SERVICES FOR HIGHEST WELL BEING</p> <p>Each resident must receive and the facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observations, record reviews, and staff interviews the facility failed to apply physician prescribed ABD ointment for 1 of 3 sampled residents (resident # 7) observed receiving wound care.</p> <p>The findings include:</p> <p>Resident #7's monthly Physician Order Sheet (POS) for May 2012 was reviewed and revealed a physician ' s order dated 02/16/2012 - " Clean areas to right knee with normal saline, apply ABD ointment, cover with dry gauze, wrap with Kerlix, change twice daily (BID). There were no new orders documented in the chart to change the current POS covering May 1-31, 2012.</p> <p>A review of resident # 7's Treatment Administration Record (TAR) was conducted. The TAR documented the physician ' s treatment order as was observed on the POS which included applying ABD ointment to the resident ' s knee when conducting the wound care.</p> <p>On 05/21/2012 at 2:33 PM an observation was</p>	F 309	<p>Submission of this response to the Statement of Deficiencies by the undersigned does not constitute an admission that the deficiencies existed and/or were correctly cited and/or require correction".</p> <p>1. Corrective action for Resident #7 has been accomplished. Resident #7 is receiving daily treatments to the right knee surgical site per physician orders and transcription to the treatment administration record (TAR).</p> <p>2. Residents who have physician orders for wound treatments have the potential to be affected by the same deficient practice therefore all wound orders for current residents were reviewed by DON/ADON for transcription accuracy on 6/21/12.</p> <p>On 5/24/12 the wound nurse was re-instructed by the Director of Nursing (DON)on consistently following physician orders.</p> <p>3. Systems/measures/training to ensure continued compliance are: All licensed nurses including the wound care nurse were re-in-serviced by the DON and/or Assistant Director of Nursing (ADON) on</p>	6/21/12
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LABORATORY/DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Cheryl Smith</i>	TITLE Administrator	(X6) DATE 6/21/12
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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.

*J.F. [Signature]*

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F 309	<p>Continued From page 1</p> <p>made of the facility's wound care nurse changing the dressing on resident #7's surgical site to the right knee. The resident had a knee replacement and the surgical wounds had not healed. The wound care nurse cleaned the areas with normal saline and placed a dry 4x4 dressing to the areas on each side of the knee and re-applied a Kerlix roller bandage around the knee to hold the dry dressing in place.</p> <p>An interview was conducted on 05/21/2012 at 4:05 PM with the facility's DON regarding her expectations for carrying out physician's wound care orders. The DON stated, " It is my expectation that the physician's orders are carried out as written by the physician. "</p> <p>The facility's wound care nurse was interviewed on 05/21/2012 at 4:10 PM concerning the observed wound care compared to the physician's orders for resident # 7. The wound care nurse indicated he did not apply the physician prescribed ABD ointment to the resident's wound when he conducted the wound care and stated he was not aware the physician's order included the application of ABD ointment for the resident.</p>	F 309	<p>the facility wound care protocols and the need to follow MD orders as of 6/19/12.</p> <p>All new orders for wound treatments will be reviewed at the daily clinical meeting where orders will be verified by the DON/ADON and/or Unit Manager for accuracy in transcription.</p> <p>New licensed nurses will be oriented to this procedure/system during new hire orientation.</p> <p>Licensed nurses found not to follow the physician orders will be disciplined as necessary.</p> <p>4. Monitoring to ensure continued compliance: The DON/ADON/Unit Manager will audit((By observation) the actual treatment to ensure the wound treatment is delivered as ordered by MD three times a week for a month then weekly for three months.</p> <p>The findings from these audits will be presented at the monthly QA meeting for 3 months. The plan will be adjusted as necessary based on patterns and trends identified.</p>		