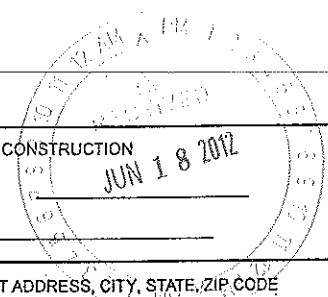


DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 05/24/2012
FORM APPROVED
OMB NO. 0938-0391



STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345061	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 05/17/2012
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NAME OF PROVIDER OR SUPPLIER UNIHEALTH POST - ACUTE CARE OF DURHAM	STREET ADDRESS, CITY, STATE, ZIP CODE 3100 ERWIN ROAD DURHAM, NC 27705
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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 242 SS =>	<p>483.15(b) SELF-DETERMINATION - RIGHT TO MAKE CHOICES</p> <p>The resident has the right to choose activities, schedules, and health care consistent with his or her interests, assessments, and plans of care; interact with members of the community both inside and outside the facility; and make choices about aspects of his or her life in the facility that are significant to the resident.</p> <p>-----</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, record review, resident and staff interviews, the facility failed to ensure that food preference of 1 of 3 (Resident #2) sampled residents were honored. The findings include:</p> <p>Resident #2 was admitted to the facility on 6/10/11, then re-admitted on 4/25/12 with the following cumulative diagnoses: cerebral vascular accident, coronary artery disease and gastric esophageal reflux disease. The admission Minimum Data Set (MDS) assessment on 4/27/12 determined that she was cognitively intact and needed limited assistance from staff with eating.</p> <p>During a lunch observation on 5/16/12 at 12:40 pm, Resident #2 voiced that she was upset that tomatoes were prepared in many of the meals and she could not eat them because they were not good for her acid reflux. For lunch, Resident #2 was served a pizza casserole, which consisted of pasta, ground meat and red sauce, along with salad, fruit cocktail and a bread stick. She concentrated on just eating the fruit cocktail and</p>	F 242	<p>F 242</p> <p>1. Corrective Action: Resident #2 received an appropriate alternative to the unsatisfactory meal with tomato products that she was satisfied with on May 16, 2012.</p> <p>2. Others with Potential to be Affected: All residents have the potential to be affected. All residents likes and dislikes will be updated by the Dietary Director and information noted on each individual tray ticket.</p>	
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: *Sue Leopaldi* TITLE: Administrator (X6) DATE: 6/12/12

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.

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NAME OF PROVIDER OR SUPPLIER UNIHEALTH POST - ACUTE CARE OF DURHAM			STREET ADDRESS, CITY, STATE, ZIP CODE 3100 ERWIN ROAD DURHAM, NC 27705		
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F 242	<p>Continued From page 1</p> <p>would not eat the rest of her meal.</p> <p>On her tray, was an electronic meal ticket for lunch that was dated for 5/16/12. It recorded that Resident #2 ' s dislikes included tomato products and had a note that read " no tomatoes " .</p> <p>On 5/16/12 at 1:03 pm, NA #1 was interviewed. She stated that when she delivered the meal trays, she was supposed to review the meal card to check for diet and preferences. She acknowledged that she did not review Resident #2 ' s ticket while setting up her tray. She stated that the pizza casserole contained tomato products and that she would check in the kitchen to find out if there was a substitution that she could offer Resident #2.</p> <p>Review of the medical record revealed that on 10/31/11, a " Change of Diet " slip was filled out by staff to indicate that Resident #2 disliked tomatoes because they upset her stomach.</p> <p>On 5/16/12 at 1:30 pm, Resident #2 was brought a replacement lunch tray from the kitchen that contained chicken breast, whipped potatoes and collard greens. She indicated that she was pleased with the food alternate.</p> <p>The Head Cook was interviewed on 5/17/12 at 9:15 am. He stated that the dietary staff printed food dislikes on meal tickets, to assist their staff while preparing trays for meals. He shared that one of the dietary aide called off the meal ticket and that he placed the items requested on the plate. He stated that yesterday, they made a mistake giving Resident #2 the pizza casserole, which contained a tomato product.</p>	F 242	<p>3. Measure/Systemic Change All staff in the Dietary and Nursing Departments will receive education given by the Unit Managers or Dietary Director regarding the need to read tray tickets carefully to ensure choices are honored prior to serving the resident a tray. An audit tool was developed to document that meals are accurately served and choices are honored. Weekly audits will be completed by Dietary Director or Unit Managers for the next 4 weeks. Audits will be scheduled and include all 3 meals, weekdays and weekends and all 3 units. A minimum of 20 trays per meal per week will be audited for the first 4 weeks. Audits will continue after the 4 week period for 3 months. These monthly audits will include a minimum of 30 trays per meal per month.</p> <p>4. Monitoring: The Administrator will review all audit results after each audit to ensure compliance. Audit results will be reported at monthly PI meeting by the Dietary Director for follow-up or recommendations. The Dietary Director is responsible to ensure compliance.</p>		

6/12/12

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