

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

in 1/4/13 accepta.

PRINTED: 12/27/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345538	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 12/11/2012
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NAME OF PROVIDER OR SUPPLIER UNIHEALTH POST-ACUTE CARE-RALEIGH	STREET ADDRESS, CITY, STATE, ZIP CODE 2420 LAKE WHEELER ROAD RALEIGH, NC 27603
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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
F 280 SS=D	<p>483.20(d)(3), 483.10(k)(2) RIGHT TO PARTICIPATE PLANNING CARE-REVISE CP</p> <p>The resident has the right, unless adjudged incompetent or otherwise found to be incapacitated under the laws of the State, to participate in planning care and treatment or changes in care and treatment.</p> <p>A comprehensive care plan must be developed within 7 days after the completion of the comprehensive assessment; prepared by an interdisciplinary team, that includes the attending physician, a registered nurse with responsibility for the resident, and other appropriate staff in disciplines as determined by the resident's needs, and, to the extent practicable, the participation of the resident, the resident's family or the resident's legal representative; and periodically reviewed and revised by a team of qualified persons after each assessment.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, resident and staff interviews and medical record reviews the facility failed to update a care plan after Resident #3 fell and received injury. This was evident for 1 of 3 residents reviewed for care plan updates. (Resident # 3) Findings include: According to the minimum data set (MDS) dated 11/19/12 Resident # 3 had moderately impaired cognition; she required extensive assistance for ADL, fall history prior to admission with a left femur fracture. Resident # 3 wore a straight leg</p>	F 280	<p>Corrective action to ensure that the Right to participate in planning Care-revise CP. The Care Plan and Individual Care Guide were updated during the Survey to reflect the intervention for the identified resident.</p> <p>Corrective action for those with Potential to be affected. All residents With falls, will have their Care Plan individual and care guide reviewed & updated to ensure interventions have been addressed.</p>	<p>12-11-12</p> <p>1-6-13</p>

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE *Darryl Taylor* TITLE *Administrator* (X6) DATE *1/4/13*

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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F 280	Continued From page 2 director of nursing (DON) revealed after the resident sustained the fall on 10/27/12 there was a meeting with the administrative staff (including minimum data set nurse (MDS nurse), administrator, DON, assistant director of nursing (ADON) and social worker) and the intervention of placing her bed in the lowest position was to be added to her care plan. The MDS nurse should have added this to the care plan and the NA care guide located on each resident ' s closet door. The DON acknowledged there were no updates on the resident ' s care plan. An interview with the MDS Nurse on 12/11/12 at 2:00 PM revealed she was unaware an updated needed to be added to the care plan.	F 280	100% audit of all residents with Falls will be done immediately to Ensure interventions in care plan and Care Guide are updated. Will be monitored 5 times a week for 3 weeks and then 1 time a week For 3 weeks until substantial Compliance is achieved and then As indicated by PI committee that includes all administrative staff. The Medical Director attends quarterly.	