

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

APR 9 2013 JUL 29 2013

PRINTED: 07/18/2013
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 07/03/2013
NAME OF PROVIDER OR SUPPLIER UNIVERSAL HEALTH CARE LILLINGTON			STREET ADDRESS, CITY, STATE, ZIP CODE 1996 EAST CORNELIUS HARNETT BOULEVARD LILLINGTON, NC 27546	
(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 309 SS=G	<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 review and staff interviews, the facility failed to ensure medications were administered as ordered by the physician for 1 of 1 sampled residents (Resident #1) resulting in readmission to hospital in less than 24 hours from discharge.</p> <p>Findings include: Review of the facility 's pharmacy policy on new admission orders revised 3/1/2011 indicated " A licensed nurse assures medications are incorporated into the resident 's specific allocation prior to the next med pass. "</p> <p>Resident #1 was admitted to facility on 6/11/2013. Medical diagnoses included pulmonary hypertension, cardiovascular accident with hemiplegia, acute respiratory failure, chronic airway obstruction disease. Medication orders included Procardia Extended Release 60 milligrams by mouth twice a day, Omega Fish oil one capsule by mouth twice a day, Ramipril 5 milligrams by mouth daily at bedtime, Zoloft 50 milligrams by mouth twice a day, Lipitor 80</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> <ol style="list-style-type: none"> 1. Resident #1 was discharged home on July 6, 2013. 2. A review of new resident's medication orders with medications received from pharmacy from June 1, 2013 to July 25, 2013 was completed on July 25, 2013 by Unit Manager and facility RN. No further concerns were identified. 3. Measures/systems put into place to ensure continued compliance for administering medications for new admissions as ordered by physician to include procedure of ordering from pharmacy on admissions before 4:30 p.m., admissions after 4:30 p.m., and after hours back-up pharmacy. 	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Cheryl Smith Administrator 7/26/13

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.

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

PRINTED: 07/18/2013
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 07/03/2013
NAME OF PROVIDER OR SUPPLIER UNIVERSAL HEALTH CARE LILLINGTON			STREET ADDRESS, CITY, STATE, ZIP CODE 1995 EAST CORNELIUS HARNETT BOULEVARD LILLINGTON, NC 27546		
(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)	(X6) COMPLETION DATE	
F 309	<p>Continued From page 1</p> <p>milligrams by mouth at bedtime, Pulmicort via inhalation twice a day, Plavix 75 milligrams by mouth at bedtime, Cardura 4 milligrams by mouth at bedtime, Famotidine 20 milligrams by mouth twice a day, Mucinex 600 milligrams by mouth twice a day, Hydralazine 25 milligrams by mouth three times a day, and Metoprolol 10 milligrams by mouth twice a day.</p> <p>No MDS assessment was completed for the resident.</p> <p>Review of the admission assessment dated 6/11/2013 indicated the resident arrived to the facility at 5:45pm. Blood pressure recorded on admission assessment was 157/92. A Nurse ' s note dated 6/11/2013 indicated " meds ordered. "</p> <p>Review of Resident #1 June 2013 Medication Administration Record (MAR) revealed there were no medications initialed by the nurse for 6/11/2013.</p> <p>Review of nurse ' s note dated 6/12/2013 at 2:55am indicated the resident was complaining of chest pain, and shortness of breath. Vital signs documented were blood pressure 150/91, pulse 92, respirations 22 and oxygen saturation of 86%, with nitroglycerin given and a call was placed to the medical doctor. The Nurse ' s notes also indicated a new order to send to Emergency Room for evaluation.</p> <p>Review of the discharge summary from the hospital with admission date of 6/12/2013 and discharge date of 6/15/2013 indicated " Patient was recently discharged from hospital to facility but apparently patient ' s medication was not</p>	F 309	<p>A 24 hour chart check for checking medications received from pharmacy will be done daily on all new admissions by Director of Nursing/ Assistant Director of Nursing/ or Unit Manager. Any discrepancy will be addressed immediately with M .D. for clarification of orders.</p> <p>Licensed Nurses will be In-serviced on policy of ordering and receiving medications from pharmacy by Director of Nursing/Assistant Director of Nursing by July 29, 2013.</p> <p>Director of Nursing (DON), Assistant Director of Nursing (ADON), Weekend Supervisor or Unit Coordinator will review Results daily for 4 weeks, weekly for 8 weeks, then monthly for 3 months.</p> <p>4. The findings will be reviewed at the monthly QA meeting for 3 months .</p>		

7/29/13

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

PRINTED: 07/18/2013
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 07/03/2013
NAME OF PROVIDER OR SUPPLIER UNIVERSAL HEALTH CARE LILLINGTON			STREET ADDRESS, CITY, STATE, ZIP CODE 1996 EAST CORNELIUS HARNETT BOULEVARD LILLINGTON, NC 27546		
(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 309	<p>Continued From page 2</p> <p>ready on the discharge at the facility and patient ended up at local hospital with pulmonary edema.</p> <p>"</p> <p>On 7/3/2013 at 10:10am, the unit manager indicated " Medication orders for new admissions are called and verified with the doctor as soon as we get the discharge summary. Then the orders are faxed to pharmacy so meds will be obtained the same day. " The Unit Manager further indicated " if a medication is needed right away and is not available in the E-kit (Emergency kit), we can call pharmacy and have them call it in to backup pharmacy. "</p> <p>On 7/3/2013 at 10:45am, the Director of Nursing (DON), indicated nurse #1 was no longer employed by facility and was unable to be reached by phone for interview. The DON provided information of admission orders faxed to the pharmacy on 6/11/2013 at 9:45pm. The DON confirmed medications were not delivered by the pharmacy and were not obtained from backup pharmacy. The DON indicated " My expectation is that when we accept a resident, there will be no delay in treatment or meds given. "</p> <p>On 7/3/2013 at 12:34pm, during interview the attending physician indicated " My expectation is one of two things when residents are admitted to the facility in the afternoon. I expect them to give the medications. If they cannot give the medications, backup pharmacy should be called or they should not take the resident until the next day. " The attending physician further indicated " Some of these patients are so sensitive, that they need their medication. They will end up in heart failure or something. It is not fair for the guy to</p>	F 309			

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

PRINTED: 07/18/2013
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 07/03/2013
NAME OF PROVIDER OR SUPPLIER UNIVERSAL HEALTH CARE LILLINGTON			STREET ADDRESS, CITY, STATE, ZIP CODE 1996 EAST CORNELIUS HARNETT BOULEVARD LILLINGTON, NC 27546		
(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 309	Continued From page 3 end up in the hospital with pulmonary edema. "	F 309			