DEPARTMENT OF HEALTH AND HUMAN SERVICES

ENT OF HEALTH AND HUMAN SERVICES FOR MEDICARE & MEDICAID SERVICES			"A" FC	
OF ISOLATED DEFICIENCIES WHICH CAUSE	PROVIDER #	MULTIPLE CONSTRUCTION	DATE SURVEY	
ITH ONLY A POTENTIAL FOR MINIMAL HARM		A. BUILDING:	COMPLETE:	
ID INFS	345529	B. WING	9/25/2014	
OVIDER OR SUPPLIER	STREET ADDRESS,	CITY, STATE, ZIP CODE		
UNIVERSAL HEALTH CARE/NORTH RALEIGH		5201 CLARKS FORK DRIVE RALEIGH, NC		
SUMMARY STATEMENT OF DEFICIE	NCIES			
483.15(h)(2) HOUSEKEEPING & MA	AINTENANCE SER	RVICES		
The facility must provide housekeeping and comfortable interior.	g and maintenance s	ervices necessary to maintain a sanita	ary, orderly,	
Based on observation and staff intervie	ews, the facility faile		an in one of	
had three areas of large brown material	streaked down the	middle of the curtain. The brown str		
			wo beds had	
observed three large streaked areas of a between the two beds in the room. He expected the housekeeping staff to che performed deep cleaning on each room 9/22/14, the housekeeping staff should Administrative staff #4 stated his assist and had made a note to change the priv	dark brown substance stated the privacy curtain of the privacy curtain at least once a monn have immediately in tant had checked the vacy curtain but it ha	the in the center of the privacy curtain urtain should have been changed and in when they cleaned the room. He s th and, when the room was deep clean formed him of the soiled privacy cure room on $9/22/14$ after it had been de	that was he stated he aid they also aned on rtain. eep cleaned	
	FOR MEDICARE & MEDICAID SERVICES OF ISOLATED DEFICIENCIES WHICH CAUSE ITH ONLY A POTENTIAL FOR MINIMAL HARM D NFS OVIDER OR SUPPLIER AL HEALTH CARE/NORTH RALEIGH SUMMARY STATEMENT OF DEFICIE AL HEALTH CARE/NORTH RALEIGH SUMMARY STATEMENT OF DEFICIE 483.15(h)(2) HOUSEKEEPING & MA The facility must provide housekeepin and comfortable interior. This REQUIREMENT is not met as e Based on observation and staff intervie two rooms observed with soiled privac An observation conducted on 9/22/14 a had three areas of large brown material measured approximately twelve (12) ir An observation on 9/23/14 at 11:30 AN Iarge brown material streaks down the On 9/24/14 at 12:24 PM, Administrative the privacy curtains when they perform privacy curtains when they perform privacy curtain required changing. On 9/24/14 at 12:35PM, an observatio observed three large streaked areas of observed the housekeeping staff to che performed deep cleaning on each room 9/22/14, the housekeeping	FOR MEDICARE & MEDICAID SERVICES OF ISOLATED DEFICIENCIES WHICH CAUSE ITH ONLY A POTENTIAL FOR MINIMAL HARM D NFs 345529 OVIDER OR SUPPLIER AL HEALTH CARE/NORTH RALEIGH SUMMARY STATEMENT OF DEFICIENCIES 483.15(h)(2) HOUSEKEEPING & MAINTENANCE SEF The facility must provide housekeeping and maintenance s and comfortable interior. This REQUIREMENT is not met as evidenced by: Based on observation and staff interviews, the facility faile two rooms observed with soiled privacy curtain (room 216 An observation conducted on 9/22/14 at 4:25 PM revealed had three areas of large brown material streaked down the measured approximately twelve (12) inches or more in leng An observation on 9/23/14 at 11:30 AM revealed the prival large brown material streaks down the middle of the curtain On 9/24/14 at 12:35PM, an observation of room 216 was co observed three large streaked areas of dark brown substance observed three large streaked areas of dark brown substance brivacy curtains when they performed the daily cleanin privacy curtain required changing. On 9/24/14 at 12:35PM, an observation of room 216 was co observed three large streaked areas of dark brown substan	SUMMARY STATEMENT OF DEFICIENCIES PROVIDER # MULTIPLE CONSTRUCTION A BUILDING:	

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

The above isolated deficiencies pose no actual harm to the residents