

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

PRINTED: 06/11/2015  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>345183</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>05/14/2015</b>
NAME OF PROVIDER OR SUPPLIER  <b>UNIVERSAL HEALTH CARE &amp; REHAB</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>430 BROOKWOOD AVENUE NE CONCORD, NC 28025</b>		
(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 000	INITIAL COMMENTS  There were no deficiencies as a result of the complaint investigation survey. Event # MSPT11.	F 000			
F 225 SS=D	On 5/29/15 the 2567 statement of deficiency was amended at tag F371. 483.13(c)(1)(ii)-(iii), (c)(2) - (4) INVESTIGATE/REPORT ALLEGATIONS/INDIVIDUALS  The facility must not employ individuals who have been found guilty of abusing, neglecting, or mistreating residents by a court of law; or have had a finding entered into the State nurse aide registry concerning abuse, neglect, mistreatment of residents or misappropriation of their property; and report any knowledge it has of actions by a court of law against an employee, which would indicate unfitness for service as a nurse aide or other facility staff to the State nurse aide registry or licensing authorities.  The facility must ensure that all alleged violations involving mistreatment, neglect, or abuse, including injuries of unknown source and misappropriation of resident property are reported immediately to the administrator of the facility and to other officials in accordance with State law through established procedures (including to the State survey and certification agency).  The facility must have evidence that all alleged violations are thoroughly investigated, and must prevent further potential abuse while the investigation is in progress.  The results of all investigations must be reported to the administrator or his designated	F 225		6/1/15	

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

TITLE

(X6) DATE

Electronically Signed

06/02/2015

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 225	<p>Continued From page 1</p> <p>representative and to other officials in accordance with State law (including to the State survey and certification agency) within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review and staff interviews, the facility failed to complete and file to The North Carolina Health Care Personnel Registry, a 24-hour Initial Report (Allegation of Abuse) for 1 of 4 sampled residents (Resident #79). Findings included: Resident #79 was re-admitted to the facility on 2/23/2015 with active diagnoses which included dementia, anxiety, and depression. A review of the quarterly Minimum data Set dated 2/23/15 revealed Resident #79 had no hearing deficits, was able to communicate her needs, had no behavioral symptoms during the look back period, and was totally dependent on staff for bed mobility. Resident #79 had a Brief Interview for Mental Status (BIMS) score of 4, which indicated cognitive impairment. An interview on 5/11/2015 at 2:26 PM with Resident #79 revealed an unidentified nursing assistant (NA) told Resident #79 she would "get even with" Resident #79 for using disparaging language. Resident #79 stated, "I can't think of her (the NA) name. She's a dark skinned, thin black girl. I think she wears wigs because one day her hair is short and the next it's long. The president was on television and the "n" word came out of my mouth about him. So she said she'd get even with me. When she is asked to help put me in bed or move me up or down she's</p>	F 225	<p>Criteria #1: On 5/13/2015 the 24 hour report was completed and faxed and mailed to DHHS. The 5 day report was completed and faxed to DHHS on 5/14/2015.</p> <p>Criteria #2: The Administrator was trained by the Director of Operations in the timely reporting of an abuse allegation on 5/28/2015. Upon complaint of an allegation of abuse, an Abuse Intake Notification Form, will be completed that states the date and time of complaint, name of person making the complaint, signature of charge nurse notifying the administrator or on call RN, description of events, and a check off list which includes indication of initiation of investigation and completion and faxing of the 24 hour report and 5 day report to DHHS.</p> <p>Criteria #3: All staff received Abuse training on 5/14, 5/22, 5/26, &amp; 5/28, &amp; 5/29/2015 by the county Ombudsman, Lourie Abounader and facility ADON. The ADON in-serviced the staff on the use of the, Abuse Intake Form, on 5/14, 5/22, 5/26, 5/28, &amp; 5/29/2015. Upon receipt of an abuse intake the Abuse Form will be</p>		

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F 225	Continued From page 2 rough. I refuse to eat anything she brings me because it might be poisoned. I told the administrative staff and it's in my record that she isn't supposed to care for me, but she comes in to care for my roommate or me if another aide asks her to help." A review of the 24-Hour Initial Report submitted by the facility indicated a date of completion as 5/13/2015 and a faxed time of 10:40 AM to the North Carolina Health Care Personnel Registry. An interview on 5/11/15 at 3:50 PM with the Administrator (ADM) of the facility was conducted to provide the ADM with the allegations and description of the staff member given to this surveyor during an interview with Resident #79. An interview on 5/13/15 at 11:16 AM with the ADM revealed she did not start the abuse prohibition protocol because she did not know who the staff was that Resident #79 had described. She stated, "I did not know I was supposed to fill out a 24 hour report if I didn't know who the staff member was. The staff member Resident #79 referred to related to not caring for her, does not fit the description she gave to you." The ADM further stated, "If a resident comes to me with an allegation of abuse, I investigate it. I interview residents and staff. We fill out a 24 hour report, followed by a 5 day report. We suspend to staff member until the investigation is complete. If it's substantiated the employee is terminated and I report it to the HCPR or licensing board. I am the Abuse Prohibition Coordinator. An interview on 5/13/15 at 3:02 PM with the Director of Nurses (DON) revealed if she was told a resident was being abused she would inform the ADM, start an investigation by looking at assignments and getting a description from the resident. She stated she would remove the	F 225	forwarded to the administrator or designee immediately and investigation protocol to be initiated.  Criteria # 4: Administrator will report the occurrences of abuse and follow up investigation, which will include reviewing the 24 hour and 5 day report, in Quality Assessment and Assurance(QA&A),monthly for the next 12 months at which time the QA&A committee will determine if further auditing is needed.		

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F 225	Continued From page 3 accused staff member from the schedule while she was investigating and she would inform the staff member of the investigation. She further stated if the resident was cognitively impaired and could not give an accurate description she would remove whoever was working with that resident until the investigation was completed. She also stated she would interview other residents and fill out the 24 hour report if the ADM was not in the facility. The DON also stated Resident #79 had a short term memory deficit, "Her long term memory is much more reliable" and had "intermittent confusion, but "she's(Resident #79) usually reliable. "	F 225			
F 371 SS=E	483.35(i) FOOD PROCURE, STORE/PREPARE/SERVE - SANITARY  The facility must - (1) Procure food from sources approved or considered satisfactory by Federal, State or local authorities; and (2) Store, prepare, distribute and serve food under sanitary conditions  This REQUIREMENT is not met as evidenced by: Based on record review, interviews with facility staff and observations, the facility failed to A. date and label food items that were in storage and opened. B. keep the convection oven, the stove and the back splash over the stove clean. C. air dry 75 of 100 food trays that were stacked wet, clean 4 of 4 food carts; D. maintain a clean floor. E. maintain tray in good condition 6 of 100 trays	F 371	Criteria #1: On 5/11/15 & 5/13/15, all unlabeled and undated food items were disposed of, and food stored according to policy and procedure. On 5/14/2015 the convection oven, stove, and back splash over the stove was cleaned, and the serving trays were re-dried and inspected, and all damaged serving trays were	6/1/15	

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F 371	<p>Continued From page 4</p> <p>were in disrepair. The findings included:</p> <p>Review of the Dry Food Storage policy and procedure dated 9/2008 revealed in part: To store foods in a manner that would preserve food quality, prevent foodborne illness and avoid cross-contamination.</p> <p>Procedure 8. Seal, label and date each package, box, can, etc. with the date of receipt or when the item was stored after opening.</p> <p>10. Discard foods that have exceeded their expiration date.</p> <p>11. Keep food storage areas clean, free of spills/leaks and pest free.</p> <p>Review of the Cold Food Storage policy and procedure dated 9/2008 revealed in part: To store foods in a manner that will preserve food quality, prevent foodborne illness and avoid cross-contamination.</p> <p>Procedure 8. Store raw meats in drip proof containers and on shelves below fruits, vegetables and other ready to eat foods.</p> <p>12. Label and date refrigerated foods.</p> <p>A. Observations revealed 2 pounds (lbs.) of a 5 lb. bag of uncooked penne pasta was opened and undated. Observations revealed 3 lbs. of a 5 lb. bag of uncooked rotini was opened and undated.</p> <p>Observations in the walk-in freezer revealed a 20 pound bag of frozen corn with 2 lbs. remaining in the bag that was opened with no date. Frozen patties resembling beef patties, were not stored in the original container and not dated or labeled.</p> <p>Interview on 5/11/15 at 10:20 AM with the dietary manager revealed that he did not know why the</p>	F 371	<p>removed from service; and the kitchen floor was mopped. On 5/15/2015 all four food carts were cleaned.</p> <p>Criteria #2: All residents have the potential to be affected by the alleged practice, though no residents were found the be affected.</p> <p>Criteria # 3: On 5/12/2015 the Certified Dietary Manager(CDM) completed in-service training on dating and labeling food, cleaning of kitchen equipment and floor, properly drying dishes and serving trays, and cleaning of the food carts. On 5/17/2015 a daily cleaning schedule for the dietary department was implemented and a daily cleaning schedule audit form to be completed and reviewed by the CDM or designee. A sanitation inspection to be completed daily for (3) months by the CDM or designee, to ensure compliance of sanitation and proper storage of foods by the dietary department. The Registered Dietician will complete a sanitary inspection on their monthly visit with results forwarded to Administrator.</p> <p>Criteria #4: The CDM will report findings to Quality Assessment and Assurance(QA&amp;A)committee monthly for the next (4) months, at which time the QA&amp;A committee will determine if further monitoring is needed.</p>		

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F 371	<p>Continued From page 5 items were not dated.</p> <p>B. Observations of the kitchen on 5/11/15 at 10:00 AM revealed the back splash on the stove had an accumulation of black colored substance. The (2) ovens located under the stove top had an accumulation of black matter that was bubbled up on the bottom. The convection oven had a yellow colored substance dripping along the glass door the sides of the interior.</p> <p>During the observation of the kitchen with the Maintenance Manager on 05/14/2015 at 10:14:13 AM, revealed he agreed that the back splash was dirty.</p> <p>Interview on 05/14/2015 at 11:00 AM with the second shift cook revealed she cleaned the stove when she made a mess. She was the fill-in cook for this week. Normally the main cook would look and see if the stove needed to be cleaned. The dietary manager nor the cook could determine the last time the ovens and stove were cleaned.</p> <p>C Observations with the dietary manager on 5/14/15 at 10:30 AM revealed 75 of 100 food trays were stacked wet and ready to use on the tray line.</p> <p>Observations on 5/14/15 at 10:44 AM revealed 4 of 4 tray delivery carts were dirty around the bottom of the carts with black debris. The top of stove drip pans and the stove top had spills on them, white, gray and brown areas noted.</p> <p>Interview with the dietary manager on 5/14/15 at 10:50 AM revealed that the delivery carts were to be washed the last day of the month. The delivery carts were not cleaned according to the schedule.</p> <p>D. Observations on 5/14/15 at 10:44 AM</p>	F 371			

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F 371	<p>Continued From page 6</p> <p>revealed that the floor in the kitchen had a spill that a dried, dark brown substance in the corner of the kitchen.</p> <p>Interview on 5/14/15 at 11:00 AM with the cook revealed that the second shift was responsible for cleaning the floor.</p> <p>E. Six of 100 food trays had the brown outer covering of the tray broken off, exposing the interior layer of the trays, off white in color with brown throughout.</p> <p>Interview on 05/14/2015 at 11:15 AM with the dietary manager revealed that first shift cleaned the dry storage area by the pot washing sink and thawing sink. Both shifts cleaned the dishwashing area.</p>	F 371			