PRINTED: 08/21/2015 FORM APPROVED OMB NO. 0938-0391

NAME OF PROVIDER OR SUPPLIER UNIVERSAL HEALTH CARE LILLINGTON STREET ADDRESS, CITY, STATE, ZP CODE 1995 EAST CORRECTION (CAL) D (CA	AND DIAN OF CODDECTION DENTIFICATION NUMBER:		. ,	X2) MULTIPLE CONSTRUCTION (X3) DAT CON				
UNIVERSAL HEALTH CARE LILLINGTON P(A) ID P(A) ID PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY WIST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) F 157 A 83.10(b)(11) NOTIFY OF CHANGES (INJURY/DECLINE/ROOM, ETC) A facility must immediately inform the resident; consult with the resident's physician; and if known, notify the resident which results in injury and has the potential for requiring physician intervention; a significant change in the resident's sphysical, mental, or psychosocial status (i.e., a deterioration in health, mental, or psychosocial status (i.e., a deterioration in health, mental, or psychosocial status (i.e., a meximal conditions); a need to alter treatment significantly (i.e., a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or a decision to transfer or discharge the resident from the facility as specified in §483.12(a). The facility must also promptly notify the resident and, if known, the resident's legal representative or interested family member when there is a change in room or roommate assignment as specified in §483.15(e)(2); or a change in resident rights under Federal or State law or regulations as specified in paragraph (b)(1) of this section. The facility must record and periodically update the address and phone number of the resident's legal representative or interested family member.			345213	B. WING _				
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Based on record review and staff and family interviews the facility failed to assure the responsible party was notified regarding a change admission or agreement by the provider of ABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE	SS=D	(INJURY/DECLINE A facility must immer consult with the resident involving the injury and has the printervention; a significantly (i.e., a existing form of treatment); or a decident from the status in either life to clinical complication significantly (i.e., a existing form of treatment); or a decident from the status in either life to clinical complication significantly (i.e., a existing form of treatment); or a decident from the status in either life to consequences, or to treatment); or a decident resident from the status in either life to consequences, or to treatment); or a decident resident from the status in either life to consequences, or to treatment); or a decident resident from the status in either life to consequences, or to treatment); or a decident resident from the status in either life to consequences, or to treatment); or a decident resident from the status in either life to consequences, or to treatment); or a decident resident from the status in either life to consequences, or to treatment); or a decident resident from the status in either life to consequences, or to treatment); or a decident resident from the status in either life to consequences, or to treatment); or a decident resident from the status in either life to consequences, or to treatment); or a decident from the status in either life to consequences, or to treatment); or a decident from the status in either life to consequences, or to conseq	ediately inform the resident; ident's physician; and if sident's legal representative nily member when there is an the resident which results in sotential for requiring physician ficant change in the resident's psychosocial status (i.e., a lth, mental, or psychosocial threatening conditions or as); a need to alter treatment meed to discontinue an atment due to adverse to commence a new form of sision to transfer or discharge the facility as specified in the sident's legal representative member when there is a troommate assignment as 5(e)(2); or a change in the rederal or State law or iffied in paragraph (b)(1) of the cord and periodically update one number of the resident's eror interested family member. Note that the resident's eror interested family member.		Preparation and/or execution of this of correction does not constitute admission or agreement by the provided in the control of the correction of the correction does not constitute admission or agreement by the provided in the correction of the correction does not constitute admission or agreement by the provided in the correction of the correction does not constitute admission or agreement by the provided in the correction of the correction does not constitute admission or agreement by the provided in the correction of the correction does not constitute admission or agreement by the provided in the correction does not constitute admission or agreement by the provided in the correction does not constitute admission or agreement by the provided in the correction does not constitute admission or agreement by the provided in the correction does not constitute admission or agreement by the provided in the correction does not constitute admission or agreement by the provided in the correction does not constitute admission or agreement by the provided in the correction does not constitute admission or agreement by the provided in the correction does not constitute admission or agreement by the provided in the correction does not constitute admission or agreement by the provided in the correction does not constitute admission or agreement admission does not constitute ad	olan der of		

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

(X6) DATE

Electronically Signed

08/07/2015

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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: (X2) MULTIPLE CONSTRUCTION A. BUILDING C O7/24/2015 STREET ADDRESS, CITY, STATE, ZIP CODE 1995 EAST CORNELIUS HARNETT BOULEVARD LILLINGTON, NC 27546 (X4) ID PREFIX TAG (X2) MULTIPLE CONSTRUCTION A. BUILDING DEFICIENCIES STREET ADDRESS, CITY, STATE, ZIP CODE 1995 EAST CORNELIUS HARNETT BOULEVARD LILLINGTON, NC 27546 PREFIX TAG CROSS-REFERENCED TO THE APPROPRIATE DATE OTHER APPROPRIATE DATE	CLIVILING I ON MILDI
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in condition for one (Resident # 1) of two sampled residents whose families were interviewed. The findings included: Review of Resident # 1 's closed record revealed the resident resided at the facility from his most recent readmission date of 2/13/15 until 7/13/15 upon which date he was discharged home. The resident had multiple diagnoses which included but were not limited to the following: Diabetes Mellitus Type 2; Gout; Neuropathy, Congestive Heart Failure, Chronic Airway Obstructive Disease, Depression, and Lung Cancer. The resident was also documented as having problems with edema and mild venous stasis changes in his lower extremities. Review of interdisciplinary notes revealed different notations related to the resident 's cognitive abilities. Specifically on 7/9/15 at 12:07 AM a nurse documented that the resident was "alert and oriented X 3." On 7/12/15 at 3:25 AM another nurse documented that the resident was "alert and oriented to self and facility. He is forgetful and makes poor decisions. Able to make needs known but must rely on staff to anticipate some of his needs i.e. changes of cloths" Review of the resident' record revealed to be his responsible party. Review of the resident' s nursing notes and interdisciplinary notes from the date of 7/7/15 through 7/13/15 revealed no documentation that the resident had a foot wound, its condition, that wound care was being provided to the resident, or that the family member was notified that the resident had a foot wound, its condition, that wound care was being provided to the resident, or that the family member was notified that the resident and foot wound, its condition, that wound care was being provided to the resident, or that the family member was notified that the resident had a foot wound, its condition, that wound care was being provided to the resident, or that the family member was notified that the resident had a foot wound, its condition, that wound care was being provided to the resident and foot wound, its condition, that wound care	in condition for residents who findings included Review of Resident in recent readmupon which or resident had but were not Mellitus Type Heart Failured Disease, Depresident was problems with changes in heart Review of interest and oriest and into 7/7/15 through documentation wound, its coprovided to the second or second or the provided to the second or second o

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resident. He stated he removed a couple from his ulcer and that there were maggots on his clothes and in his right shoe. The resident 's family member, who was listed as the resident 's responsible party, was interviewed on 7/23/15 at 11:45 AM by phone. The resident 's family member stated she arrived to take the resident home on 7/13/15 because there was a plan for him to be discharged that date. The family member stated when she arrived at the facility the resident was gone. The family member stated she was asked to have a seat in the lobby and shortly thereafter the resident arrived in the transport van. The family member stated that as the resident told her that he had been to a doctor because he had maggots in his toe. The family member stated that the resident told her that he knew his toe was swollen but that he also had gout and that he had attributed the swelling of his toe to the gout. The family member stated that she had there was a problem with his toe or about there notification of responsible party for any resident with a change of condition by DON/ADON/Unit Manager. Any discrepancies noted at that time will be reviewed with employee with appropriate intervention as deemed necessary by the DON. e. Responsible party will be notified by nurse of resident's change of condition and document notification in resident's medical record. f. DON/ADON/Unit Manager. f. DON. DON/ADON/Unit Manager. f. DON/ADON/Unit Manager. for eviewed with employee with appropriate intervention as deemed necessary by the DON. e. Responsible party will be notified by nurse of resident's change of condition and document notification in resident's medical record. f. DON/ADON/Unit Manager. f. DON/ADON	F 157	wound and was sch Record review reverse a wound clinic on 7 necrotic toe ulcer word consulting physicial insulin dependent of necrosis at the dorse Multiple maggots wound further domoderate "tunnelling maggots had debried physician was interested to the stated ulcer and that there and in his right shour the resident 's family member stated and in his right shour the resident 's respon 7/23/15 at 11:45 family member stated she was ask and shortly the resident stated she was ask and shortly the resident was as facility, the resident doctor because he family member stated that he knew his too had gout and that he first the tot the gout that this was the first stated she was the first stated she stated that he knew his too had gout and that he first the the stated she sate that he knew his too that this was the first stated she sate that he knew his too that this was the first stated she was the first stated she was as facility, the resident was as facility, the resident doctor because he family member stated she was the first stated	heduled for a consult. 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The family member stated st knowledge that she had	F 1	57	party and date notified of scheduled appointment. b. All nurses will be educated by the DON/ADON/administrative nurses of protocol for resident's change of containing and notification of responsible party nurse not receiving education by 8/2 will not be allowed to work until they received the education. All new nur the facility will receive education durorientation. c. Nurses will notify MD/DON/ADON Manager of all residents' change of condition. d. Weekly audit of documentation of notification of responsible party for a resident with a change of condition DON/ADON/Unit Manager. Any discrepancies noted at that time will reviewed with employee with approprintervention as deemed necessary be DON. e. Responsible party will be notified nurse of resident's change of condition and document notification in resider medical record. f. DON/ADON/Unit Manager/Nursin Supervisor will review daily (includin weekends) all residents with a chancondition, notification of responsible and documentation. If not complete follow-up will be done immediately and documentation. If not complete follow-up will be done immediately and the facility plans to evaluate effectiveness of the corrective action DON/ADON will submit summary of to monthly Quality Assurance and	on the ndition . Any 21/15 have reses to ring . I/Unit fany by	

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED		
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	about any problems that he had magged Interviews were cor at the following time interviewed on 7/23 interviewed on 7/24 interviewed on 7/24 was interviewed on 7/24 was interviewed on interview with NA # resident had greeni and a lot of magget his toes when she is stated she had imm and Nurse # 2. The # 2 revealed their a because the NA rep. During the interview acknowledged that on the resident 's is 3 was the hall nurse day and she though after the order was arrangements for the wound clinic. Nurse interview that she the family because Nur for the resident 's f supervisor on that continued in the condition maggots were discontinued in the condition maggots were	aducted with the following staff es: NA (Nurse Aide) # 1 was 1/15 at 1:05 PM; Nurse # 2 was 1/15 at 12 noon; Nurse # 1 was 1/15 at 9:50 AM; and Nurse # 3 7/23/15 at 3:10 PM. The 1 revealed that on 7/12/15 the sh drainage around his toes is crawled out from between began to clean them. NA # 1 interviews with Nurse # 1 and interviews with Nurse # 2 stated Nurse # 2 stated Nurse # 2 stated Nurse # 3 called the family obtained to make the resident to be seen at the es # 3 stated during her hought Nurse # 2 called the se # 2 was the one who cared not and was designated as late. Siriector of Nursing and 24/15 at 8:10 AM revealed formed the family member of the resident ' s toes when overed between his toes on ese staff members stated they are of the resident ' s			Revisions to this plan will be determined by the QA Committee.	nined	
F 226	condition on 7/12/19 483.13(c) DEVELO		F 2	26			8/21/15

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	policies and proce mistreatment, neg	levelop and implement written edures that prohibit plect, and abuse of residents ion of resident property.				
	by: Based on record interview and resident their completed investig (Resident # 1) of the findings included an investigate findings into a reputational sillness. "The political findings into a reputational sillness into	review, staff interviews, family dent interview the facility failed reglect policy to assure a gation was done for one hree sampled residents. ded: lity's policy on neglect policy identified neglect as the goods and services necessary narm, mental anguish, or mental by directed that the facility staff neglect and formulate their port. The following information resident's medical record and do the facility failed to complete to the development of Resident nich was found to have in it was initially identified by need treatment. Specifics ical review and interviews are not the facility from his most in date of 2/13/15 until 7/13/15 ne was discharged home. The ple diagnoses which included and to the following: Diabetes		1. Corrective action accomplete and thoroughness by the post of reviewed on 7/28/15 for cothoroughness by the DON/Manager. All incidents investing the alleged deficient practice: All incidents for the past 60 reviewed on 7/28/15 for cothoroughness by the DON/Manager. All incidents investing the alleged deficient practice: a. Nurses educated to reposite the post of recovery action of the past of th	ave been ricient practice: ed home with istrator was d Neglect Policy egional Director n of alleged 2015 by DON s completed by ill be sidents having the same D days were empletion and ADON/Unit estigations were to ensure that ce will not ort all incidents vestigation falls with injury,	

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F 226	Heart Failure, Chro Disease, Depression resident was also of problems with eder changes in his lower the DON (Director on 7/24/15 at 8:10 and diagnoses and medischarge the reside future and hoped to period of time and relation to his Lung Review of the reside (Minimum Data Servealed the reside coded in the followic coded as having a Interview for Menta have cognitive impainterview; as not reassessment period bed mobility, transformeding limited assoneeding supervision hygiene needs, and part of his bathing. Review of the reside on 5/18/15, revealed be at risk of skin brimpaired mobility, I range of motion in I had thin fragile skin multiple intervention limited to the follow treatment as ordered preventative skin can review of interdiscing different notations of the residence of the follow treatment as ordered preventative skin can review of interdiscing different notations of the residence of the follow treatment as ordered preventative skin can review of interdiscing different notations of the residence of the follow treatment as ordered preventative skin can review of interdiscing different notations of the residence of the follow treatment as ordered preventative skin can review of interdiscing different notations of the residence of the follow treatment as ordered preventative skin can review of interdiscing different notations of the follow treatment as ordered preventative skin can review of interdiscing different notations of the follow treatment as ordered preventations of	nic Airway Obstructive on, and Lung Cancer. The ocumented as having na and mild venous stasis er extremities. Interview with of Nursing) and administrator AM regarding the resident 's dical status revealed that upon ent was optimistic about his olive at home for an extended was considered stable in Cancer. ent 's most recent MDS e) assessment, dated 7/8/15, nt 's abilities and status were ng way: The resident was escore of 15 for his BIMS (Brief I Status) indicating he did not airment at the time of the electing staff care during the er; as being independent with ers, and locomotion; as istance with dressing; as a assistance for personal d as needing physical help with ent 's care plan, last reviewed d the resident was identified to eakdown secondary to Diabetes, Gout, decreased his left hand and because he as which included but were not ing: Skin Inspections routinely; ed if indicated; and	F 2	226	of new pressure ulcers to DON/ADO person or by phone and document hour report and on facility incident regan on 7/29/15. DON/ADON will all incidents with outcomes requiring investigation to Administrator in perby phone. Any nurse not receiving education by 8/21/15 will not be allowork until they have received educated. DON/ADON/Unit Manager/Nursis Supervisor will review nurses 24 horeport daily for all incidents. Adminiwill review facility incident reports Monday-Friday to ensure investigated are completed as needed. c. DON/ADON/SW to initiate investimmediately. All investigations to be completed thoroughly and accurate within 5 days of incident. d. DON to maintain log of all incident dates, date investigation was initiated date of completion of investigation outcome. 4. How the facility plans to evaluate effectiveness of the corrective action DON/ADON will submit summary of immediate notification of incident to monthly Quality Assurance and Performance Improvement meeting months then quarterly thereafter. Revisions to this plan will be determined by the QA Committee.	on 24 eport report g son or owed to ation. ng our strator ions igation e ly nt ed and with the on: f	

AND DUAN OF CORRECTION INDENTIFICATION NUMBER:		` '	(2) MULTIPLE CONSTRUCTION . BUILDING		(X3) DATE SURVEY COMPLETED	
		345213	B. WING		0	C 7/24/2015
	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP O 1995 EAST CORNELIUS HARNETT LILLINGTON, NC 27546	CODE	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFI TAG		N SHOULD BE	(X5) COMPLETION DATE
F 226	AM a nurse documalert and oriented another nurse docalert and oriented another nurse docalert and oriented forgetful and makeneds known but rome of his needs Review of the resident seen by a constoot wound. Review notes and interdiscontes and interdisconte and interdisconte and interdisconte and interdisconte and interdisconte and july skipped an	nented that the resident was "X 3." On 7/12/15 at 3:25 AM umented that the resident " is to self and facility. He is as poor decisions. Able to make must rely on staff to anticipate i.e. changes of cloths" dent's record revealed a mone order, dated 7/12/15, that a to be made for the resident to ulting physician concerning his w of the resident's nursing siplinary notes from the date of	F 2	226		

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		, ,	TIPLE CONSTRUCTION	` '	(X3) DATE SURVEY COMPLETED	
		345213	B. WING		07	C / 24/2015
	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP COD 1995 EAST CORNELIUS HARNETT BO LILLINGTON, NC 27546)E	72-172010
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG	PROVIDER'S PLAN OF CORRI (EACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE AP DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE
F 226	obtained from the particular facility on 6/12/15. 7/23/15 and obtain protocol revealed to 6/12/15 that the redeveloping to R # 4 wound care nurse area with the approximate approximate attending physical formular their feet and work progress report if the two he felt needs was asked about the which noted an ulcattending physiciar of venous insufficient could have color changes which needed treat Review of the 7/13 revealed the consulting physician further demoderate the dor Multiple maggots wanother one inside physician further demoderate tunnel maggots had debrit The wound physicion 7/24/15 at 10:15	The DON stated she called on ed the protocol. Review of the hat the podiatrist noted on sident had an "ulceration 4 dorsal toe" and that the should evaluate and treat the should evaluate and treat the oval from the primary physician. Sician was interviewed on I and stated he saw the 5. The physician stated that he sident's socks off and looked ould have noted in his last the resident had a toe ulcer ed treatment. The physician he podiatrist notation of 6/12/15 eration was developing. The in stated that with the diagnoses ency and Diabetes that the ency an	F 2	26		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		345213	B. WING				C 24/2015
NAME OF I	PROVIDER OR SUPPLIER	<u> </u>		S	STREET ADDRESS, CITY, STATE, ZIP CODE	1 0111	24/2010
					1995 EAST CORNELIUS HARNETT BOULE	/ARD	
UNIVERS	SAL HEALTH CARE L	ILLINGTON		LILLINGTON, NC 27546			
(X4) ID		ATEMENT OF DEFICIENCIES	ID		PROVIDER'S PLAN OF CORRECTIO		(X5) COMPLETION
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F 226	Continued From pa	age 8	F 2	226			
	maggots on the res	sident. He stated he removed a					
	couple from his ulc	er and that there were					
		thes and in his right shoe. The					
		e maggots were big. The					
		was not an expert on					
		nis observation they appeared					
		tage of development. The tated that he would estimate					
		four days old. The wound					
		at no test had been done or					
		nered on that date to further					
	verify the stage of t						
	The resident 's fan	nily member, who was listed as					
		ponsible party, was interviewed					
		5 AM by phone. The family					
		ncerns that the Diabetic					
		re not being assessed and felt					
		y have been negligent in his					
		ember stated that no one had r how the resident had					
		cer and how long it had been					
		nember stated she had no					
		as a toe ulcer or maggots					
		or to the date of 7/13/15. The					
		ted that she went to the facility					
		7/13/15 because the resident					
		e discharged home that day.					
		r stated when she arrived to					
		at she found the resident was					
	-	he family member stated she					
		a seat in the lobby and shortly					
		lent arrived in the transport					
		ember stated that as the ted from the van into the					
		t told her that he had been to a					
	•	had maggots in his toe. The					
		ted that the resident told her					
		e was swollen but that he also					
		ne had attributed the swelling					

` ,		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		345213	B. WING			C 7/24/2015	
	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP 1995 EAST CORNELIUS HARNETT LILLINGTON, NC 27546	CODE		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG		ON SHOULD BE E APPROPRIATE	(X5) COMPLETION DATE	
F 226	of his toe to the go that the resident a had been found in Aide) prior to 7/13 things climbed our cared for him. The after the resident went to the reside belongings and th # 1. The family m # 1 how the reside condition it was for the nurse that the way in a twenty for member stated the maggots had he wore and that staff check his feed. The resident was 7/23/15 directly for family member. The thought it was Frick corresponded to 7 hurting. He stated on to go outside a at his toes before stated he knew his that he couldn't stated he thought and pain. The resident was 1 that the NA left the stated that a nurse whom he could not dressed his toe. Thought this same and then changed stated he went to	out. The family member stated also told her that the maggots his toe by a facility NA (Nurse /15 and that a "whole bunch of tof his toe" when the NA had a family member stated that told her about the issue, she nt's room to collect his at she stopped to talk to Nurse ember stated she asked Nurse ent's foot got to be in the und that day, and was told by resident's foot could get that ur hour period. The family at the nurse further stated that been found in his house shoes the resident would not let the	F 2	226			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		` '	TIPLE CONSTRUCTION ING		(X3) DATE SURVEY COMPLETED	
		345213	B. WING		07	C / 24/2015
	PROVIDER OR SUPPLIER	ILLINGTON		STREET ADDRESS, CITY, STATE, ZIP CODI 1995 EAST CORNELIUS HARNETT BOI LILLINGTON, NC 27546	Ē	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
F 226	were crawling in his shoe off at the wou Review of the reside received a shower NA # 2, who was a assistance on that 7/23/15 at 2:55 PM 7/10/15 the resider when she approaching the first stated the resident kept approaching his that when the resident kept approaching his that when the resident shower that he did himself. NA # 2 stated the creach parts of his baccess to clean and the lower part of his NA # 2 stated the chim was with wash asked if the resider and stated she did didn't watch close independence in hi NA # 2 stated the rhimself independer According to staffir dayshift NA assigned Saturday (7/11/15) was interviewed on stated that Resider arrived to work. NA Sunday, 7/12/15, oidentified to have a stated that the resider arsistance on the answered his light,	s shoe when they took the and clinic. Hent's records revealed he last on the evening shift of 7/10/15. ssigned to provide his shower date, was interviewed on the was not ready for his shower ned the resident on multiple st part of her shift. NA # 2 appeared irritated that she him and offering. NA # 2 stated tent became ready for his almost all of the shower by ted the resident sat in a bould stand independently to body which he needed to do that he stretched to bathe is body while sitting in the chair. Only assistance she provided ing his back. NA # 2 was not trecall because she really ally given the resident's scare. Following the shower, esident dried and dressed	F 2	26		

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		345213	B. WING	_			C 24/2015
NAME OF I	PROVIDER OR SUPPLIER			ST	TREET ADDRESS, CITY, STATE, ZIP CODE	0112	24/2013
					995 EAST CORNELIUS HARNETT BOULEV	ARD	
UNIVERS	SAL HEALTH CARE L	ILLINGTON			ILLINGTON, NC 27546		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETION DATE
F 226	could look at it so so nurse of his need postated that the resist she looked at his for between his 3rd and you get in your eye. The NA stated shorder to clean between the NA state wipe in and out frow whole lot of them toes. The NA clariful maggots when she stated that she got not want to upset the covered the reside (the unit manager) assigned to do treat was questioned if a had talked to her powas speaking to the happened. The NA NA # 1 stated that called her to come needed to write a surveyor. Nurse # 2 was inteat 12 noon. Nurse asked her and Nur Resident # 1 's foo 2 stated that she at at the same time. Note that the same time. It is not the bed and that crawling or moving the state of the resident was a survey or the same time. It is not the bed and that crawling or moving the state of the resident was a survey or the same time. It is not the bed and that crawling or moving the same time of the bed and that crawling or moving the same time of the same time of the bed and that crawling or moving the same time of the same t	she asked the resident if she she could better inform the prior to getting her. NA # 1 dent was agreeable and when bot that it appeared "gunky" at 4th toe; "like green stuff is when you sleep sometimes. The got a cleansing wipe in ween his toes before getting the ed as she was moving the imbetween his toes that "a came out from between his fied that she was referring to estated "them." The NA sick on her stomach but did the resident and so she int and went to get Nurse # 1 and Nurse # 2 (the nurse atments for that day). NA # 1 an administrative staff member rior to the day on which she is esurveyor about what a responded, "not until today." the Director of Nursing had to the facility, informed her she estatement and speak to the statement a	F 2	226			

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ,	TIPLE CONSTRUCTION		TE SURVEY MPLETED
		345213	B. WING		07	C / 24/2015
	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CO 1995 EAST CORNELIUS HARNETT B LILLINGTON, NC 27546	DDE	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
F 226	toe which the nurs and not discolored to wash and dry th stated the resident and she asked the Nurse # 2 stated the physician and obtaresident evaluated clinic. Nurse # 2 stated clinic. Nurse # 2 stated the dead and not on the stated she saw no Nurse # 2 stated the feet, she remove the resident 's feet bugs in the used to then disposed of the asealed trash bag Nurse # 2 stated she shed linens were asked the resident when he put his shold her he had not look in his shoes of described the resident was questioned by staff members had of the survey about stated she thought the first day they habout the resident murse stated that the called her and left Nurse # 1, who make the sident # 1 resident # 1 re	e described as clean, intact, . Nurse # 2 stated she helped e resident ' s feet. Nurse # 2 did not appear to be in pain hall nurse to call the physician. he hall nurse called the hined an order to have the the next day at the wound ated that there were two or ligs on the bed but they were he resident. The hall nurse more than the two dead ones. hat after washing the resident ' he did he towel from underneath thand she placed the two dead owel. The nurse stated she he towel by throwing it away in hin the dirty laundry room. he did not know if the resident ' changed. Nurse # 2 stated she hif he had noticed anything hoes on that day and he had the Nurse # 2 stated she did not he that date. Nurse # 2 dent as cooperative. Nurse # 2 the surveyor if administrative It talked to her prior to the date the that happened. Nurse # 2 the surveyor if administrative It talked to her prior to the date that happened. Nurse # 2 the surveyor if administrative It talked to her prior to the date that happened. Nurse # 2 the surveyor if administrative It talked to her prior to the date that happened. Nurse # 2 the surveyor if administrative It talked to her prior to the date that happened. Nurse # 2 the surveyor if administrative It talked to her prior to the date that happened. Nurse # 2 the surveyor if administrative It talked to her prior to the date that happened. Nurse # 2 the surveyor if administrative It talked to her prior to the date that happened. Nurse # 2 the surveyor if administrative It talked to her prior to the date that happened. Nurse # 2 the surveyor if administrative It talked to her prior to the date that happened. Nurse # 2 the surveyor if administrative It talked to her prior to the date	F 2	26		

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	LTIPLE CONSTRUCTION DING	(X3) DATE SURVEY COMPLETED
		345213	B. WING	i		C 07/24/2015
	PROVIDER OR SUPPLIEF			STREET ADDRESS, CITY, STATE, ZIP CODE 1995 EAST CORNELIUS HARNETT BOULEVARD LILLINGTON, NC 27546		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG		ION SHOULD E HE APPROPRI	
F 226	few minutes befor Nurse # 1 stated w 2 had already star Nurse # 1 stated the stated the resident is skin was flaky, drainage. Nurse # maggot on the best the resident if he had looked in the that she had place resident and his festoes. Nurse # 1 fuzzy slippers and time outside while stated Resident # when she arrived around 5 PM whe was questioned by to the resident about	e entering the resident 's room. when she entered that Nurse # ted to soak the resident 's foot. hat she looked at the resident ' see maggots on it. Nurse # 1 t's toe was pale-reddish and but there was no open area or 1 stated she saw only one d. Nurse # 1 stated she asked had bumped it or someone had and Nurse # 1 stated the how. Nurse # 1 was asked if she resident 's shoes and stated de all her attention on the het and had not looked in his stated the resident usually wore would spend the majority of his wearing the slippers. Nurse # 1 1 typically would be outside at 7 AM and would be outside at 9 the surveyor if she had talked but whether the nurses had afeet, and Nurse # 1 stated she sident. Nurse # 1 stated she sident. Nurse # 1 stated she sident he Director of Nursing and about the maggots on Sunday, sheets revealed Nurse # 3 was lent # 1 's dayshift hall nurse and 7/12/15. Nurse # 3 and 7/23/15 at 3:10 PM. Nurse # 3 and 7/2		226		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED C	
		345213	B. WING		07	// 24/2015
	PROVIDER OR SUPPLIER		,	STREET ADDRESS, CITY, STATE, ZIP CODE 1995 EAST CORNELIUS HARNETT BOU LILLINGTON, NC 27546		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES YMUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APF DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
F 226	and that there was Nurse # 2 instructors with a stated sorder for the resided clinic. Nurse # 3 stated sorder for the resident 's for the resident 's for the resident 's for the resident stated the resident would allow for they needed to be the Director of Nurincident but that the care that day a of what had transpart As noted above the physician was interested that the resident worsen quickly. The Diabetes, Gout, Mas some examples he did not see the identified and there the maggots which wound. The DON (Directors were interviewed of stated that she tall and would provide into the matter. The that the resident would the resident would the statements; the statements;	the resident's toes to show her a "bug." Nurse # 3 stated ed her to call the physician and he called and obtained an ent to be seen by the wound rated that Nurse # 1 took care foot that day and that she did lation to foot care other than a calling to get an order for him wound clinic. Nurse # 3 dent as "sweet" and stated his feet to be checked when checked. Nurse # 3 stated that raing had asked her about the e supervisor was the one doing and she had limited knowledge	F 226			

	OF DEFICIENCIES DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	RIPLE CONSTRUCTION NG		MPLETED
		345213	B. WING		07	C 7/ 24/2015
	PROVIDER OR SUPPLIER	ILLINGTON		STREET ADDRESS, CITY, STATE, ZIP CO 1995 EAST CORNELIUS HARNETT E LILLINGTON, NC 27546	ODE	72-72010
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COF ((EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE ADDITIONAL DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
F 226	1:05 PM, NA # 1 in 7/23/15 was the fire requested to give a about the incident. no further docume investigation into the provided other than On 7/23/15 at 5 PN inspection report we noted above the respect revealed five documented that the during weekly skeet noted above one of this entry on the data on which the podiate resident had a work was questioned responsible for the about the findings assessments. The talked to any of the responsible for the while investigating asked if she had downard what had transpire and 7/13/15 and were removed from the initially identified or would have to look. The DON and adm 7/24/15 at 8:10 AM stated that on Sund into the building and into	with NA # 1 on 7/23/15 at formed the surveyor that st date she had been a statement and questioned During the survey, there was notation of a completed he potential negligent care in the three statements. If the resident 's skin has reviewed with the DON. As view of this skin inspection different nurses had he resident 's skin was "intact in assessments. Also as if the nurses had documented the of 6/12/15; the same date trist had documented the ind on his 4th toe. The DON garding whether she had be about the discrepancy in her is ment versus the podiatrist and talked to the other nurses of their weekly skin DON stated she had not a nurses yet who had been resident 's weekly skin audits the incident. The DON was betermined by her investigation of between the date of 7/12/15 by the maggots were not fully resident when they were in 7/12/15. The DON stated she		26		

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	PLE CONSTRUCTION IG	COMPLETED
		345213	B. WING _		C 07/24/2015
	PROVIDER OR SUPPLIER	ILLINGTON		STREET ADDRESS, CITY, STATE, ZIP CODE 1995 EAST CORNELIUS HARNETT BOULEV LILLINGTON, NC 27546	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE COMPLÉTION
F 226 F 309 SS=D	seen at the wound administrator and E resident was sent or clinic and upon his had been discharge and DON stated the resident or his familiand were not aware issue had begun or and DON stated the wound physician to the resident and his stage the maggots found. 483.25 PROVIDE OF HIGHEST WELL B Each resident must provide the necession maintain the high mental, and psychological provides the second and psychological provides the second administration and psychological provides the provides the provides the psychological p	ments for the resident to be clinic the next morning. The DON stated that by 7/13/15 the out very early to the wound arrival back to the facility he ed home. The Administrator by had not talked to the ly member about the situation of that the resident thought the far 7/10/15. The administrator by also had not talked to the gather information related to a care or tried to identify what had been in when initially	F 22		8/21/15
	by: Based on record refamily interviews for sampled residents necessary care of a treating a Diabetic maggots within it. The findings include Review of Resident	eview, and staff, resident, and r one (Resident # 1) out of five the facility failed to provide the assessing skin changes and resident 's ulcer found to have ed: # 1 's closed record revealed that the facility from his most		 Corrective action accomplished those residents found to have beer affected by the alleged deficient practice. Resident #1 was discharged home his wife on 7/13/15. How corrective action will be accomplished for those residents he potential to be affected by the same alleged deficient practice: 	actice: with aving

PRINTED: 08/21/2015 FORM APPROVED OMB NO. 0938-0391

CLIVILI	TO I OIT WILDIOAITE	A MEDICAID SERVICES			<u> </u>	VID IVO.	0930-0391
	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '		E CONSTRUCTION		SURVEY PLETED
		345213	B. WING			07/2	24/2015
NAME OF F	PROVIDER OR SUPPLIER			S	TREET ADDRESS, CITY, STATE, ZIP CODE		
		U L INGTON		19	995 EAST CORNELIUS HARNETT BOULEV	ARD	
UNIVERS	SAL HEALTH CARE L	ILLINGTON		L	ILLINGTON, NC 27546		
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID		PROVIDER'S PLAN OF CORRECTION	V	(X5)
PREFIX TAG		/ MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREF TAG		(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)		COMPLÉTION DATE
F 309	Continued From pa	ae 17	' F:	309			
	·	date of 2/13/15 until 7/13/15	. ,		a. Skin assessments of all resident	s was	
		was discharged home. The			completed by nurses with documer		
		le diagnoses which included			on Skin Assessment Form on 7/24.		
		I to the following: Diabetes			Attending physician and responsible		
		ut; Neuropathy, Congestive			were notified of residents found to		
		nic Airway Obstructive			any skin breakdown.		
		on, and Lung Cancer. The			b. All nurses will be educated on		
		ocumented as having			completing skin assessments and		
		na and mild venous stasis			documentation. Any nurse not rece		
	changes in his lower				education by 8/21/15 will not be allo		
		ent's most recent MDS			work until they have been educated		
	,	t) assessment, dated 7/8/15,			new nurses to the facility will receiv	e	
		nt 's abilities and status were ng way: The resident was			education during orientation. c. All nursing assistants will be retri	ainad	
		score of 15 for his BIMS (Brief			by DON/ADON regarding identifica		
		I Status) indicating he did not			skin issues and timely reporting of		
		airment at the time of the			skin issues identified while providing		
		jecting staff care during the			to residents. Any nursing assistant		
		; as being independent with			not able to attend the required train		
		ers, and locomotion; as			8/21/15 will not be allowed to work		
		istance with dressing; as			retraining is completed. All new nu	sing	
		n assistance for personal			assistants to the facility will receive	_	
		d as needing physical help with			education during orientation.		
	part of his bathing.				3. Measures put into place to ensu		
		iplinary notes revealed			the alleged deficient practice will no	ot	
		related to the resident 's			recur:	om onte	
		Specifically on 7/9/15 at 12:07 ented that the resident was "			a. Nurses will complete skin asses		
		(3. " On 7/12/15 at 3:25 AM			and documentation on all residents weekly.	•	
		imented that the resident " is			b. DON/ADON/Unit Manager will a	ıdit	
		o self and facility. He is			weekly skin assessments and		
		s poor decisions. Able to make			documentation to ensure completic	n. Anv	
		nust rely on staff to anticipate			nurse that does not complete the	,	
		i.e. changes of cloths "			assigned assessment and docume	ntation	
		dent 's nursing notes and			timely will be counseled.		
		es from the date of 7/7/15			c. Ambassador Rounds will be com	pleted	
		ealed no documentation that			by designated staff including depar	tment	
		foot wound, its condition, or			managers Monday-Friday and		
	that wound care wa	as being provided to the			manager-on-duty Saturday-Sunday	∕ to	

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '		E CONSTRUCTION		E SURVEY PLETED
		345213		B. WING		C 07/24/2015	
NAME OF	PROVIDER OR SUPPLIER			ST	REET ADDRESS, CITY, STATE, ZIP CODE	0112	24/2013
					95 EAST CORNELIUS HARNETT BOULEV	ARD	
UNIVER	SAL HEALTH CARE L	ILLINGTON		LI	LLINGTON, NC 27546		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETION DATE
F 309	treatment records of that the resident had Review of the resident inspection report "documented that the "on 6/12/15, 6/16/ and 7/7/15. These different nurses. On nurse noted the ski resident was also spodiatrist documen developing ulcerative with mild erythema some discharge no "will treat per protophysician's primary 6/19/15 and made resident had a skin with the DON on 7/ podiatrist's protoconever been obtained initiated by the facil stated she called on protocol. Review of podiatrist noted on an "ulceration developing ulcerative developing ulcerative initiated by the facil stated she called on protocol. Review of podiatrist noted on an "ulceration developing ulceration developing ulceration developing ulceration initiated by the facil stated she called on protocol. Review of podiatrist noted on an "ulceration developing ulceration developing u	in the resident's June and July revealed no documentation and a wound of any nature. Itent's June and July "skin revealed that nurses had be resident's skin was "intact 15, 6/19/15, 6/26/15, 6/30/15, entries were made by five in one of the same days that a sin was intact, 6/12/15, the seen by a podiatrist. The sted that the resident was on to his right number 4 toe surrounding the area and sted. The podiatrist also noted occl. "Review of the attending less reports revealed that the physician saw the resident on no documentation that the wound or lesion. Interview 124/15 at 8:10 AM revealed the of for wound treatment had and from the podiatrist or lity on 6/12/15. The DON in 7/23/15 and obtained the fithe protocol revealed that the 6/12/15 that the resident had reloping to R # 4 dorsal toe "I care nurse should evaluate with the approval from the The attending physician was 1/15 at 8:45 AM and stated he in 6/19/15. The physician stated ock a resident's socks off and and would have noted in his tif the resident had a toe ulcer and treatment. The physician he podiatrist notation of 6/12/15 eration was developing. The	F3	809	identify hygiene or environmental at that may impact a resident. Any are identified will be addressed immedit with appropriate staff and reported Administrator for follow-up with appropriate actions as deemed necessary. 4. How the facility plans to evaluate effectiveness of the corrective actions. DON/ADON will randomly complishin assessments on 6 residents exweek to verify the accuracy of the massessment. Any discrepancies not that time will be reviewed with emply with appropriate intervention as deen necessary by the DON and physicial be notified for further orders as needs. DON/ADON will submit summary audits and the Administrator will sufficiently Quality Assurance and Performance Improvement meeting months then quarterly thereafter. Revisions to this plan will be determined by the QA Committee.	eas ately to the the on: ete ach aurse's ted at loyee emed an to eded. y of bmit o	

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	TIPLE CONSTRUCTION ING		(X3) DATE SURVEY COMPLETED
		345213	B. WING			C 07/24/2015
	PROVIDER OR SUPPLIER	ILLINGTON		STREET ADDRESS, CITY, S 1995 EAST CORNELIUS I LILLINGTON, NC 2754	HARNETT BOULEVA	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	X (EACH CORRECT CROSS-REFERENC	LAN OF CORRECTION IVE ACTION SHOULD E ED TO THE APPROPRI FICIENCY)	BE COMPLÉTION
F 309	attending physician of venous insufficie resident could have color changes which but that as the atter seen any wound du which needed treat there was no docur record noting speciresident's right 4th to have skin change continued to docum no notation about the Review of the resident stelephoral arrangements were be seen by a consufoot wound. The resident's respon 7/23/15 at 11:45 member stated that morning of 7/13/15 supposed to be distantly member stat resident that she for the facility. The family member stated that was assist facility, the resident doctor because he family member state that he knew his too had gout and that he of his toe to the gout that the resident also supposed to be distantly member stated.	ge 19 stated that with the diagnoses ncy and Diabetes that the had some erythema and h were noted by the podiatrist, ading physician he had not ring his exam on 6/19/15 ment. Following 6/12/15, mentation in the resident 's fically an assessment of the toe which had been identified es. As noted above the nurses and 's record revealed a cone order, dated 7/12/15, that to be made for the resident to alting physician concerning his hilly member, who was listed as consible party, was interviewed AM by phone. The family she went to the facility on the because the resident was charged home that day. The ed when she arrived to get the und the resident was not at illy member stated she was at in the lobby and shortly ent arrived in the transport mber stated that as the ed from the van into the told her that he had been to a had maggots in his toe. The ed was swollen but that he also e had attributed the swelling ut. The family member stated so told her that the maggots his toe by a facility NA (Nurse	F3	09		

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	TIPLE CONSTRUCTION		TE SURVEY MPLETED
		345213	B. WING		07	C // 24/2015
	PROVIDER OR SUPPLIER	ILLINGTON		STREET ADDRESS, CITY, STATE, ZIP CO 1995 EAST CORNELIUS HARNETT E LILLINGTON, NC 27546	ODE	72472010
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		SHOULD BE	(X5) COMPLETION DATE
F 309	Aide) prior to 7/13/1 things climbed out of cared for him. The after the resident to went to the resident belongings and that # 1. The family me # 1 how the resident condition it was four the nurse that the reway in a twenty four The resident was in 7/23/15 directly follof family member. The thought it was Frida corresponded to 7/1 hurting. He stated hon to go outside an at his toes before his tated he knew his that he couldn't se stated he thought gand pain. The resid checked his toe that the NA left the stated that a nurse, whom he could not dressed his toe. The thought this same reand then changed in stated he went to the 7/13/15, and it was were crawling in his shoe off at the would not the stated that a the following in his shoe off at the would not great the following in his shoe off at the following in his shoe off	of his toe " when the NA had family member stated that ald her about the issue, she at 's room to collect his as the stopped to talk to Nurse and that day, and was told by the esident's foot could get that a hour period. The resident stated that he are about to put his shoes are was about to put his shoes are that well. The resident to the was swollen and hurt but the it that well. The resident out was causing the swelling ent stated that when his NA at things crawled out of it and aroom screaming. The resident whom he could describe but identify by name, came and the resident stated that he the surse checked on it Saturday at Sunday. The resident then the wound clinic on Monday, found that a lot of black things as shoe when they took the	F3	309		

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		345213	B. WING _		0.	C 7/ 24/2015
	PROVIDER OR SUPPLIER	LILLINGTON		STREET ADDRESS, CITY, STATE, ZIP CODE 1995 EAST CORNELIUS HARNETT BOU LILLINGTON, NC 27546		72472010
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIVE ACTION SHOUTH ACTION SHOUTH ACTION SHOUTH APPORT OF THE	OULD BE	(X5) COMPLETION DATE
F 309	PM. According to a members roles were resident's dayshif 7/12/15; Nurse # 2 and was doing wou managed the unit of and Nurse # 3 was assigned to care for 7/12/15. Information follows: The interview with 7/12/15 the resider and had requested that before she obtained that before and 4th toes and stoes with a cleansial lot of maggots cravity and she got sick to resident, and left that which the NA later NA wrote, "a pile of she cleaned betwee # 1 stated she immand Nurse # 2. The # 2 revealed their abecause the NA reduction to the residual saw no further evidential saw no	interviewed on 7/23/15 at 3:10 staffing records these staff re as follows: NA #1 was the tourse aide on 7/11/15 and was the dayshift supervisor and care on 7/12/15; Nurse # 1 on which the resident resided; the dayshift hall nurse or the resident on 7/11/15 and in from the interviews is as NA # 1 revealed that on the fact that on the interviews is as NA # 1 revealed that on the fact that on the fact the nurse is a sked the sion to look at his toe so she the nurse. NA # 1 stated she drainage coming from his 3rd tarted to clean between his ng wipe. NA # 1 stated that a wied out from between the first the fact that it is a wind out from between the first the fact that it is last toes. NA it is last toes. NA it is last toes. NA it is last toes and the fact the maggots to them. We with Nurse # 1 and the resident of the fact the fact of them on the resident of the fact the fact of them on the resident of the fact that the fact of them on the resident of the fact of the f	F 30			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		345213	B. WING _		07	C // 24/2015
	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP COE 1995 EAST CORNELIUS HARNETT BO LILLINGTON, NC 27546)E	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRI (EACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE AP DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE
F 309	to call the physicia a towel beneath the provided care and away in a sealed to room and had place Nurse # 2 stated so so linens had been that she asked the anything wrong with look in the resident Nurse # 2 had alrested to see the did not see may feet. Nurse # 1 also open to eulcer and as pale-reddish and focused her attent did not look in his resident routinely woutside a large postated she was caronly to observe the Nurse # 2 was the who had provided that Nurse # 2 spromotion of the wound clinic the Nurse # 2 provided the wound clinic the wound clinic the Nurse # 2 provided resident on 7/12/15 knowledge about with the resident and the would document the Review of the resident resident resident resident and the would document the Review of the resident and the would document the Review of the resident	n. Nurse # 2 stated there was e resident 's feet while she that she had thrown the towel rash bag within the dirty utility bed the dead bugs within it. he did not know if the resident 'changed. Nurse # 2 also stated the resident if he had noticed the his shoes but she did not to 's shoes. Nurse # 1 stated and stated she had not see an all described the resident 's toe and flakey. Nurse # 1 stated she ion on the resident 's feet and shoes. Nurse # 1 stated the wore fuzzy slippers and sat ration of the day. Nurse # 3 lled into the room on 7/12/15 to resident 's toes because supervisor and was the nurse all the care. Nurse # 3 stated the resident 's toes on the resident 's toes on the that the resident had bugs in I the physician. Nurse # 3 stated the physician and for the resident to be seen at the next day. Nurse # 3 stated the next day. Nurse # 3 stated the called the physician and for the resident to be seen at the next day. Nurse # 3 stated the next day. Nurse # 3 stated the next day. Nurse # 3 stated the resident to the seen at the next day. Nurse # 3 stated the nex	F 30	9		

	OF DEFICIENCIES DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	ITIPLE CONSTRUCTION DING		ATE SURVEY DMPLETED
		345213	B. WING		0	C 7/24/2015
	PROVIDER OR SUPPLIER	ILLINGTON	,	STREET ADDRESS, CITY, STATE, Z 1995 EAST CORNELIUS HARNE LILLINGTON, NC 27546	ZIP CODE	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFI TAG		TION SHOULD BE THE APPROPRIATE	(X5) COMPLETION DATE
F 309	the ulcer. The would documented, "This diabetic patient with aspect of third right found in his shoes ulcer." The consult documented that the tunneling of the ulcer. The wound physici on 7/24/15 at 10:18 stated that on 7/13 maggots on the reshis clothes and his couple from his ulcomaggots were big. Not an expert on mobservation they alstage of developmented that he would four days old. The test had been done that date to further maggots. As noted above the physician was interest had been done that date to further maggots. As noted above the physician state when they were idented to the physician state when they are physician states are physician states are physician states.	and there was a maggot still in and consulting physician is is an insulin dependent in some necrosis at the dorsal it toe. Multiple maggots were and another one inside the toe liting physician further nere was "moderate" if it and that the maggots had an was interviewed by phone of AM. The wound physician in the had found multiple sident. He stated they were in shoe. He stated he removed a iter. The physician stated the interest advanced in their ent. The wound physician is destimate them to be three or wound physician stated that no expert opinion gathered on verify the stage of the eresident is attending to the work of the interest and the resident is attending to the work of the interest and the resident is attending to the work of the interest and therefore he could be maggots which had gotten		309		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
		345213	B. WING _		C 07/24/2015	
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 B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	BE COMPLETION	
F 309 F 514 SS=D	her expectation that changed when the that everything had not aware why that had been done. 483.75(I)(1) RES	age 24 M revealed it would have been at linens would have been maggots were identified and been washed, but she was had not transpired or what	F 30		8/21/15	
	The facility must mare resident in accorda standards and practically docume systematically orga. The clinical record information to identify resident's assessm services provided;	must contain sufficient tify the resident; a record of the tents; the plan of care and the results of any ening conducted by the State;				
	by: Based on record refacility failed to ass complete and accufive sampled reside Review of the facilit revealed it directed "redness, induration The wound care poshould "chart findidecline vs stability/i Review of Resident	eview and staff interviews the ure medical records were rate for one (Resident # 1) of ents. The findings included: ty's policy on wound care that staff were to observe for on, and purulent drainage "olicy also noted that the nurses ings for comparison, indicate improvement in wound." t # 1 's closed record revealed d at the facility from his most		1. Corrective action accomplished for those residents found to have been affected by the alleged deficient prace Resident #1 was discharged home whis wife on 7/13/15. 2. How corrective action will be accomplished for those residents have potential to be affected by the same alleged deficient practice: Audit of medical records by DON/ADON/Unit Manager of all resididentified with wounds completed by	itice: vith ving	

CLIVILI	13 I ON WEDICANE	. A MEDICAID SERVICES			U	VID INO.	0930-0391
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED		
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		345213	B. WING			07/2	24/2015
NAME OF F	PROVIDER OR SUPPLIER			S	TREET ADDRESS, CITY, STATE, ZIP CODE		
	NAL LIEALTIL GADE L	II I INOTON		19	995 EAST CORNELIUS HARNETT BOULEV	ARD	
UNIVERS	SAL HEALTH CARE L	ILLINGTON		L	ILLINGTON, NC 27546		
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID		PROVIDER'S PLAN OF CORRECTION	١	(X5)
PREFIX TAG		/ MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREF TAG		(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)		COMPLETION DATE
F 514	Continued From pa	ae 25	' F !	514			
	•	date of 2/13/15 until 7/13/15	. ,		8/14/15 to ensure accurate		
		was discharged home. The			documentation, complete and up-to	o-date	
		le diagnoses which included			care plans, nursing assistant care		
		I to the following: Diabetes			treatment sheets and shower shee		
		ut; Neuropathy, Congestive			3. Measures put into place to ensur		
	Heart Failure, Chro	nic Airway Obstructive			the alleged deficient practice will no	ot	
		on, and Lung Cancer. The			recur:		
		ocumented as having			a. All nurses to be educated on me	dical	
		na and mild venous stasis			record documentation including		
	changes in his lower				timeliness, accuracy and expectation		
		ent 's June and July 2015 nt records revealed no			DON/ADON. Any nurse not educat 8/21/15 will not be allowed to work		
		the resident had any skin			they have been educated.	uritii	
		ch he was receiving treatment			b. Any nurse not documenting accu	ırately	
		7/12/15. On 7/12/15 a			in the medical record will be counse		
		one order was obtained which			c. Nurses to enter all newly identifie		
		make arrangements for the			wounds into the Wound Communic		
	resident to be seen	by a consulting physician			Book to be reviewed by DON/ADO	N/Unit	
	regarding his foot w				Manager Monday-Friday.		
		15 wound consultation report			d. Accuracy of documentation will be		
		Iting physician noted Resident			reviewed in the weekly Wound Mee	etings	
		I toe necrotic ulcer with a			by DON/ADON/Unit Manager.		
		within the ulcer. The wound			e. All new and readmission charts t	o be	
		n documented, "This is an liabetic patient with some			reviewed in clinical meeting Monday-Friday for accuracy of wou	nd	
	•	sal aspect of third right toe.			documentation.	iiu	
		ere found in his shoes and			f. Licensed nurse completing week	lv	
	. 55	the toe ulcer. " The consulting			wound rounds with wound care phy		
		ocumented that there was "			4. How the facility plans to evaluate		
		ng of the ulcer and that the			effectiveness of the corrective action		
	maggots had debrid				a. DON/ADON/Unit Manager to au		
	Interviews were cor	nducted with the following staff			charts daily Monday-Friday for 2 we	eeks,	
		es: NA (Nurse Aide) # 1 was			10 charts weekly for 2 weeks, then		
		3/15 at 1:05 PM; Nurse # 2 was			charts weekly thereafter for accura	te	
		1/15 at 12 noon; Nurse # 1 was			medical record documentation.		
		1/15 at 9:50 AM; and Nurse # 3			b. DON/ADON/Unit manager will so		
		7/23/15 at 3:10 PM. The			summary of audits to monthly Qual	ity	
		1 revealed that on 7/12/15 the			Assurance and Performance		
	resident nad compl	ained of toe pain and she had			Improvement meeting x3 months the	ien	

FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
	345213	B. WING			C 7/ 24/2015	
NAME OF PROVIDER OR SUPPLIER			S	TREET ADDRESS, CITY, STATE, ZIP CODE	• • • • • • • • • • • • • • • • • • • •	
			19	995 EAST CORNELIUS HARNETT BOULEV	ARD	
SAL HEALTH CARE I	LILLINGTON					
SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFI TAG		(EACH CORRECTIVE ACTION SHOULD	VE ACTION SHOULD BE COMPLÉTIO DATE	
Continued From page 26 observed greenish drainage around his toes. NA # 1 stated during the interview that a lot of maggots crawled out from between his toes when she began to clean them. NA # 1 stated she had immediately told both Nurse # 1 and Nurse # 2. The interviews with Nurse # 1 and # 2 revealed their assistance had been obtained because the NA reported the maggots to them. During the interview with Nurse # 2, the nurse acknowledged that she also saw " dead bugs " on the resident ' s bed and that she had washed and dried the resident 's feet and she saw no further evidence of the maggots. Different descriptions of the resident 's toe were given by the nurses during the interviews. Nurse # 2 described the resident as having an area on his third toe which was crusted but not open during the interview. Nurse # 1 described the resident as having a toe which was pale-reddish and flakey but she stated she did not see an open area. Nurse # 3 stated that Nurse # 2 was the nursing supervisor for the date of 7/12/15 and she thought Nurse # 2 had documented about the resident 's toes and maggots since she was the one who had provided care.		F 514		CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		COMPLETION
the resident had a that wound care w resident. Review of 2015 treatment reducumentation that any nature. Review interdisciplinary not that the resident has being found on his	foot wound, its condition, or as being provided to the f the resident 's June and July cords revealed no t the resident had a wound of v of the nursing notes and tes revealed no documentation ad a problem with maggots body or in his articles of					
	PROVIDER OR SUPPLIER SAL HEALTH CARE I SUMMARY ST, (EACH DEFICIENC REGULATORY OR I Continued From pa observed greenish # 1 stated during th maggots crawled of she began to clear immediately told be The interviews with their assistance ha NA reported the mainterview with Nurse that she also saw s bed and that she resident 's feet and of the maggots. Dir resident 's toe wer the interviews. Nur as having an area crusted but not ope # 1 described the r was pale-reddish a did not see an ope Nurse # 2 was the of 7/12/15 and she documented about maggots since she provided care. Review of the resid interdisciplinary no through 7/13/15 re the resident. Review of 2015 treatment red documentation tha any nature. Review interdisciplinary no that the resident ha being found on his clothing and attire.	PROVIDER OR SUPPLIER SAL HEALTH CARE LILLINGTON SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 26 observed greenish drainage around his toes. NA # 1 stated during the interview that a lot of maggots crawled out from between his toes when she began to clean them. NA # 1 stated she had immediately told both Nurse # 1 and Nurse # 2. The interviews with Nurse # 1 and # 2 revealed their assistance had been obtained because the NA reported the maggots to them. During the interview with Nurse # 2, the nurse acknowledged that she also saw " dead bugs " on the resident's bed and that she had washed and dried the resident's feet and she saw no further evidence of the maggots. Different descriptions of the resident's toe were given by the nurses during the interviews. Nurse # 2 described the resident as having an area on his third toe which was crusted but not open during the interview. Nurse # 1 described the resident as having a toe which was pale-reddish and flakey but she stated she did not see an open area. Nurse # 3 stated that Nurse # 2 was the nursing supervisor for the date of 7/12/15 and she thought Nurse # 2 had documented about the resident's toes and maggots since she was the one who had	PROVIDER OR SUPPLIER SAL HEALTH CARE LILLINGTON SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 26 observed greenish drainage around his toes. NA # 1 stated during the interview that a lot of maggots crawled out from between his toes when she began to clean them. NA # 1 stated she had immediately told both Nurse # 1 and Nurse # 2. The interviews with Nurse # 1 and # 2 revealed their assistance had been obtained because the NA reported the maggots to them. 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Review of the resident's nursing notes and interdisciplinary notes from the date of 7/7/15 through 7/13/15 revealed no documentation that the resident had a foot wound, its condition, or that wound care was being provided to the resident. Review of the resident 's June and July 2015 treatment records revealed no documentation that the resident had a wound of any nature. Review of the nursing notes and interdisciplinary notes revealed no documentation that the resident had a problem with maggots being found on his body or in his articles of clothing and attire and what measures were taken	PROVIDER OR SUPPLIER SAL HEALTH CARE LILLINGTON SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 26 observed greenish drainage around his toes. NA #1 stated during the interview that a lot of maggots crawled out from between his toes when she began to clean them. NA #1 stated she had immediately told both Nurse #1 and Nurse #2. The interviews with Nurse #1 and Rurse #2. The interviews with Nurse #1 and Rurse #2. The interview with Nurse #0 and fire fire fire with Na reported the maggots to them. During the interview with Nurse #2, the nurse acknowledged that she also saw "dead bugs" on the resident's bed and that she had washed and dried the resident's toe were given by the nurses during the interviews. Nurse #2 described the resident as having an area on his third toe which was crusted but not open during the interview. Nurse #1 described the resident as having a toe which was pale-reddish and flakey but she stated she did not see an open area. Nurse #3 stated that Nurse #2 was the nursing supervisor for the date of 7/12/15 and she thought Nurse #2 had documented about the resident's toes and maggots since she was the one who had provided care. Review of the resident's nursing notes and interdisciplinary notes from the date of 7/7/15 through 7/13/15 revealed no documentation that the resident had a foot wound, its condition, or that wound care was being provided to the resident. Review of the resident had a wound of any nature. Review of the nursing notes and interdisciplinary notes revealed no documentation that the resident had a foot wound, its condition, or that wound care was being provided to the resident. Review of the nursing notes and interdisciplinary notes revealed no documentation that the resident had a foot wound its condition or that the resident had a problem with maggots being found on his body or in his articles of clothing and attire and what measures were taken	PROVIDER OR SUPPLIER SAL HEALTH CARE LILLINGTON SUMMARY STATEMENT OF DEFCIENCIES (EACH DEFCIENCY) STATE JEP CODE 1995 EAST CORNELIUS HARNETT BOULEV LILLINGTON, NC 27546 SUMMARY STATEMENT OF DEFCIENCIES (EACH DEFCIENCY) STATE JEP CODE 1995 EAST CORNELIUS HARNETT BOULEV LILLINGTON, NC 27546 Continued From page 26 observed greenish drainage around his toes. NA #1 stated during the interview that a lot of maggots crawled out from between his toes when she began to clean them. NA #1 stated she had immediately told both Nurse #1 and Nurse #2. The interviews with Nurse #1 and Nurse #2 revealed their assistance had been obtained because the NA reported the maggots to them. During the interviews with Nurse #2 the nurse acknowledged that she also saw "dead bugs" on the resident's bed and that she had washed and dried the resident's toe were given by the nurses during the interviews. Nurse #2 described the resident as having a rare an his third toe which was crusted but not open during the interview. Nurse #3 stated that shaving an area on his third toe which was crusted but not open during the interview. Nurse #3 stated that Nurse #2 was the nursing supervisor for the date of 7/12/15 and she thought Nurse #2 had documented about the resident's lose and maggots since she was the one who had provided care. Review of the resident's nursing notes and interdisciplinary notes from the date of 7/7/15 through 7/13/15 revealed no documentation that the resident had a foot wound, its condition, or that wound care was being provided to the resident. Review of the resident's June and July 2015 treatment records revealed no documentation that the resident had a problem with maggots being found on his body or in his articles of clothing and attire and what measures were taken	A BUILDING OTT. 345213 B. WING OTT. 35TREET ADDRESS, CITY, STATE, ZIP CODE 1995 EAST CORNELIUS HARNETT BOULEVARD LILLINGTON, NC 27546 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 26 Observed greenish drainage around his toes. NA #1 stated during the interview that a lot of maggots crawled out from between his toes when she began to clean them. NA #1 stated she had immediately told both Nurse #1 and Murse #2. The interviews with Nurse #1 and #2 revealed their assistance had been obtained because the NA reported the maggots to them. During the interview with Nurse #2, the nurse acknowledged that she also saw "dead bugs" on the resident's bed and that she had washed and dried the resident's toe were given by the nurses during the interview. Nurse #2 described the resident as having an area on his third toe which was crusted but not open during the interview. Nurse #1 described the resident as having a toe which was pale-reddish and flakely but she stated she did not see an open area. Nurse #3 stated she did not see an open area. Nurse #3 had documented about the resident's toes and maggots since she was the one who had provided care. Review of the resident's lowe and interdisciplinary notes from the date of 7/17/15 through 7/13/15 revealed no documentation that the resident had a foot wound, its condition, or that wound care was being provided to the resident had a problem with maggots being found on his body or in his articles of clothing and attire and what measures were taken

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		TIPLE CONSTRUCTION ING	COM	(X3) DATE SURVEY COMPLETED C 07/24/2015	
		345213	B. WING				
NAME OF PROVIDER OR SUPPLIER				STREET ADDRESS, CITY, STATE, ZIP CODE			
LINIVEDO	AL HEALTH CAREL	II I INCTON		1995 EAST CORNELIUS HARNETT BOULI	VARD		
UNIVERSAL HEALTH CARE LILLINGTON				LILLINGTON, NC 27546			
(X4) ID PREFIX TAG	FIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID PREFI TAG		_D BE	(X5) COMPLETION DATE	