

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345523	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 10/15/2015
NAME OF PROVIDER OR SUPPLIER UNIVERSAL HEALTH CARE/RAMSEUR			STREET ADDRESS, CITY, STATE, ZIP CODE 7166 JORDON ROAD RAMSEUR, NC 27316		
(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 cited as a result of complaint #104709 dated 10/15/15. Event No. J97K11.	F 000			
F 312 SS=D	483.25(a)(3) ADL CARE PROVIDED FOR DEPENDENT RESIDENTS A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene. This REQUIREMENT is not met as evidenced by: Based on observations and resident and staff interviews, the facility failed to provide nail care for 2 of 2 residents reviewed who required extensive assistance by staff for activities of daily living (Resident #1 and Resident # 30). Findings included: 1. Record review indicated Resident # 1 was admitted to the facility on 12/12/08 with diagnoses of Generalized Muscle Weakness and Type II Diabetes Mellitus. The Care Plan of 02/17/15 read, " Self Care Deficit. Needs +1-+2 set up to extensive assist with Activities of Daily Living. (The resident) has a diagnosis of intellectual disability and is able to verbalize needs. Provide bath on Monday and Thursday on evening shift. Encourage the resident to do what she can for herself and then provide the assist needed to ensure that she is clean, dry, comfortable and appropriately	F 312	11/4/15		
			Submission of this response to the statement of deficiencies does not constitute an admission that the deficiencies exist and/or were correctly cited or required correction. F312 The following was accomplished for those residents found to be affected by the practice: Resident #1 and Resident #30 both had their nails cleaned on 10-15-15 at 10:00 am by a CNA. The nails of Resident # 1 and Resident #30 were verified as clean by the Director of Nursing and the Assistant Director of Nursing on 10-15-15 at 10:30 am. The following was accomplished for those residents having the potential to be affected by the practice:		

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

TITLE

(X6) DATE

Electronically Signed

11/04/2015

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 312	<p>Continued From page 1 dressed. "</p> <p>The Quarterly MDS of 08/28/15 indicated the resident was cognitively intact for daily decision-making. The resident required extensive assistance with one person physical assist for personal hygiene, and total dependence on staff with one person physical assist for bathing.</p> <p>Observations were conducted on 10/12/15 at 3:30 PM. Black matter was observed under the nail beds on both hands of Resident #1.</p> <p>Observations were conducted on 10/13/15 at 11:10 AM during the lunch meal. Black matter was observed under the nail beds on both hands of Resident #1. The resident had eaten lunch with the dirty nails on 10/13/15.</p> <p>Resident #1 was observed on 10/14/15 at 9:00 AM, asleep in bed. Black matter was observed under the nail beds on both hands.</p> <p>An interview with the resident was conducted on 10/13/15 at 11:15 AM. When asked how often she received nail care, the resident stated, "About once per week."</p> <p>An additional observation was conducted on 10/14/15 at 1:30 PM in the dining room. The resident was observed eating lunch with dirty nails.</p> <p>A direct care staff interview was conducted on 10/14/15 at 1:35 PM with the resident 's assigned Nursing Assistant (NA #1). When asked how often nail care was supposed to be done, NA #1 stated, "We don't have a schedule. She is one we</p>	F 312	<p>All residents in the facility were audited by the Director of Nursing and the Assistant Director of Nursing on 10-15-15 to ensure all nails were clean.</p> <p>The following measures were put in place or systemic changes made to ensure that the practice will not occur:</p> <p>A Nail Care in-service was provided to all CNA staff on 10-16-15 by the Director of Nursing and the Assistant Director of Nursing. The in-service covered the expectation that nail care be done with AM and PM care, before snacks and meals, and after snacks/meals, as needed.</p> <p>Electronic Care Cards of each resident were updated on 10-15-15 by the Director of Nursing to include a separate task for nail care. This task will go to each CNA caring for each resident twice daily. The electronic task must be completed using yes/no answer. If the CNA answers no, the charge nurse is electronically alerted and must either complete the task or manually delete the task. This allows the charge to check behind the CNA and determine justification for answering no. The task also instructs the CNA to provide nail care.</p> <p>The following initiative was put in place to ensure that the correction is achieved and maintained.</p> <p>As of 10-16-15, five different resident's nails are being observed for cleanliness</p>		

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F 312	<p>Continued From page 2</p> <p>need to do daily, because she feeds herself." When asked the reason nail care had not been done, NA #1 stated, "I didn't notice it."</p> <p>A staff interview was conducted with the Director of Nurses (DON) on 10/15/15 at 8:10 AM regarding her expectations of the Nursing Assistants related to nail care. The DON indicated, "It's part of the morning and pm care. Nail care by staff should be twice daily as scheduled. That's a minimum and as needed.</p> <p>2. Resident #30 was admitted to the facility on 04/25/15 with diagnoses of Cerebrovascular Disease, Generalized Muscle Weakness, and Anemia.</p> <p>Review of the current Quarterly Minimum Data Set (MDS) assessment of 09/11/15 indicated the resident was moderately cognitively impaired for daily decision-making. The resident required extensive assistance with one person physical assist for personal hygiene, and was totally dependent on staff with one person physical assist for bathing .</p> <p>Review of the Care Tracker dated 10/15/15 indicated Resident #30 was totally dependent on staff with one person physical assist for personal hygiene.</p> <p>Resident #30 was observed in the wheelchair on 10/12/15 at 12:15 PM with dirty nails. There was black matter under nail beds on the right hand.</p> <p>During observations on 10/13/15 at 9:45 AM the resident ' s nails were observed with black matter under the nail beds on the right hand.</p>	F 312	<p>five days per week, at varying times of the day for six weeks by the Director of Nursing and the Assistant Director of nursing to ensure the POC is effective. These audits will become part of the Quality Assurance Performance Improvement Program. Findings will be presented at the monthly QAPI meeting and the corrective action plan will be revised by the committee, if needed.</p>		

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

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F 312	Continued From page 3 An additional observation was conducted on 10/14/15 at 12:45 PM in the main dining room. Resident #30 was observed prior to eating the lunch meal. The resident was seated at the table. There was black matter under the resident ' s nail beds on the right hand. An attempt to interview the resident on 10/14/15 at 12:50 PM was unsuccessful because the resident refused to be interviewed. A direct care staff interview was conducted on 10 /14/15 at 1:40 PM with the assigned Nursing Assistant (NA #2) regarding when nail care was supposed to have been done. NA #2 stated, " They (referring to the resident ' s nails) are probably dirty from feeding herself every meal. We are supposed to do it after every feeding . I will be happy to fix it. " A staff interview was conducted with the Director of Nurses (DON) on 10/15/15 at 8:10 AM regarding her expectations of the Nursing Assistants related to nail care. The DON indicated, "It's part of the morning and pm care. Nail care by staff should be twice daily as scheduled. That's a minimum and as needed.	F 312			
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	F 371		11/4/15	

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F 371	Continued From page 4 This REQUIREMENT is not met as evidenced by: Based on observations and staff interviews the facility failed to adequately clean and store for service 23 of 61 dessert/vegetable dishes, 19 of 86 dinner plates, 13 of 13 juice glasses, and 8 of 18 coffee cups in a manner to allow air drying. Findings included: During the Kitchen/Food Service Observations conducted on 10/12/15 at 11:00 AM the following was observed: 23 of 61 dessert/vegetable dishes were observed stored for service with an accumulation of food debris and/or wet with water, 19 of 86 dinner plates were observed stored for service with an accumulation of food debris and/or wet with water, 13 of 13 juice glasses were observed stored inverted on a meal tray which did not allow air flow for air drying, and 8 coffee cups were observed double stacked on top of 10 other coffee cups in a drying rack. The 13 juice glasses and the 8 coffee cups were observed with water on the inside of the glasses/cups. A staff interview was conducted on 10/12/15 at 11:15 AM with the Assistant Dietary Manager regarding who was responsible for checking the dishes for cleanliness and air drying after they are washed. The Assistant Dietary Manager indicated, "Whoever was washing dishes this AM was responsible to check before storing the dishes and glassware for use, and to make sure they are air dried. We are supposed to soak the dishes and glassware in (a chlorine solution) for	F 371	371 The following was accomplished for those residents affected by the practice: No residents were affected. All glassware and dishes were washed immediately on the morning of 10-12-15 and checked for cleanliness prior to being properly air dried. The following was accomplished for those residents having the potential to be affected by the same practice: All dietary staff was in-serviced by the Dietary Manager on 10-12-15 on the proper drying procedure for air drying all dishes and glassware. The following measures were put in place on 11-19-15 to ensure that the practice does not occur: There are two dishwashers at each meal. Dish washer #1 scrapes dishes and Dishwasher #2 rinses dishes, loads the machine and places the clean dishes in racks to dry and then stores the clean dishes for the next meal service. This process will be changed so that the staff that washes the dishes will not store them.		

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F 371	<p>Continued From page 5</p> <p>at least 15 minutes after meals, and before the dishes are placed in the dish machine to be washed."</p> <p>A follow-up observation was conducted on 10/14/15 at 11:50 AM for the storage after dishwashing of the dishes, juice glasses and coffee cups observed stored for use soiled, wet, and not air dried on 10/13/15. The dessert/vegetable dishes, the juice glasses, and the coffee cups were observed clean and dry.</p> <p>A staff interview was conducted on 10/14/15 at 12:00 PM with the Dietary Manager regarding her expectations of the staff for storing the dishware, glassware, and coffee cups after dishwashing and prior to being stored for use. The Dietary Manager stated, "I expect the dietary aides to inspect the dishes when they were storing them for use. The glassware should be air dried on a rack with holes on the bottom, instead of a solid tray. Staff had enough equipment/racks to air dry the dishes, juice glasses, and coffee cups. I don't know why they chose to put the juice glasses on the solid tray. The Manager or Supervisor is going to start checking the dishes before each meal. I had been monitoring 3 - 4 times per week, but I did not check that day. The dishwashers were responsible for checking the dishes. The assistant had not had time to check them."</p> <p>A facility policy for cleaning, storing and air drying the dishes, and glassware was requested on 10/14/15 at 12:05 PM from the Dietary Manager. The facility did not provide the requested information.</p>	F 371	<p>The Dishwasher responsible for dish washing will examine dishes for cleanliness prior to placing in racks to air dry.</p> <p>The other dish washer will observe for proper drying procedures and will check the dishes for cleanliness prior to storing for the next meal service. There will be a log that the dishwashers initial to indicate that drying procedures and cleanliness of dishes was double checked. The cook will also be responsible for examining dishes for cleanliness prior to plating. The Director of Dietary or designee will monitor the log weekly to ensure that the procedure is followed.</p> <p>The following measures were put in place on 10-12-15 to ensure that the corrective action is achieved and sustained:</p> <p>The Dietary Manager or designee will audit drying practices and cleanliness of dishes daily for a least one meal service and log the findings on an audit sheet. This monitoring will continue for six weeks and weekly thereafter and become part of the quality assurance program. Findings of the six weeks audit and the ensuing weekly audit will be brought to the monthly Quality Assurance performance Improvement Committee meeting for three months for evaluation, and the plan will be revised, if needed by the committee.</p>		