STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345142	A. BUILDING _____ B. WING _____	C 12/16/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
UNIVERSITY PLACE NURSING AND REHABILITATION CENTER	9200 GLENWATER DRIVE CHARLOTTE, NC 28262

(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 241 SS=D	483.15(a) DIGNITY AND RESPECT OF INDIVIDUALITY The facility must promote care for residents in a manner and in an environment that maintains or enhances each resident's dignity and respect in full recognition of his or her individuality. This REQUIREMENT is not met as evidenced by: Based on observation, resident and staff interviews, and record review, the facility failed to provide dignity by lack of assistance with grooming before an out of facility appointment for 1 of 1 sampled resident (Resident #7). The findings included: Resident #7 was admitted to the facility on 08/17/15 with diagnoses which included kidney failure with dialysis. Review of Resident #7's quarterly Minimum Data Set (MDS) dated 10/30/15 revealed an assessment of intact cognition. The MDS indicated Resident #7 require the extensive assistance of one person with dressing and the limited assistance of one person with personal hygiene. Review of Resident #7's care plan dated 11/21/15 revealed interventions for an activities of daily living deficit included provision of physical assistance with clothing and personal hygiene. Observation on 12/15/15 at 6:01 AM revealed Resident #7 seated in a high back wheel chair with a jacket partially on, an unshaven face and body odor.	F 241	University Place Nursing and Rehabilitation Center University Place Nursing and Rehabilitation Center acknowledges receipt of the Statement of Deficiencies and proposes this Plan of Correction to the extent that the summary of findings is factually correct and in order to maintain compliance with applicable rules and provisions of quality of care of residents. The Plan of Correction is submitted as a written allegation of compliance. University Place Nursing and Rehabilitation Center□s response to this Statement of Deficiencies does not denote agreement with the Statement of Deficiencies nor does it constitute an admission that any deficiency is accurate. Further, University Place Nursing and Rehabilitation Center reserves the right to refute any of the deficiencies on this Statement of Deficiencies through Informal Dispute Resolution, formal appeal procedure and/or any other administrative or legal proceedings. F 241	1/12/16

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Electronically Signed | 01/01/2016

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F 241	Continued From page 1 Interview on 12/15/15 at 6:02 AM with Resident #7 revealed transportation arrived at 6:00 AM three times a week to take him to the dialysis center. Resident #7 reported he required assistance with dressing, incontinence care and grooming. Resident #7 reported the nurse aide quickly "wiped me" and "threw clothes on me" so he could go to dialysis. Resident #7 reported the nurse aide did not have time to assist his shaving, placement of deodorant and adjustment of clothing. Resident #7 reported this occurred on a regular basis. Interview with Nurse Aide (NA) #3 on 12/15/15 at 6:08 AM revealed her assignment consisted of 36 residents and could not complete Resident #7's care. NA #3 explained she could not take the required time and be able to meet Resident #7' s needs. NA #3 reported Resident #7 required set up for shaving and physical assistance with dressing and bathing. A second interview with Resident #7 on 12/16/15 at 9:13 AM revealed he felt embarrassed by his unshaven face, crooked jacket and odor upon his arrival at the dialysis center. Resident #7 explained he liked to be shaved and clothes straightened. Resident #7 explained he felt "like it is my fault I am not looking good" and hoped the dialysis staff did not think less of him. Interview with the Director of Nursing (DON) on 12/16/15 at 3:13 PM revealed she expected Resident #7 to receive assistance with dressing and personal hygiene and be well groomed prior to departure for the dialysis center. The DON explained she emphasized to staff the importance of good grooming and hygiene prior to out of	F 241	What measures did the facility put in place for the resident affected: On 12/15/15, Resident #7 was assessed by the director of nursing (DON). On 12/15/15, the assigned certified nursing assistant (CNA) shaved, bathed, applied deodorant, assisted with incontinence care, and redressed Resident #7 according to Resident #7□s preferences. What measures were put in place for residents having the potential to be affected: On 12/15/15, the DON, QI nurse, staff facilitator, MDS nurses, activities director, and social workers completed a 100% audit of all residents to ensure residents were shaved, odor free, and neatly dressed. No other issues related to dignity were identified during the audit. The audit was documented on a 12/15/15 census. What systems were put in place to prevent the deficient practice from reoccurring: On 12/31/15, the DON initiated a 100% licensed nurse and certified nursing assistant (nursing staff) in-service titled Resident care: Hygiene and Grooming, Deodorant application, Clothing. The in-service will be completed by 1/10/2016. After 1/10/16, no nursing staff will be allowed to complete a shift until they have	

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F 241	Continued From page 2 facility appointments.	F 241	completed and signed the in-service. All newly hired licensed nurses and certified nursing assistants will receive the in-service during new employee orientation. How the facility will monitor systems put in place: On 1/1/16, the DON, ADON, QI nurse, staff facilitator, MDS nurses, charge nurses, activities staff, payroll bookkeeper, ward clerk, and/or social worker began auditing 20% of residents to ensure they have been bathed, shaved, neatly dressed, appropriately positioned, look good, call lights answered, and rounds made according to the resident□s preference and/or needs. The audits are documented on the Dignity/Staffing Audit Tool. The audit will be completed 5x/week x 4 weeks, then weekly x 8 weeks, then monthly x 3 months. On 1/1/16, the administrator began reviewing the Dignity/Staffing Audit Tool 3x/week x 4 weeks, then weekly x 8 weeks, then monthly x 3 months and initialing the bottom right corner after reviewing to acknowledge completion and follow-up. The monthly QI Committee will review the results of the Dignity/Staffing Audit Tool monthly for 6 months for identification of trends, actions taken, and to determine the need for and/or frequency of	

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F 241	Continued From page 3	F 241	continued monitoring, and make recommendations for monitoring for continued compliance. The administrator and/or DON will present the findings and recommendations of the monthly QI Committee to the quarterly Executive QA Committee for further recommendations and oversight.	
F 353 SS=D	483.30(a) SUFFICIENT 24-HR NURSING STAFF PER CARE PLANS The facility must have sufficient nursing staff to provide nursing and related services to attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident, as determined by resident assessments and individual plans of care. The facility must provide services by sufficient numbers of each of the following types of personnel on a 24-hour basis to provide nursing care to all residents in accordance with resident care plans: Except when waived under paragraph (c) of this section, licensed nurses and other nursing personnel. Except when waived under paragraph (c) of this section, the facility must designate a licensed nurse to serve as a charge nurse on each tour of duty. This REQUIREMENT is not met as evidenced by: Based on observations, staff and resident interviews and record review, the facility failed to	F 353	F 353 What measures did the facility put in place	1/12/16

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F 353	Continued From page 4 provide sufficient night shift nursing staff to provide assistance with personal hygiene and grooming and respond to call lights for 3 of 5 sampled residents (Residents #7, #9 and #10). The findings included: Review of the facility's census from 11/01/15 to 12/15/15 revealed a range of 186 to 192 residents in the facility. Review of the facility's nursing schedule assignments revealed the night shift consisted of 5 nurses and 10 nurse aide positions. Two of the nurse aides worked in the facility's secure unit with a resident census of 28. The remaining 6 nurse aides were assigned to 3 nursing units. Observation at 5:30 AM on 12/15/15 revealed 6 nurse aides and 5 nurses on duty. Two of the nurse aides worked in the special care unit which had a census of 28 residents. Four nurse aides with 5 nurses cared for the remaining 162 residents. Interview with Nurse #3 on 12/15/15 at 5:40 AM revealed she adjusted the nurse aide assignment. Nurse #3 explained the night shift should have a minimum of 9 nurse aides. She reported 2 of the nurse aides could not be pulled from the special care unit. Nurse #3 provided the nurse aide assignment for review. The assignment indicated 3 of the nurse aides with an assignment of 36 residents and 1 nurse aide's assignment consisted of 35 residents. Nurse #3 reported the remaining 19 residents were assigned to the nurses. Nurse #3 explained the night shift had not been fully staff for the past several months.	F 353	for the resident affected: On 12/15/15, the administrator and the Director of Nursing (DON) reviewed the staffing schedule to ensure sufficient numbers of staff to provide nursing care to all residents in accordance with resident care plans. On 1/1/16, the administrator reviewed the resident concerns log to identify any concerns filed by Resident #9. There were no concerns on file for Resident #9 for the period of October 1, 2015 through December 31, 2015. On 1/1/16, the administrator initiated a resident concern form on behalf of Resident #9. On 1/1/16, the social worker followed up with the 1/1/16 resident concern form by interviewing Resident #9. On 1/1/16, the administrator and social worker ensured Resident #9□s needs were met by completing the resident concern form and reviewing the staffing schedule of 1/1/16 through 1/3/16. What measures were put in place for residents having the potential to be affected On 12/15/15, the administrator and the DON reviewed the current schedule of staffing with the scheduler to ensure sufficient numbers of staff for 12/20/15 through 12/26/15 to provide nursing care to all residents in accordance with resident care plans. On 12/15/15, the administrator met with the regional vice president (RVP) about current facility staffing needs to provide nursing care to all residents in accordance	

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F 353	Continued From page 5 Interview with Nurse Aide (NA) # 1 on 12/15/2015 at 5:50 AM revealed that they had 36 residents as their assignment that shift. She stated they have been short lately. She was making her second rounds of the shift and needed to pass ice. Review of Resident #7's quarterly Minimum Data Set dated 10/30/15 revealed an assessment of intact cognition. Observation on 12/15/15 at 6:01 AM revealed Resident #7 seated in a high back wheelchair with a jacket partially on, an unshaven face and with body odor. Interview on 12/15/15 at 6:02 AM with Resident #7 revealed the facility arranged for transportation three time weekly for dialysis at 6 AM. Resident #7 reported he required assistance with dressing, incontinence care and grooming. Resident #7 reported the nurse aide quickly "wiped me" and "threw clothes on me" so he could go to dialysis. Resident #7 reported this occurred on a regular basis on his thrice weekly dialysis days. Interview with Nurse Aide (NA) #3 on 12/15/15 at 6:08 AM revealed her assignment consisted of 36 residents and could not complete all care for Resident #7. NA #3 explained she could not take the required time and be able to meet her assigned residents' needs. NA #3 reported she received direction to do the best she could. NA #3 reported the night shift worked absent one or two nurse aides for the past several months. Interview with Nurse #4 on 12/15/15 at 6:15 AM revealed nurses and nurse aides could not make regular rounds on residents on the night shift. Nurse #4 reported residents did not receive care	F 353	with resident care plans. The RVP authorized hiring licensed nurses and certified nursing assistants. On 12/17/15 the DON talked with the third shift nurses and nursing assistants, including the 600 hall certified nursing assistants (CNAs) working on the 600 hall with Resident #7, and discussed nurses□ and CNAs□ staffing concerns. On 12/31/15, the administrator met with the scheduler and in-serviced the scheduler regarding making sure the schedule is complete and placing follow-up calls to staff not working when additional help is needed due to staff absences. On 1/1/16, the administrator interviewed Resident #7, completed a Resident Interview form, completed a Resident Concern form, and addressed Resident #7□s concerns. The social worker interviewed residents, to include Residents #9, and #10, using a Resident Interviews form to find out if the residents feel they are receiving the care they need and if they have any concerns about the care they receive. The social worker initiated a resident concern form if a concern was identified. What systems were put in place to prevent the deficient practice from reoccurring: On 12/31/15, the administrator in-serviced the scheduler regarding scheduling the appropriate number of certified nursing assistants and licensed nurses to allow for provision of nursing care and related services according to each resident□s	

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F 353	Continued From page 6 such as incontinence care every 2 hours, showers and timely response to call lights. Nurse #4 estimated this occurred each night for the past several months. Interview with Nurse #5 on 12/15/15 at 6:24 AM revealed the night shift "worked short most of the time." Nurse #5 explained staff could not make rounds every 2 hours but were able to respond to emergencies and perform incontinence care one to two times during the night. A record review of Resident #9's quarterly minimum data set 11/12/2015 revealed an assessment of intact cognition. An interview with Resident #9 on 12/15/2015 at 6:15 AM revealed he has to wait to have his call bell answered at night and that he has had to go find someone to help since there has been no one on his hall. During a second interview on 12/16/2015 at 11:28 AM, Resident #9 estimated a wait of 2 to 3 hours for his call bell to be answered on night shift. He was sometimes incontinent of urine or feces and he needs help to be "cleaned up." He revealed it was uncomfortable for him to wait for assistance for a long period of time. Interview with NA #2 on 12/15/2015 at 6:22 AM revealed that his assignment was 36 residents for that shift. He stated it was that way the past 2-3 months, but before that the usual assignment was 15 residents. He stated he was doing his second rounds of the night at that time and they didn't have enough staff and it took away from the residents. His assignment included Resident #9's hallway.	F 353	plan of care. Also included in the scheduler□s in-service was the requirement to follow-up, after staff may have called in absent, and call other staff to fill staffing vacancies. The scheduler is to contact the on-call administrative nurse and/or DON in the event staffing needs are not met. The DON, with the assistance of the administrator if necessary, will ensure provision of nursing care and related services according to each resident□s plan of care. As of 1/1/16, the facility is providing sufficient staff for provision of nursing and related service to facility residents, to include Residents #7, #9, and #10, as evidenced by resident satisfaction with provision of care as reflected on Resident Interviews completed 1/1/16 by the administrator and social worker, as evidenced by the results of the Dignity/Staffing Audit Tool, and as evidenced by the administrator/DON□s review of the daily Staffing Hours form. How the facility will monitor systems put in place: On 1/1/16, the DON, ADON, QI nurse, staff facilitator, MDS nurses, charge nurses, activities staff, and/or social worker began auditing 20% of residents to ensure they have been bathed, shaved, neatly dressed, appropriately positioned, look good, call lights answered, and rounds made according to the resident□s preference and/or needs. The audits are documented on the Dignity/Staffing Audit Tool. The audit will be completed 5x/week x 4 weeks, then weekly x 8 weeks, then	

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F 353	Continued From page 7 Review of Resident #10's quarterly Minimum Data Set dated 11/10/15 revealed an assessment of intact cognition. Interview with Resident #10 on 12/15/15 at 6:34 AM revealed staff informed him they could not provide care such as timely response to call lights at night due to lack of staff. Resident #10 estimated the call light response time as one hour or longer. The resident watched TV and he tracked the time based on which show was on and when they changed. Interview with staffing coordinator on 12/16/2015 at 9:01 AM revealed that over the past two months they have been "working short " up to 4 nurse aides/shift so the patient care assignment has been double for the nurse aides who are working those shifts. She stated the nurse aides have expressed their concerns about their assignments to her. She stated she met daily with the DON and administrator to review staffing and working short. Interview with the Director of Nursing (DON) on 12/16/2015 at 3:20 PM revealed that with a census of 190 she would staff with 9 nurse aides on the third shift. She stated it has "been tight" since mid-October. The DON explained she preferred more staff but they managed with what they had. She stated she was aware the last month or two they were not making rounds and doing the best they can. She stated they did know it was going to be"rough" on the night shift that night. Interview with the Administrator on 12/16/15 at 3:50 PM revealed the facility's unfilled nursing positions contributed to the lack of nurse aides on	F 353	monthly x 3 months. On 1/1/16, the administrator began reviewing the Dignity/Staffing Audit Tool 3x/week x 4 weeks, then weekly x 8 weeks, then monthly x 3 months and initialing the bottom right corner after reviewing to acknowledge completion and follow-up. The monthly QI Committee will review the results of the Dignity/Staffing Audit Tool monthly for 6 months for identification of trends, actions taken, and to determine the need for and/or frequency of continued monitoring, and make recommendations for monitoring for continued compliance. The administrator and/or DON will present the findings and recommendations of the monthly QI Committee to the quarterly Executive QAA Committee for further recommendations and oversight.	

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F 353	Continued From page 8 the night shift.	F 353		
F 520 SS=D	483.75(o)(1) QAA COMMITTEE-MEMBERS/MEET QUARTERLY/PLANS A facility must maintain a quality assessment and assurance committee consisting of the director of nursing services; a physician designated by the facility; and at least 3 other members of the facility's staff. The quality assessment and assurance committee meets at least quarterly to identify issues with respect to which quality assessment and assurance activities are necessary; and develops and implements appropriate plans of action to correct identified quality deficiencies. A State or the Secretary may not require disclosure of the records of such committee except insofar as such disclosure is related to the compliance of such committee with the requirements of this section. Good faith attempts by the committee to identify and correct quality deficiencies will not be used as a basis for sanctions. This REQUIREMENT is not met as evidenced by: Based on observations, staff interviews and record review, the facility's Quality Assessment and Assurance Committee failed to maintain implemented procedures and monitor these interventions the committee put into place in April, 2015. This was for a recited deficiency which	F 520	F 520 On 12/17/2015, the monthly QI Committee held a meeting. The administrator, DON, QI nurse, MDS nurse, treatment nurse, staff facilitator,	1/12/16

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F 520	Continued From page 9 was originally cited during the facility's current recertification survey completed on 04/13/15. The deficiency was in the area of adequate nursing staff. The facility also failed to maintain implemented procedures and monitor these interventions the committee put into place in August, 2015. This was for a recited deficiency originally cited on a complaint investigation survey completed on 08/14/15. The deficiency was in the area of dignity. The continued failure of the facility during two federal surveys of record show a pattern of the facility's inability to sustain an effective Quality Assurance Program. Findings included: This tag is cross referred to: F 241: Based on observation, resident and staff interviews, and record review, the facility failed to provide dignity by lack of assistance with grooming before an out of facility appointment for 1 of 1 sampled resident (Resident #7). F 353: Based on observations, staff and resident interviews and record review, the facility failed to provide sufficient night shift nursing staff to provide assistance with personal hygiene and grooming and respond to call lights for 3 of 5 sampled residents (Residents #7, #9 and #10). The facility was recited for F 241 regarding failure to provide dignity with assistance in personal hygiene prior to a dialysis appointment. F 241 was originally cited during a survey completed on 08/14/15 for failure to provide incontinence care which resulted in a resident saturated with urine. The facility was recited for F 353 regarding failure	F 520	maintenance director, social workers, medical records, dietary manager and housekeeping supervisor will attend monthly QI Committee meetings on an ongoing basis and will assign additional team members as appropriate. On 12/31/2015 the regional facility consultant in-serviced the facility administrator, DON, MDS nurse, treatment nurse, maintenance director, dietary manager, social workers, medical records, dietary manager and housekeeping supervisor related to the appropriate functioning of the QI Committee and the purpose of the committee to include identifying issues related to quality assessment and assurance activities as needed and developing and implementing appropriate plans of action for identified facility concerns, to include F 241 Dignity and Respect of Individuality and F 353 Sufficient 24-HR Nursing Staff Per Care Plans. As of 1/1/2016, after the facility consultant in-service, the monthly QI Committee began identifying other areas of quality concern through the QA review process, for example: review of rounds tools, review of work orders, review of Point Click Care (Electronic Medical Record), resident council minutes, resident concern log. The quarterly Executive QA Committee, to include the medical director, will meet at a minimum of quarterly. The quarterly	

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F 520	Continued From page 10 to provide adequate numbers of nursing staff to ensure provision of assistance with grooming and call light response. F 353 was originally cited during a survey completed on 04/13/15 for failure to provide adequate staff to honor shower preferences. Interview with the Administrator on 12/16/15 at 3:50 PM revealed the facility continued to experience difficulty with the hire and retention of nurse aides. The Administrator explained staffing was monitored and the facility implemented an aggressive recruitment plan recently to achieve adequate numbers of direct care staff. Continued interview with the Administrator revealed nursing management routinely completed audit tools regarding staff treatment of residents with respect and dignity with no identified problems. The Administrator reported she planned to increase the frequency of nursing management audits.	F 520	Executive QA Committee, including the medical director, will review monthly compiled QI report information, review trends, and review corrective actions taken and the dates of completion, to include F 241 Dignity and Respect of Individuality and F 353. The Executive QI Committee will validate the facility□s progress in correction of deficient practices or identify concerns. The quarterly Executive QA Committee meeting agenda, resulting plans of corrections, and audit results will be documented in the meeting minutes. The administrator will be responsible for ensuring Committee concerns are addressed through further training or other interventions. The administrator or DON will report back to the Executive QI Committee at the next scheduled quarterly meeting.	