STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345183	A. BUILDING _____ B. WING _____	C 08/16/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
UNIVERSAL HEALTH CARE & REHAB	430 BROOKWOOD AVENUE NE CONCORD, NC 28025

(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 253 SS=D	483.15(h)(2) HOUSEKEEPING & MAINTENANCE SERVICES The facility must provide housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior. This REQUIREMENT is not met as evidenced by: Based on observations, resident and staff interviews the facility failed to maintain a clean environment for one of two halls with rooms 207, 204, 206, 212 and 228 that were not cleaned and two of three shower rooms on " B " side not cleaned. The findings included: a. Observations on 8/15/16 at 9:32 AM, and 12:29 PM revealed room #207 had paper cups under the bed, cups with brown substance on the floor, soiled brown towel on the side rail, a dried substance on the side rail, dried food debris inside the air conditioner vent slats and a partially eaten piece of food on the floor. Interview with Nurse #5 on 8/15/16 at 1:57 PM revealed Resident #4, in room snuff and had vision impairment. She explained the resident used a " spit cup. " Housekeeping and nursing cleaned the room. Interview on 8/15/16 at 2:00 PM with housekeeper #1 revealed he was not assigned to that hall and the housekeeper assigned to clean 200 hall had already left for the day. Observation on 8/15/16 at 2:13 PM revealed room #207 remained the same as the observation at 12:29 PM with the exception the soiled towel was removed. Observations on 8/16/16 at 9:20 AM revealed room #207 had paper cups under the bed, cups with brown substance on the floor, dried	F 253	1. A) Room #207 was cleaned on 8/16/2016 by Housekeeping Department to include the air conditioner vent slats, bed rails, removal of debris on the floor, and swept and mopped. Room # 207 was inspected by the DON for cleanliness on 8/16/16 for compliance. Room 207 will be placed on focus cleaning schedule for 3x day due to excessive snuff use and visual impairment. House keeping supervisor will monitor room daily for compliance. B)Both Shower room spa's on the lower end of 200 hall and near 216, shower stall was cleaned by housekeeping on 8/16/2016 at which time a removable black substance was removed with an approved cleanser. The shower curtains were removed, destroyed, and replaced. The water control handles were cleaned and noted brown substance was removed.The shower room spa's was inspected by Director of Housekeeping for cleanliness on 8/16/2016. C) Residents rooms 206, 204, 212, and 228 were checked for soiled briefs and any noted briefs or trash was removed from resident rooms at that time by the nursing management on 8/16/2016. Rooms 206, 204, 212, 228 were checked for urine odors and source of odor; any	9/5/16

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

Electronically Signed | 09/02/2016

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345183	A. BUILDING _____ B. WING _____	C 08/16/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
UNIVERSAL HEALTH CARE & REHAB	430 BROOKWOOD AVENUE NE CONCORD, NC 28025

(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 253	Continued From page 1 substance on the side rail, dried food debris inside the air conditioner vent slats and partially eaten food on the floor. Observations on 8/16/16 at 10:00 of room #207 revealed the room had the food debris in the air conditioner vent slats, partially eaten food and the dried substance on the side rail remained. Interview with the housekeeping supervisor on 8/16/16 at 2:05 PM revealed room 207 was to be checked three times a day. The checks would include cleaning any soiled areas, including the air conditioner vents. The last check would be made before the housekeeper left for the day. Further interview revealed she was not aware the housekeeper assigned to the hall on 8/15/16 had left without checking the room. b. Observations of the shower room " spa " on the lower end of 200 hall on 8/16/16 at 9:30 AM revealed the walls in the shower stall had black substance on all three walls between the tiles. The black substance was easily removed with a paper towel. The plastic shower curtain for the stall had a pink substance on the bottom edge. Observations of the water control handle revealed a formed, brown substance on top of the handle. Interview with nurse aide (NA) #1 on 8/16/16 at 9:35 AM revealed the aides were to clean any surfaces the residents would touch. The housekeeping staff were responsible for a more thorough cleaning. Observations of the shower room " spa " near room 216 on 8/16/16 at 9:50 AM revealed the shower stall had black substance on all three walls and the plastic shower curtain had a pink substance on the bottom edge. Rounds were made on 8/16/16 at 2:10 PM with the administrator and the housekeeping supervisor to observe the shower rooms. The	F 253	identified odor source was eliminated by nursing management or housekeeping on 8/16/2016. 2. All resident rooms and common areas have the potential to be affected by non-compliance of this requirement. On 8/16/2016 inspection of all resident rooms and common areas was conducted by housekeeping supervisor, DON, and Administrator. All concerns identified were corrected with rooms cleaned accordingly. On 9/2/2016 education and training on appropriate cleaning techniques and sanitation for housekeeping staff was conducted by William James of Health Care Service Group. The housekeeper on 200 hall replaced and new housekeeper was trained on cleaning requirements and facility expectations. All nursing staff currently employed have been educated on cleanliness, tidiness, odor elimination and removing trash(including soiled briefs)from the resident rooms and common areas. Completed 9/2/2016 by DON and administrative staff. Any staff not educated prior to 9/2/2016 will be unable to work until, education completed. All new employees will be educated during orientation. Residents rooms that require more frequent cleaning was identified by housekeeping supervisor, DON, and Administrator and a focused room cleaning schedule was initiated. These rooms will be checked 3x day and cleaned according to need. Housekeeper will sign off on focus sheet when room	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345183	A. BUILDING _____ B. WING _____	C 08/16/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
UNIVERSAL HEALTH CARE & REHAB	430 BROOKWOOD AVENUE NE CONCORD, NC 28025

(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 253	Continued From page 2 administrator stated the shower curtains should be removed and replaced. The housekeeping supervisor stated the shower rooms were deep cleaned on the fourth Thursday of each month. The next deep clean would be completed on 8/25/16. The brown substance remained on the shower control handle as previously observed. Interview with the housekeeping supervisor on 8/16/16 at 3:00 PM revealed she had enough staff, but had one housekeeper quit that week. She explained she also worked on the halls, and tried to check behind the housekeepers. She further explained she had used a cleaner on the shower stall walls and it did not remove the black substance. She felt most of the problem was soap scum. c. Observations on 8/16/16 were made of resident rooms and trash cans at 9:25 AM room 206, 9:30 AM room 204, 9:36 AM room 212 and 9:42 AM room 228 had soiled briefs left in trash cans and a urine odor was strong in the rooms. In room 212 the soiled brief was under the sink in a bed side commode bucket. Interview with housekeeper #2 on 8/16/16 at 10:03 AM revealed she would often find soiled briefs on top of trash cans, inside the trash cans. The housekeepers try to get to them as soon as they can. Interview with the administrator and housekeeping supervisor on 8/16/16 at 2:10 PM revealed the soiled briefs should not be left in the trash cans. The expectation would be for the aides to remove the trash with the soiled briefs.	F 253	has been cleaned. 3. All residents rooms, shower rooms, and common areas were assigned to facility managers on 9/2/2016 for daily inspection x 14 days then 2x weekly x 60 days. This to ensure sanitary orderly , and comfortable interior is maintained. Any concerns identified will be brought to Housekeeping supervisor attention for additional cleaning and follow up. Audits will be reviewed in morning meeting by Administrator, housekeeping supervisor and DON. 4. Results of inspections will be reported monthly at QAPI meeting by facility Administrator x 3 months. Continuation and/or changes in the QAPI POC will be determined at the QAPI meeting based on compliance outcomes.	
F 333 SS=D	483.25(m)(2) RESIDENTS FREE OF SIGNIFICANT MED ERRORS The facility must ensure that residents are free of any significant medication errors.	F 333		9/5/16

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345183	A. BUILDING _____ B. WING _____	C 08/16/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
UNIVERSAL HEALTH CARE & REHAB	430 BROOKWOOD AVENUE NE CONCORD, NC 28025

(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 333	Continued From page 3 This REQUIREMENT is not met as evidenced by: Based on record review, staff interview and dialysis staff interview the facility failed to communicate discharge orders for an antibiotic to be administered with dialysis for one of one dialysis residents (Resident #1). Resident #1was to receive a physician ordered antibiotic intravenous due to an infection. The findings included: Resident #1 was admitted to the facility on 7/5/16 with diagnoses including end stage renal disease with hemodialysis, osteomyelitis, pneumonia and right partial foot amputation. Review of the medical record revealed discharge orders from the hospital, dated 7/5/16 which included Vancomycin (antibiotic) intravenous with dialysis for a total of six weeks, to be completed on 7/29/16. Review of the admission orders completed by the facility revealed the order was transcribed to the medication administration record (MAR) with "FYI" (for your information) beside the Vancomycin to be administered at dialysis for six weeks and completed on 7/29/16. Record review revealed Resident #1 was to go to dialysis on Monday, Wednesday and Friday. The dialysis/nursing home communication form indicated Resident #1 had gone to dialysis on Wednesday (7/6/16) and Friday (7/8/16). The communication form included a pre-dialysis and post-dialysis section that was completed by the	F 333	1. Resident #1 was discharged from the facility on 7/9/2016 and did not return. 2. All dialysis residents have the potential to be affected by current practice. Any new dialysis residents admitted to the facility will have the admitting nurse fax the resident discharge summary/Medical Doctor□s orders to the Dialysis Center and contact the dialysis center via phone to ensure that the dialysis center is clearly aware of responsibilities (i.e. IV, IM, PO meds, etc.) as ordered by the Medical Doctor and the resident discharge orders. The resident discharge orders/Medical Doctor orders will be included in the resident dialysis communication folder. The Dialysis Center was notified on 8/17/2016 of this method of communication. On 8/17/2016 the transportation driver was educated to check the Resident Dialysis Communication folder (Resident most recent Medication Administration Record, completed facility Dialysis Communication Form) prior to leaving the facility, the transport driver will assure the folder and forms are complete prior to leaving the facility. The transport driver is to then give the completed dialysis communication folder to the dialysis nurse/tech upon arrival with the resident at the Dialysis Center. The transportation driver will check the dialysis communication folder at resident pick up from the Dialysis Center for the written communication by Dialysis	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345183	A. BUILDING _____ B. WING _____	C 08/16/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
UNIVERSAL HEALTH CARE & REHAB	430 BROOKWOOD AVENUE NE CONCORD, NC 28025

(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 333	Continued From page 4 facility. The communication form had a section for dialysis that included administration of medications during dialysis. This was not completed by dialysis. Review of the nurse ' s notes dated 7/9/16 at 11:30 AM included Resident #1 had a finger stick blood sugar of 355 (high) and the physician was aware. The nurse ' s note indicated at 7:30 PM the family of Resident #1 wanted him sent to the hospital due to not acting " himself. " The documented vital signs were blood pressure 150/90, pulse 90, respirations 20 and temperature 100.8. A finger stick blood sugar obtained at that time was documented as " HI. " The nurse ' s note documentation included Tylenol was given for the elevated temperature and sliding scale insulin was administered for the elevated blood sugar. The physician was notified and the resident was sent to the emergency room. Review of the hospital admission history and physical dated 7/10/16 indicated Resident #1 was seen due to possible fever and confusion. The patient had been treated in the hospital on a previous admission for Methicillin Resistant Staph Aureus (MRSA) blood infection of " uncertain primary source " and discharged on 7/5/16 to the skilled nursing facility. Blood cultures were negative for infection upon discharge on 7/5/16. Infectious Disease recommended a six week course of Vancomycin on discharge. The following diagnoses on admission to the hospital 7/9/16 included " possible sepsis: Patient with a reported fever at the skilled nursing facility, he is not tachycardic, (fast heart rate) not febrile, (no fever) not hypotensive (low blood pressure) here in the emergency department. Patient denies any	F 333	nurse/tech prior to leaving the dialysis center. Driver will not be leaving the Dialysis Center until the dialysis communication form is complete. All nurses and admission staff currently employed have been educated on Dialysis Communication process and new admit dialysis communication process on 8/30/2016, 8/31/2016, 9/1/2016, 9/2/2016, 9/3/2016 and 9/4/2016 by the Director of Nursing and the Staff Development Nurse/Assistant Director of Nursing. Any nurse or admission staff not educated on this process prior to 9/5/2016 will be unable to work until he/she has completed the education for Dialysis Communication process and new admit dialysis communication process. All new employees will be educated during orientation. 3. All dialysis communication tools will be placed in the Dialysis Communication book to be reviewed by the DON, ADON, or unit coordinator daily to monitor for compliance x 30 days then weekly thereafter x 3 months. 4.Findings will be reported by the DON monthly at QAPI Committee meetings x 3 months. Changes to the POC and continuance of QAPI will be determined by the QAPI committee based on compliance outcomes.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345183	A. BUILDING _____ B. WING _____	C 08/16/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
UNIVERSAL HEALTH CARE & REHAB	430 BROOKWOOD AVENUE NE CONCORD, NC 28025

(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 333	Continued From page 5	F 333		

complaint, but he is confused. Patient has numerous sources of infection, including osteomyelitis, possibly infection hemodialysis graft, and this underlying pneumonia ... "

Interview on 8/16/16 at 3:08 PM with the dialysis center administrator indicated Resident #1 had not received the Vancomycin at dialysis on 7/6/16 or 7/8/16. She further explained she had no orders to give the medication and had no information from the facility indicating the medication was to be administered.

Interview on 8/16/16 of Nurse #1 at 3:20 PM revealed she would process physician orders of a dialysis resident to the MAR and send an order to dialysis and then call the dialysis center.

Interview on 8/16/16 at 3:45 PM with Nurse #2 indicated the usual process to handle orders that involved dialysis included obtain the order, call and report the order to dialysis.

An interview was conducted on 8/16/16 at 3:55 PM with Nurse #4, who processed the admission orders for Resident #1. Nurse #4 explained she was informed by the facility admission staff member the hospital was to contact the dialysis center regarding the antibiotic order to be administered during dialysis. Nurse #4 indicated she did not call or confirm the dialysis center had received the physician order for the antibiotic.

Interview on 8/16/16 at 4:01 PM with the facility admission staff member revealed the hospital discharge planner indicated the hospital would fax the orders to the dialysis center. There was no paper confirmation with the discharge information the dialysis center had been

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345183	A. BUILDING _____ B. WING _____	C 08/16/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
UNIVERSAL HEALTH CARE & REHAB	430 BROOKWOOD AVENUE NE CONCORD, NC 28025

(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 333	Continued From page 6 contacted with the discharge orders. Interview on 8/16/16 at 4:45 PM with the Administrator revealed there was not a policy and/or procedure for processing orders on discharge to a dialysis center. The dialysis contract was reviewed and did not address how orders would be handled. She further explained it was her understanding, the hospital had contacted the dialysis center with the orders on discharge for Resident #1.	F 333		