STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345522	A. BUILDING _____ B. WING _____	09/27/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
UNIVERSAL HEALTH CARE/FLETCHER	86 OLD AIRPORT ROAD FLETCHER, NC 28732

(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 578 SS=D	Request/Refuse/Dscntnue Trmnt;Formlte Adv Dir CFR(s): 483.10(c)(6)(8)(g)(12)(i)-(v) §483.10(c)(6) The right to request, refuse, and/or discontinue treatment, to participate in or refuse to participate in experimental research, and to formulate an advance directive. §483.10(c)(8) Nothing in this paragraph should be construed as the right of the resident to receive the provision of medical treatment or medical services deemed medically unnecessary or inappropriate. §483.10(g)(12) The facility must comply with the requirements specified in 42 CFR part 489, subpart I (Advance Directives). (i) These requirements include provisions to inform and provide written information to all adult residents concerning the right to accept or refuse medical or surgical treatment and, at the resident's option, formulate an advance directive. (ii) This includes a written description of the facility's policies to implement advance directives and applicable State law. (iii) Facilities are permitted to contract with other entities to furnish this information but are still legally responsible for ensuring that the requirements of this section are met. (iv) If an adult individual is incapacitated at the time of admission and is unable to receive information or articulate whether or not he or she has executed an advance directive, the facility may give advance directive information to the individual's resident representative in accordance with State Law. (v) The facility is not relieved of its obligation to provide this information to the individual once he or she is able to receive such information. Follow-up procedures must be in place to provide	F 578		10/25/18

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Electronically Signed		10/08/2018

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 578	Continued From page 1 the information to the individual directly at the appropriate time. This REQUIREMENT is not met as evidenced by: Based on record reviews and staff interviews the facility failed to ensure the Advanced Directive matched on the hard copy and the electronic medical record for 1 of 2 residents reviewed for Advanced Directives (Resident #69). The finding included: Resident #69 was admitted to the facility on 08/29/18, with diagnoses which included diabetes mellitus, hypertension and macular degeneration. Review of Resident #69's medical record on 09/24/18 revealed the hard copy had a MOST Form (Medical Order for Scope of Treatment) signed and by the Physician on 08/30/18 and a green "Full Code" sticker. The electronic Physician's orders had an order which indicated Code Status: Do not Resuscitate dated 08/29/18. On 09/26/18 at 1:37 PM during an interview, Nurse #1 stated Resident #69 was admitted on 08/29/18 with a Physician's order for Do Not Resuscitate (DNR) but was changed to a Full Code that same day. Nurse #1 further stated there should have been a Physician's order to change Resident #69 to Full Code. On 09/26/18 at 3:31 PM during an interview, the Director of Nursing (DON) stated if an order had been written when Resident #69's Advanced Directive changed then the code status in both areas of the medical record would have matched which was what she expected.	F 578	The plan of correction constitutes a written allegation of compliance. Preparation and submission of this plan of correction does not constitute an admission or agreement by the provider of the truth of the facts alleged or the correctness of the conclusion set forth on the statement of deficiencies. This plan of correction is prepared and submitted solely because of requirement under state and federal law, and to demonstrate the good faith attempts by the provider to continue to improve the quality of life of each resident. A Root Cause Analysis was completed on 9-27-18 to determine why the Medication Administration Record (MAR) and the MOS form did not match. It was determined that the MOST form was signed after admission and that the MOST form was not compared to the current code status on the medical record and the MAR. Immediate Action: Corrective action for the resident identified in this citation included clarifying the MD order such that it reflected the desired code status of the resident. This was done by the Director of Nursing (DON) on 9-27-18. The MOST form, the MAR, and the facility code status identification method for the physical medical record for this resident were also checked on	

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F 578	Continued From page 2 On 09/27/18 at 11:39 AM an interview was conducted with the Administrator who stated her expectation was that all areas of Resident #69's medical record that addressed the Advanced Directives would match.	F 578	9-27-18 by the DON to ensure that all three reflected the same desired code status. All reflect that the resident is a FULL CODE. Identification of Others: On 9-28-18, the Medical Records Clerk (MRC) began an audit of all active residents comparing the MAR, the MOST or Advance Directive, and the facility Identification method of the physical chart to ensure that all reflected the same code status (green sticker if the resident is a FULL CODE. This audit is scheduled to be completed by 10-12-18 and any additional issues will be corrected immediately by the DON. Systematic Changes: Effective 10-12-18, the new procedure to eliminate the potential for the above noted deficient practice includes: 1) Upon admission, the MRC will review the medical record for a MOST form or Advanced Directive. If one exists, then the MRC will check it against the MAR in regards to the desired code status, 2) If these two do not match then the MRC will notify the DON immediately at which time the DON will work with the family, resident, and facility social worker to resolve by writing a clarification order pertains to the desired code status. 3) After admission, if a MOST form is completed or Advance Directive implemented, the DON will be notified immediately by the MRC and a MD order written to specifically address the code status. This will automatically update the	

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F 578	Continued From page 3	F 578	MAR. 4) Once it is established that the MAR, MOST or Advanced Directive, and medical record all reflect the same code status, the MRC will use the facility's identification process (Green Sticker on the binder) on the physical medical record. 5) All licensed nurses, social worker, admissions coordinator and medical records clerk will be in-serviced on this procedure by the DON by 10-12-18 and will not be allowed to work until they have been in-serviced. 6) This procedure will also be addressed with all newly hired nurses, social worker, admissions coordinator or medical records clerk during orientation which will be conducted by the DON or Assistant Director of Nursing. Monitoring Process: To ensure compliance, the following will be implemented: 1) weekly, at random, the MRC will review 5 medical records of active residents to ensure that the MAR, MOST or Advanced Directive, MD order, and the physical medical record all reflect the correct and desired code status. Any issues identified will be brought to the DON for immediate resolution. 2) Monthly at the QAPI meeting, the DON will present the results of this monitor. The MRC will continue this monitor for a period of 3 months or longer as deemed necessary by the QAPI team to achieve compliance. The QAPI team will also recommend changes to this plan if deemed necessary. Compliance Date: 10-25-2018	

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