

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345529	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 11/08/2018
NAME OF PROVIDER OR SUPPLIER UNIVERSAL HEALTH CARE/NORTH RALEIGH			STREET ADDRESS, CITY, STATE, ZIP CODE 5201 CLARKS FORK DRIVE NW RALEIGH, NC 27616		
(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 677 SS=D	<p>ADL Care Provided for Dependent Residents CFR(s): 483.24(a)(2)</p> <p>§483.24(a)(2) 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 observation, record review and staff interviews the facility failed to provide nail care and remove facial hair for a resident that was dependent on staff for Activities of Daily Living (ADL 's). This was evident for 1 of 3 residents reviewed for ADL ' s (Resident # 16).</p> <p>Findings Included:</p> <p>Resident #16 was admitted to the facility on 4/5/17 and diagnoses included dementia, anxiety disorder, congestive heart failure and muscle weakness.</p> <p>A care plan dated 4/15/18 for Resident #16 identified she required extensive to total assistance with ADL ' s related to dementia. Interventions included to bathe, groom, wash hair and other ADL ' s as needed, oral care daily and as needed and remove facial hair as needed.</p> <p>A quarterly minimum data set (MDS) dated 8/31/18 for Resident #16 revealed she required extensive one-person assistance with personal hygiene and her cognition was moderately impaired.</p> <p>An observation of Resident #16 on 11/8/18 at 2:59 pm revealed she was sitting in her wheelchair at the nursing station. She was noted to have 8 to 10 whiskers on her chin that were</p>	F 677	<p>F677</p> <p>Resident #16 has been provided nail care and facial hair has been removed.</p> <p>100% Audit has been completed on all residents to assure nails are clean and trimmed and facial hair has been removed. Nursing staff have been in serviced on performing ADL care to include nail care and removal of facial hair on shower days and other times as needed-Nursing staff will not be allowed to work after 12-3-18 until they have been in-serviced related to ADL care</p> <p>Residents will receive ADL care related to grooming to include nails and removal of facial hair during scheduled shower days and any other time deemed necessary. Personal grooming will be monitored by DON/ADON/and Unit Coordinators via grooming audit sheets 5x weekly for 4 weeks, weekly for 4 weeks and then monthly times 3 months. Any identified areas of concern will be corrected.</p> <p>Audits will be reviewed during weekly clinical meetings to ensure systems are compliant</p>	12/3/18	

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

TITLE

(X6) DATE

Electronically Signed

11/30/2018

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 677	<p>Continued From page 1</p> <p>approximately ½ inch in length. Her fingernails on both hands were approximately ¼ to ½ inches in length, had jagged edges and had dark brownish material under the nail beds.</p> <p>An interview on 11/8/18 at 3:05 pm with Nursing Assistant (NA) #1 revealed she was the NA assigned to Resident #16 today. She stated the resident 's nails did need to be cleaned and trimmed. She added resident 's nails were typically trimmed on their shower days. NA #1 stated the resident did have some facial hair on her chin. She added the resident could be resistant to letting the staff shave her and the staff would try and shave her at night.</p> <p>An interview on 11/8/18 at 3:10 pm with Nurse #1 revealed she was the Nurse for Resident #16. She stated the residents scheduled shower days were Tuesdays and Fridays on 1st shift. She added the NAs were responsible for keeping resident 's nails clean and trimmed, but all staff should provide nail care if observed to be an issue.</p> <p>An interview with the Director of Nursing (DON) on 11/8/18 at 3:48 pm revealed it was her expectation that residents receive grooming daily as needed. She stated nail care should be performed on the residents scheduled shower days and as needed. The DON added she expected facial hair to be removed by the NA as observed.</p>	F 677	Any identified areas of concern will be corrected. These audits will be reviewed and discussed during Quarterly QI meeting to assure systems are working and remain in compliance.		