

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

PRINTED: 01/04/2024  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>345213</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>11/30/2023</b>
NAME OF PROVIDER OR SUPPLIER  <b>UNIVERSAL HEALTH CARE LILLINGTON</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>1995 EAST CORNELIUS HARNETT BOULEVARD LILLINGTON, NC 27546</b>		
(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  A complaint investigation survey was conducted from 11/28/23 through 11/30/23. Event ID# NP6A11. The following intakes were investigated: NC0020933 and NC00209641.  3 of the 3 complaint allegations did not result in deficiency.	F 000			
F 758 SS=D	Free from Unnec Psychotropic Meds/PRN Use CFR(s): 483.45(c)(3)(e)(1)-(5)  §483.45(e) Psychotropic Drugs. §483.45(c)(3) A psychotropic drug is any drug that affects brain activities associated with mental processes and behavior. These drugs include, but are not limited to, drugs in the following categories: (i) Anti-psychotic; (ii) Anti-depressant; (iii) Anti-anxiety; and (iv) Hypnotic  Based on a comprehensive assessment of a resident, the facility must ensure that---  §483.45(e)(1) Residents who have not used psychotropic drugs are not given these drugs unless the medication is necessary to treat a specific condition as diagnosed and documented in the clinical record;  §483.45(e)(2) Residents who use psychotropic drugs receive gradual dose reductions, and behavioral interventions, unless clinically contraindicated, in an effort to discontinue these drugs;  §483.45(e)(3) Residents do not receive	F 758		12/18/23	

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

TITLE

(X6) DATE

Electronically Signed

12/14/2023

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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>345213</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>11/30/2023</b>
NAME OF PROVIDER OR SUPPLIER  <b>UNIVERSAL HEALTH CARE LILLINGTON</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>1995 EAST CORNELIUS HARNETT BOULEVARD LILLINGTON, NC 27546</b>		
(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 758	<p>Continued From page 1</p> <p>psychotropic drugs pursuant to a PRN order unless that medication is necessary to treat a diagnosed specific condition that is documented in the clinical record; and</p> <p>§483.45(e)(4) PRN orders for psychotropic drugs are limited to 14 days. Except as provided in §483.45(e)(5), if the attending physician or prescribing practitioner believes that it is appropriate for the PRN order to be extended beyond 14 days, he or she should document their rationale in the resident's medical record and indicate the duration for the PRN order.</p> <p>§483.45(e)(5) PRN orders for anti-psychotic drugs are limited to 14 days and cannot be renewed unless the attending physician or prescribing practitioner evaluates the resident for the appropriateness of that medication. This REQUIREMENT is not met as evidenced by: Based on record reviews, staff and Nurse Practitioners interviews the facility failed to administer an antianxiety medication as ordered resulting in the resident (Resident #1) receiving 3 additional doses of the medication for 1 of 3 residents reviewed for psychotropic medications.</p> <p>Findings include:</p> <p>Resident #1 was admitted into the facility on November 29, 2018, with the diagnosis of anxiety.</p> <p>Resident #1's comprehensive care plan dated February 7, 2023, included the following. Resident #1 was at risk for side effects related to antianxiety medication with the goal of no injury related to medication usage or side effects. Interventions included to give the medications as</p>	F 758	<p>This 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 or alleged or the correctness of the conclusions set forth on the statement of deficiencies. The plan of correction is prepared and submitted solely because of the requirement under state and federal law, and to demonstrate the good faith attempts by the provider to improve the quality of life of each resident.</p> <p>Address how corrective action will be accomplished for those residents found to have been affected by the deficient practice:</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>345213</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b>  <b>11/30/2023</b>
NAME OF PROVIDER OR SUPPLIER  <b>UNIVERSAL HEALTH CARE LILLINGTON</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>1995 EAST CORNELIUS HARNETT BOULEVARD LILLINGTON, NC 27546</b>		
(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 758	<p>Continued From page 2</p> <p>ordered, observe for signs of extrapyramidal symptoms and document as needed, and assess for adverse side effects and document and report as needed.</p> <p>Resident #1's physician orders included an order for Lorazepam (a medication used to treat anxiety) 0.5 milligrams take one tablet by mouth three times a day for anxiety which started on April 13, 2021. Resident #1's Medication Administration Record for October 2023 revealed that Lorazepam 0.5 milligrams was scheduled for 6:00 AM, 2:00 PM, and 10:00 PM to correspond to the order for three times a day.</p> <p>The order was changed on October 25, 2023, to Lorazepam 0.5 milligrams take one tablet by mouth twice daily for anxiety. This order change reduced the frequency of administration of Lorazepam from three times a day to twice a day. On October 25, 2023, the Medication Administration Record revealed the schedule for the Lorazepam 0.5 milligrams changed to 9:00 AM and 9:00 PM to correspond with the order for the medication be given twice daily.</p> <p>The Controlled Drug Receipt/Record/Disposition Form for Resident #1 indicated on October 30, 2023, the medication was removed from the card at 6:00 AM by Nurse #1 and at 9:00 AM by Nurse #2. The Medication Administration Record for October 30, 2023, indicated that Lorazepam was administered at 9:00 AM and there was no documentation of a 6:00 AM being administered.</p> <p>A telephone interview was conducted with Nurse #2 at 2:11 PM on November 30, 2023, indicated that she gave Resident #1 her Lorazepam as it was scheduled to be given and showed on the</p>	F 758	<p>Resident #1 was assessed by the Licensed Nurse Practitioner on 11/29/2023. The nurse practitioner indicates that resident #1 had no side effects related to the Lorazepam given outside of the scheduled times.</p> <p>On 12/07/2023, Director of nursing completed an in-service education with Licensed Nurse #1, Licensed nurse #2, and Medication Aide #1 on the importance of administering medication per physician order.</p> <p>Address how the facility will identify other residents having the potential to be affected by the same deficient practice:</p> <p>100% audit of current residents with orders for anti-anxiety medications completed by Director of Nursing, Unit coordinator #1, Unit coordinator #2, Treatment nurse #1, Treatment nurse #2, and/or Quality assurance coordinator on 12/08/2023 and 12/12 /2023 to identify any other resident who received anti-anxiety medication contrary to physician orders in the last two weeks. Findings of this audit are documented on an anti-anxiety medication audit tool located in the facility compliance binder.</p> <p>100% audit of the controlled drug receipt/record/disposition form for current residents with orders for anti-anxiety medication completed by Director of Nursing, Unit coordinator #1, Unit coordinator #2, Treatment nurse #1,</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>345213</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>11/30/2023</b>
NAME OF PROVIDER OR SUPPLIER  <b>UNIVERSAL HEALTH CARE LILLINGTON</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>1995 EAST CORNELIUS HARNETT BOULEVARD LILLINGTON, NC 27546</b>		
(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 758	<p>Continued From page 3</p> <p>electronic medical record that it was due on October 30, 2023. She stated that during the narcotic count she did not notice that the Lorazepam had been given earlier nor did she notice when she signed out the medication on the controlled drug receipt/record/disposition form. She further indicated that she did not receive information that the Lorazepam had been given earlier in report on October 30, 2023.</p> <p>The Controlled Drug Receipt/Record/Disposition Form for Resident #1 indicated on October 31, 2023, the medication was removed from the card at 6:00 AM by Nurse #1 and at 9:00 AM by Medication Aide #1. The Medication Administration Record for October 31, 2023, indicated that Lorazepam was administered at 9:00 AM, there was no documentation of a 6:00 AM dose being administered.</p> <p>A telephone interview was conducted with Medication Aide #1 on November 30, 2023, at 2:16 PM revealed that she gave Resident #1 her Lorazepam on October 31, 2023, when it showed on the electronic medication record that it was due. She further revealed that she did not look at the prior time it was given during the narcotic count or when she signed off the medication on the controlled drug receipt/record/disposition form. She further revealed that she did not remember being told the medication had been given early during nursing report on the October 31, 2023.</p> <p>The Controlled Drug Receipt/Record/Disposition Form for Resident #1 indicated on November 4, 2023, the medication was removed from the card at 6:00 AM by Medication Aide #2 and at 9:00 AM by Medication Aide #2. The Medication</p>	F 758	<p>Treatment nurse #2, and/or Quality assurance coordinator on 12/08/2023 and 12/12 /2023 to validate whether medication was removed from the card per physician order. Findings of this audit are documented on Narcotic count audit tool located in the facility compliance binder.</p> <p>Address what measures will be put into place or systemic changes made to ensure that the deficient practice will not recur:</p> <p>Effective 12/12/2023, facility employees will administer anti-anxiety medication based on physician orders to treat a specific condition as diagnosed and documented in the clinical record.</p> <p>Effective 12/12/2023, the facility clinical team to include the Director of Nursing, assistant director of Nursing, Unit Manager #1 and/or Unit Manager #2 revised the shift change process to include the provision for validating the accuracy of controlled drug including anti-anxiety medication. This process will ensure medications are removed from the card based on the physician orders and, if otherwise, proper documentation will be included on the disposition of any medication removed. Finding of this systemic change is documented on the narcotic count sheets located in the narcotic count binders on each medication cart.</p> <p>100% education of all Licensed nurses</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>345213</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>11/30/2023</b>
NAME OF PROVIDER OR SUPPLIER  <b>UNIVERSAL HEALTH CARE LILLINGTON</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>1995 EAST CORNELIUS HARNETT BOULEVARD LILLINGTON, NC 27546</b>		
(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 758	<p>Continued From page 4</p> <p>Administration Record for November 4, 2023, indicated that Lorazepam was administered at 9:00 AM, there was no documentation of a 6:00 AM dose being administered.</p> <p>A telephone interview was conducted with Medication Aide #2 at 2:21 PM revealed that she gave Resident #1 her Lorazepam on November 4, 2023, when it showed on the electronic medication record that it was due. She further revealed that she did not look at the prior time it was given during the narcotic count or when she signed off the medication on the controlled drug receipt/record/disposition form. She further revealed that she did not remember being told the medication had been given early during nursing report on the November 4, 2023.</p> <p>A telephone interview was conducted with Nurse #1 at 11:11 AM on November 29, 2023, who indicated that he was new to using the computer system at the facility and was unable to explain why he had not followed the physician orders or mark the Lorazepam as given when he dispensed it at 6:00 AM on the electronic medication record. He further indicated that the 6:00 AM doses of Lorazepam signed off on the Controlled Drug Receipt/Record/Disposition Form had been administered to Resident #1.</p> <p>An interview was conducted with the Director of Nursing on 11/28/2023 at 4:15 PM who revealed that the nurses should follow the Medication Administration Record and give the medications as ordered and scheduled and if the medication was given outside the scheduled times, she would expect the nurse to notify the physician. She also revealed that if a medication was needed to be given outside of a scheduled time,</p>	F 758	<p>and Medication aides to include full time, part time, and as needed nursing employees will be completed by the Director of Nursing, Assistant Director of Nursing, and/or Unit Coordinators (#1, #2). The emphasis of this education includes but not limited to, the importance of administering medication to include anti-anxiety medication per physician order.</p> <p>Staff education also focused on the revised process for shift changes that include validating the count and ensuring medication is removed from cards per physician orders. This education will be completed by 12/18/2023. Any Licensed nurse and/or medication aide not educated by 12/18/2023, will not be allowed to work until educated. This education will be provided annually and will be added to the new hire orientation for all new Licensed nurses and medication aides effective 12/11/2023. Indicate how the facility plans to monitor its performance to make sure that solutions are sustained:</p> <p>Effective 12/11/2023, the Director of Nursing, Assistant Director of Nursing, MDS coordinators (#1, #2) and/or Unit Coordinators (#1, #2) will complete the antianxiety medication monitoring process. This monitoring process will be accomplished by reviewing medication administration records for all residents with orders for anti-anxiety medication orders to ensure Licensed nurses and medication aides are administering such medication per physician orders. This</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>345213</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>11/30/2023</b>
NAME OF PROVIDER OR SUPPLIER  <b>UNIVERSAL HEALTH CARE LILLINGTON</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>1995 EAST CORNELIUS HARNETT BOULEVARD LILLINGTON, NC 27546</b>		
(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 758	Continued From page 5 she would expect the nurse to call and receive an order.  A telephone interview was conducted with the Nurse Practitioner at 1:29 PM on 11/29/2023 who revealed that if a medication is given outside of the scheduled time, she would expect the nurse to call her and receive an order if a medication was needed outside a scheduled time or notify her if it was given outside a scheduled time. She further revealed that she had assessed Resident #1 on 11/29/2023 and Resident #1 had no side effects related to the Lorazepam given outside of the scheduled times and was not aware of any issues with Resident #1 at the end of October 2023 and the middle of November 2023.  An interview with the Administrator at 2:00 PM on 11/29/2023 indicated that nurses should give medications as ordered and scheduled.	F 758	monitoring process will be completed daily (Monday through Friday) for two weeks, weekly for two more weeks, then monthly for three months, or until the pattern of compliance is established. Any negative findings will be addressed by the Director of nursing promptly. This monitoring process will be documented on a Antianxiety medication review monitoring tool located in the facility compliance binder.  Effective 12/11/2023, the Director of Nursing, Assistant Director of Nursing, MDS coordinators (#1, #2) and/or Unit Coordinators (#1, #2) will complete the antianxiety medication monitoring process. This monitoring process will be accomplished by reviewing the controlled drug receipt/record/disposition form for all residents with orders for anti-anxiety medication orders to ensure medication was removed from the card per physician order. This monitoring process will be completed daily (Monday through Friday) for two weeks, weekly for two more weeks, then monthly for three months, or until the pattern of compliance is established. Any negative findings will be addressed by the Director of nursing promptly. This monitoring process will be documented on a Narcotic count review monitoring tool located in the facility compliance binder.  Effective 12/11/2023, the Director of Nursing and/or Assistant Director of Nursing will report findings of this monitoring process to the facility Quality		

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

PRINTED: 01/04/2024  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>345213</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>11/30/2023</b>
NAME OF PROVIDER OR SUPPLIER  <b>UNIVERSAL HEALTH CARE LILLINGTON</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>1995 EAST CORNELIUS HARNETT BOULEVARD LILLINGTON, NC 27546</b>		
(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 758	Continued From page 6	F 758	Assurance and Performance Improvement Committee (QAPI), for recommendations and/or modifications, monthly for three months, or until the pattern of compliance is archived.		