

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345183	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 07/16/2024
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NAME OF PROVIDER OR SUPPLIER UNIVERSAL HEALTH CARE/ CONCORD	STREET ADDRESS, CITY, STATE, ZIP CODE 430 BROOKWOOD AVENUE NE CONCORD, NC 28025
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(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
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F 000	INITIAL COMMENTS A complaint investigation survey was conducted 7/15/2024 to 7/16/2024. Event ID # 5DHM11. The following intakes were investigated: NC00218827, NC00218477, NC00218032, and NC00218739. 5 of 5 complaint allegations did not result in deficiency.	F 000		
F 550 SS=E	Resident Rights/Exercise of Rights CFR(s): 483.10(a)(1)(2)(b)(1)(2) §483.10(a) Resident Rights. The resident has a right to a dignified existence, self-determination, and communication with and access to persons and services inside and outside the facility, including those specified in this section. §483.10(a)(1) A facility must treat each resident with respect and dignity and care for each resident in a manner and in an environment that promotes maintenance or enhancement of his or her quality of life, recognizing each resident's individuality. The facility must protect and promote the rights of the resident. §483.10(a)(2) The facility must provide equal access to quality care regardless of diagnosis, severity of condition, or payment source. A facility must establish and maintain identical policies and practices regarding transfer, discharge, and the provision of services under the State plan for all residents regardless of payment source. §483.10(b) Exercise of Rights. The resident has the right to exercise his or her rights as a resident of the facility and as a citizen	F 550		8/5/24

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Electronically Signed	TITLE	(X6) DATE 07/29/2024
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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 550	<p>Continued From page 1 or resident of the United States.</p> <p>§483.10(b)(1) The facility must ensure that the resident can exercise his or her rights without interference, coercion, discrimination, or reprisal from the facility.</p> <p>§483.10(b)(2) The resident has the right to be free of interference, coercion, discrimination, and reprisal from the facility in exercising his or her rights and to be supported by the facility in the exercise of his or her rights as required under this subpart.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on record review, observations and interviews with staff and resident the facility failed to provide a fork during a lunch meal for 4 of 6 residents (Resident #3, Resident #9, Resident #10, and Resident #11) who ate independently. Resident #3, Resident #9, Resident #10, and Resident #11 were given a spoon on their lunch meal tray and indicated they would prefer a fork to eat their meal of breaded chicken covered with barbeque sauce, cabbage, dressing, and a piece of cake.</p> <p>Findings included:</p> <p>1. Resident #3 was admitted to the facility on 5/10/2023 with diagnoses of dysphagia.</p> <p>An annual Minimum Data Set assessment dated 5/16/2024 indicated Resident #3 was cognitively intact and was able to feed himself with set up assistance with his meals.</p> <p>A Physician's order dated 7/1/2024 stated resident #3 required a regular texture diet with</p>	F 550	<p>The facility sets forth the following plan of correction to remain in compliance with all federal and state regulations. The facility has taken or will take the actions set forth in the plan of correction. The following plan of correction constitutes the facility's allegation of compliance. All deficiencies cited have been or will be corrected by the date or dates indicated.</p> <p>F550 Residents Rights/Exercise of Rights: 1. Address how corrective action will be accomplished for those residents found to have been affected by the deficient practice: On July 16, 2024, the Administrator purchased additional silverware which included knives, spoons, and forks. Residents #3, #9, #10, and #11 received knives, spoons, and forks on their dinner tray on 7/16/24 and every meal tray thereafter. The Director of Nursing educated Nurse Aide #1 that a resident is missing</p>		

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F 550	<p>Continued From page 2</p> <p>thin liquids.</p> <p>During an observation of Resident #3 on 7/16/2024 at 12:48 pm he was sitting up in his electric wheelchair and Nurse Aide #1 brought his lunch meal tray to him. Resident #3 was upset and stated it was a shame he must eat his meal with a spoon like a child and was not given a fork. Resident #3's meal tray had a spoon but no fork or knife.</p> <p>During an interview with Nurse Aide #1 on 7/16/2024 at 12:48 pm she stated she did not know why Resident #3 or the other trays on the 200-hall did not have forks for the lunch meal and the dietary staff would know why the trays did not have forks. Nurse Aide #1 did not offer to obtain a fork for Resident #3.</p> <p>2. Resident #9 was admitted to the facility on 6/2/2022 with diagnoses of diabetes and dysphagia.</p> <p>An annual Minimum Data Set assessment dated 5/7/2024 indicated Resident #9 was cognitively intact, had swallowing</p> <p>A Physician's order dated 7/1/2024 stated Resident #8 should receive a regular texture diabetic diet with thin liquids.</p> <p>An interview was conducted with Resident #8 on 7/16/2024 at 12:54 pm and she stated she did not receive a fork with her lunch meal tray and there was only a spoon to eat her meal with. Resident #8 stated she would have preferred a fork, and it was difficult to eat the breaded chicken and with barbeque sauce that was on her tray. She stated she had to use her hands to</p>	F 550	<p>silverware from their meal tray, she must go to the dietary department and obtain it. Education was completed by July 30, 2024</p> <p>2. Address how the facility will identify other residents having the potential to be affected by the same deficient practice: The dietary manager completed an inventory count of all the knives, spoons, and forks to assure that sufficient inventory was available to provide each resident with the appropriate silverware for each meal. Audit was completed by July 30, 2024.</p> <p>3. Address what measures will be put in place or systemic changes made to ensure that the deficient practice will not recur: The Administrator educated the Dietary Manager on process for ordering silverware and maintaining a supply in the kitchen, and that he must be informed when silverware is not available. Education was completed by July 30, 2024. The Dietary manager educated 100% of dietary staff that each tray must contain a knife, spoon, and a fork before being delivered to a resident. Education was completed by July 30, 2024. Staff who are not educated will not be permitted to work until their education is complete. Education will be included in new hire orientation The dietary manager and/or the cook will observe tray preparation during meals to</p>		

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F 550	<p>Continued From page 3</p> <p>eat her meal and she had the barbeque sauce all over her hands.</p> <p>3. Resident #10 was admitted to the facility on 5/15/2024 with diagnoses of diabetes and dementia.</p> <p>A Significant Change Minimum Data Set assessment dated 5/21/2024 indicated Resident #10 was cognitively intact, had no issues with swallowing, and could feed herself after setting up of meal trays.</p> <p>A Physician's order dated 6/28/2024 indicated Resident #10 should receive a regular texture diet with thin liquids.</p> <p>During an interview with Resident #10 on 7/16/2024 at 12:57 pm she stated she did not have a fork on her tray and had to eat her meal with a spoon. Resident #10 stated this was not the first time they had been given only a spoon to eat their meals and the last time was during the evening meal on 7/15/2024. Resident #10 stated she would prefer to eat her meal with a fork and a knife.</p> <p>4. Resident #11 was admitted to the facility on 7/25/2019 with diagnoses of weakness and anemia.</p> <p>A quarterly Minimum Data Set assessment dated 4/4/2024 indicated Resident #11 was moderately cognitively impaired, had not swallowing issues, and could feed herself with set up of her meals by staff.</p> <p>A Physician's order dated 6/27/2024 stated Resident #11 required a regular texture diet and</p>	F 550	<p>verify that each tray contains a knife, spoon, and a fork. The Administrator will verify weekly with the Dietary manager that sufficient silverware is available. The Director of Nurse and/or the Staff Development Coordinator educated 100% of the nursing staff that if a resident does not have the appropriate silverware (which includes a knife, spoon, and a fork) on their meal tray they must obtain from the kitchen. Education was completed by 7/30/24. Staff who are not educated will not be permitted to work until their education is completed. Education will be included in the new hire orientation.</p> <p>4. Indicate how the facility plans to monitor its performance to make sure that solutions are sustained: The Dietary Manager and/or cook will audit meal trays including weekends 5xper for 4 weeks; 3xper for 4 weeks; then 1xper week for 4 weeks. To verify that each residents meal tray contains a knife, spoon, and a fork before being delivered to the residents. Nurse management will audit residents meal trays including weekends 5xper week for 4 weeks; 3xper week for 4 weeks; then 1xper for 4 weeks. To verify that each residents meal tray contains a knife spoon and fork. The Dietary Manager will report the results of audit to the monthly Quality Assurance and performance Improvement for suggestions and /or recommendations x3 months or until substantial compliance is achieved and maintained.</p>		

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F 550	<p>Continued From page 4 thin liquids.</p> <p>During an interview on 7/16/2024 at 1:10 pm with Resident #11 she stated the staff had already picked up her lunch meal tray, but she did not have a fork on her tray, but she did have a spoon. Resident #11 stated it was not unusual for her meal tray to come without a fork and the facility staff had given an explanation why the facility did not have forks and knives. Resident #11 stated it made you feel like a child to eat your meal with a spoon instead of a fork and knife. She also stated she had a hard time eating the breaded chicken with barbeque sauce because she had to pick it up with her hands and it was messy.</p> <p>On 7/16/2024 at 12:59 pm an interview was conducted with the Dietary Manager, and she stated she recently came to the facility as the Dietary Manager two and a half weeks ago. The Dietary Manager stated they threw out some knives because they were rusted, and the stock of forks was low when she arrived. The Dietary Manager stated she ordered forks with her food order, and they should arrive at the facility today.</p> <p>During an interview with the Administrator on 7/16/2024 he stated he was not aware the facility did not have enough forks and knives to ensure the residents had appropriate utensils. He stated if he had known they did not have enough silverware he would have purchased enough immediately, and the residents should have the utensils they need to eat their meals.</p>	F 550	5. Completion date August 5, 2024		