STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345142	A. BUILDING _____ B. WING _____	C 10/15/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
UNIVERSITY PLACE NURSING AND REHABILITATION CENTER	9200 GLENWATER DRIVE CHARLOTTE, NC 28262

(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 An unannounced onsite complaint investigation survey was conducted on 10/10/24. Additional information was obtained offsite 10/11/2024 through 10/15/2024. Therefore, the exit date was changed to 10/15/2024. The following intakes were investigated NC00222478 and NC00222345. Event ID #KBJU11. 1 of the 5 allegations resulted in deficiency.	F 000		
F 760 SS=G	Residents are Free of Significant Med Errors CFR(s): 483.45(f)(2) The facility must ensure that its- §483.45(f)(2) Residents are free of any significant medication errors. This REQUIREMENT is not met as evidenced by: Based on observations, record review, and staff, Resident Representative, Physician Assistant and Pharmacist interviews, the facility failed to ensure a resident was free of significant medication errors when they failed to administer a daily dose of Cenobamate (seizure medication) from 9/05/24 through 9/18/24. Resident #1 was observed having a mild seizure (eyes rolled back and upper body twitching that lasted approximately 2 minutes) on 9/18/24. This deficient practice occurred for 1 of 3 residents reviewed for medication errors. (Resident #1) The findings included: Resident #1 was admitted to the facility on 9/26/22 with diagnoses that included seizure disorder. The neurology visit note dated 8/06/24 revealed	F 760	Past noncompliance: no plan of correction required.	

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

Electronically Signed | 11/03/2024

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345142	A. BUILDING _____ B. WING _____	C 10/15/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
UNIVERSITY PLACE NURSING AND REHABILITATION CENTER	9200 GLENWATER DRIVE CHARLOTTE, NC 28262

(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 760	Continued From page 1	F 760		

Resident #1 was experiencing persistent break through seizures. Resident #1 was ordered to continue Divalproex Sodium (seizure medication) 750 milligrams (mg) in the morning and 1000 mg at bedtime, Zonisamide (seizure medication) 400 mg at bedtime, decrease Lacosamide (seizure medication) to 200 mg twice a day and to start Cenobamate (seizure medication) once a day at bedtime with a gradual dose increase to 100 mg.

The annual Minimum Data Set (MDS) dated 8/15/24 indicated Resident #1 was severely cognitively impaired and was coded for having a seizure disorder.

A review of Resident #1's physician orders revealed the following active orders as of 8/06/24:

Divalproex Sodium 750 mg by mouth once a day (9:30 am).

Divalproex Sodium 1000 mg by mouth at bedtime (8:30 pm).

Zonisamide oral suspension (liquid) 100 mg/5 milliliters (ml) 20 ml by mouth at bedtime.

Lacosamide oral solution 10 mg/ml 20 ml by mouth twice a day (9:00 am and 9:00 pm).

Cenobamate 12.5 mg to be administered once a day at bedtime 8/08/24 through 8/21/24.

Cenobamate 25 mg to be administered once a day at bedtime 8/22/24 through 9/04/24.

Cenobamate 50 mg to be administered once a day at bedtime 9/05/24 through 9/18/24.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345142	A. BUILDING _____ B. WING _____	C 10/15/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
UNIVERSITY PLACE NURSING AND REHABILITATION CENTER	9200 GLENWATER DRIVE CHARLOTTE, NC 28262

(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 760	Continued From page 2	F 760		

Cenobamate 100 mg to be administered once a day at bedtime 9/19/24 and continue.

A review of Resident #1's Medication Administration Record (MAR) from August 2024 through September 2024 revealed Cenobamate 12.5 mg was documented as given daily at bedtime from 8/08/24 through 8/21/24, Cenobamate 25 mg was documented as given daily at bedtime from 8/22/24 through 9/04/24 and Cenobamate 50 mg was documented as given daily at bedtime from 9/05/24 through 9/18/24.

A phone interview conducted with Nurse #2 on 10/10/24 at 2:06 PM revealed she worked 2nd shift and was assigned to Resident #1. Nurse #2 indicated she was unaware Cenobamate was not on the medication cart and thought she had administered the medication to Resident #1. She stated she was unable to explain why she had not identified that the medication was not on the medication cart. She further stated she thought the 1st shift (7am-3pm) nurse and unit manager were responsible for monitoring the medications and notifying the pharmacy when a medication was needed. Nurse #2 revealed she received education on the 6 rights of medication administration and the process to follow when a medication was unavailable.

A phone interview was conducted with Nurse #3 on 10/11/24 at 9:48 AM. Nurse #3 indicated she worked 2nd shift and was assigned to Resident #1. She stated she was notified by the ADON that there was no Cenobamate on the medication cart for Resident #1. Nurse #3 further stated she thought she was administering the medication to Resident #1 at bedtime and did not recall the

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345142	A. BUILDING _____ B. WING _____	C 10/15/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
UNIVERSITY PLACE NURSING AND REHABILITATION CENTER	9200 GLENWATER DRIVE CHARLOTTE, NC 28262

(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 760	Continued From page 3	F 760		

medication being unavailable. She indicated if she had noticed the Cenobamate was not on the medication cart she would have contacted the pharmacy. Nurse #3 revealed she received education on the 6 rights of medication administration and the process to follow when a medication was not available.

A review of the controlled substance count sheet for Cenobamate indicated the last pill was administered to Resident #1 on 9/04/24.

A review of the nurse's note dated 9/18/24 indicated Resident #1 was sitting in her wheelchair and observed to have a seizure lasting approximately 2 minutes. Resident #1 was transferred to her bed and her vital signs were obtained. The Nurse Practitioner and Resident Representative were notified. The note was electronically signed by Nurse #4.

A review of the Nurse Practitioner (NP) note dated 9/19/24 revealed Resident #1 was evaluated due to a breakthrough seizure on 9/18/24. Labs for Divalproex Sodium and Lacosamide levels were ordered, and a follow-up appointment was to be scheduled with the neurologist. New orders were given for a one-time dose of Cenobamate 50 mg to be administered 9/19/24 at bedtime and on 9/20/24 start Cenobamate 12.5 mg for 14 days and then 25 mg for 14 days.

A review of Resident #1's laboratory report dated 9/24/24 indicated her Divalproex Sodium level was 90 micrograms per milliliter (ug/ml) with the therapeutic range being 50-100 ug/ml and her Lacosamide levels were 13.6 micrograms per milliliter (mcg/ml) with the therapeutic range being

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345142	A. BUILDING _____ B. WING _____	C 10/15/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
UNIVERSITY PLACE NURSING AND REHABILITATION CENTER	9200 GLENWATER DRIVE CHARLOTTE, NC 28262

(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 760	Continued From page 4	F 760		

up to 15 mcg/ml.

A review of the neurology visit note dated 9/25/24 revealed Resident #1 had a breakthrough seizure on 9/18/24 and was ordered to resume Cenobamate 50 mg daily at bedtime for 2 weeks and then increase and continue Cenobamate 100 mg daily at bedtime.

A phone interview with the Resident Representative (RR) on 10/10/24 at 9:00 AM revealed she was notified on 9/18/24 that Resident #1 had a mild seizure with no residual effects and that did not require hospitalization. She stated on 9/19/24 she was notified by the Assistant Director of Nursing (ADON) that Resident #1 had not received her new seizure medication as ordered, and the facility had initiated an investigation into how the error occurred. The RR further stated Resident #1 had a follow-up appointment with the neurologist on 9/25/24 and orders were received to resume the new seizure medication.

An interview conducted with Nurse #1 on 10/10/24 at 11:13 AM indicated that Resident #1 had a neurology appointment on 8/06/24 and returned with new orders for Cenobamate. She revealed the neurologist had sent the prescription to the pharmacy and she entered the orders in the electronic medical record (EMR). She stated she was aware that Resident #1 had a mild seizure on 9/18/24. She further stated on 9/19/24 during the narcotic count she noticed there was no Cenobamate on the medication cart and immediately notified the ADON. Nurse #1 revealed she was unsure if Resident #1 received the Cenobamate because she worked 1st shift (7am-3pm) and it was administered on 2nd shift

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345142	A. BUILDING _____ B. WING _____	C 10/15/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
UNIVERSITY PLACE NURSING AND REHABILITATION CENTER	9200 GLENWATER DRIVE CHARLOTTE, NC 28262

(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 760	Continued From page 5	F 760		

(3pm -11pm) at bedtime. She stated she did recall Cenobamate being on the cart during the narcotic count before going on vacation 9/05/24 through 9/17/24.

An interview with the ADON on 10/10/24 at 11:38 AM indicated Resident #1 had a mild seizure on 9/18/24 and she was notified by Nurse #1 on 9/19/24 that there was no Cenobamate on the medication cart. The ADON revealed she notified the Administrator, and they initiated an investigation. The ADON stated Resident #1 received Cenobamate 12.5 mg for 14 days and 25 mg for 14 days but, the 50 mg and 100 mg doses were never requested from pharmacy. She revealed the NP and RR were notified and a follow-up neurology appointment was scheduled. The ADON indicated they determined the error occurred because the 6 rights of medication administration were not followed. She revealed a performance improvement plan was initiated, and all licensed nurses and medication aides received training on the 6 rights of medication administration (verifying the right resident, right drug, right dosage, right route, right time and right documentation) as well as the process to follow when a medication was unavailable.

The NP was no longer employed by the facility and unavailable for interview.

An interview conducted with the Physician Assistant (PA) on 10/10/24 at 12:49 PM revealed the facility notified the NP on 9/18/24 that Resident #1 was observed having a mild seizure. He stated the NP evaluated Resident #1 on 9/19/24 and indicated she was at her baseline and had no residual effects from the seizure. He further stated the NP ordered labs for Divalproex

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345142	A. BUILDING _____ B. WING _____	C 10/15/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
UNIVERSITY PLACE NURSING AND REHABILITATION CENTER	9200 GLENWATER DRIVE CHARLOTTE, NC 28262

(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 760	Continued From page 6	F 760		

Sodium and Lacosamide levels and for a follow-up appointment to be scheduled with the neurologist. He revealed he was unaware that Resident #1 was not administered Cenobamate from 9/05/24 through 9/18/24. The PA indicated the Cenobamate not being administered was a significant medication error and would explain why Resident #1 had a mild seizure on 9/18/24.

Several attempts made to contact the Neurologist were unsuccessful.

A phone interview conducted with the Pharmacist on 10/11/24 at 9:18 AM revealed the Neurologist sent a prescription on 8/06/24 for Resident #1 to start Cenobamate 12.5 mg for 14 days then increase to 25 mg for 14 days. She indicated the Neurologist also sent a prescription on 8/06/24 for Cenobamate 50 mg for 14 days and 100 mg for 14 days to start on 9/03/24 and to continue Cenobamate 100 starting 10/1/24. The Pharmacist revealed they dispensed Cenobamate 12.5 mg (14 tablets) and 25 mg (14 tablets) to the facility on 8/06/24. She stated the 50 mg and 100 mg doses were not requested or dispensed. She further stated the facility should have notified the pharmacy when the 12.5 mg and 25 mg doses were completed and to send the 50 mg and 100 mg. The Pharmacist indicated that the Cenobamate not being administered would have caused Resident #1 to have a seizure.

An interview with the Administrator on 10/10/24 at 1:50 PM indicated she was notified by the ADON on 9/19/24 that Resident #1's Cenobamate was not on the medication cart. She revealed they initiated an investigation and determined the Cenobamate was not requested from the

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345142	A. BUILDING _____ B. WING _____	C 10/15/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
UNIVERSITY PLACE NURSING AND REHABILITATION CENTER	9200 GLENWATER DRIVE CHARLOTTE, NC 28262

(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 760	Continued From page 7	F 760		

pharmacy when the dose increased to 50mg. She stated the Cenobamate was ordered at bedtime, and they interviewed the 2nd shift (3pm-11pm) nurses (Nurse #2 and Nurse #3) that initialed the MAR that the medication was administered. She further stated Nurse #2 and Nurse #3 were unaware the medication was not in the medication cart and thought it was administered. She indicated if Nurse #2 and Nurse #3 followed the 6 rights of medication administration they would have noticed the Cenobamate was not in the medication cart and notified the pharmacy to send the medication. She stated a performance improvement plan was initiated, and all licensed nurses and medication aides received training on the 6 rights of medication administration and the process to follow when a medication was unavailable.

The facility provided the following corrective action plan:

Corrective Action that will be accomplished:
On 9/18/24 Resident #1 was observed having a mild seizure. Nurse #1 identified on 9/19/24 there was no Cenobamate located on the medication cart for Resident #1 and notified the ADON. Through further investigation the ADON determined a medication error occurred. Resident #1 had not received 14 doses of Cenobamate 50 mg. The physician was notified, the medication was re-started, and a follow-up appointment was scheduled with the neurologist.

Identification of other residents:
On 9/19/24 the ADON initiated a 100% audit of all current residents with orders for anti-seizure medications and the physician would be notified of any areas of concern. The ADON verified that

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345142	A. BUILDING _____ B. WING _____	C 10/15/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
UNIVERSITY PLACE NURSING AND REHABILITATION CENTER	9200 GLENWATER DRIVE CHARLOTTE, NC 28262

(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 760	Continued From page 8	F 760		

the anti-seizure medications for all residents audited were available on the medication carts.

On 9/19/24 the ADON initiated an audit of all incident reports for the past 30 days to identify trends, and any incidents related to medication administration to ensure appropriate interventions were initiated, the physician was notified, and the resident was assessed as indicated.

Measures for systemic changes:
On 9/19/24 the Staff Development Coordinator, Unit Manager and Nursing Supervisors initiated and completed medication pass observations with Nurses and Medication Aides (MA) utilizing the medication pass audit tool. The observations were to ensure all medications were being administered per the physician orders. The Nurses and MAs with identified concerns during the observation received immediate training.

After 9/19/24 any MA or Nurse that had not worked will complete the medication pass observation prior to their next scheduled shift.

On 9/19/24 and 9/20/24 an in-service was initiated by the Staff Development Coordinator with 100% Nurses and MAs receiving education on the 6 rights of medication administration, reading the medication administration record, accurately administering medications as ordered by the physician, and the facility policy on steps to complete when medication was not available.

After 9/20/24 all nurses and MAs that had not worked will receive the education prior to their next scheduled shift.

How Corrective Action will be monitored:

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345142	A. BUILDING _____ B. WING _____	C 10/15/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
UNIVERSITY PLACE NURSING AND REHABILITATION CENTER	9200 GLENWATER DRIVE CHARLOTTE, NC 28262

(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 760	Continued From page 9	F 760		

Beginning 9/20/24 the Unit Manager will audit all medication carts 3 times weekly for 2 months to ensure that residents have all controlled medications available.

The Physician will be notified of any identified concerns.

The nursing managers will complete 10% of medication passes with nurses and MAs once a week for 4 weeks and then once a month for one month utilizing the medication pass audit tool to ensure medications are being administered as ordered by the physician. Any areas of concern will be immediately addressed including staff retraining.

New medication orders will be reviewed in the Cardinal Interdisciplinary Team meeting daily.

The Administrator or Director of Nursing (DON) will review and initial the audits beginning 9/20/24 once a week for 4 weeks and then once a month for one month to ensure that all areas of concern were addressed appropriately.

The Administrator or DON will present the findings of the audit tools to Quality Assurance Performance Improvement (QAPI) Committee beginning 9/20/24 once a month for 2 months.

The QAPI committee beginning 9/20/24 will meet monthly for 2 months and review the audit tools to determine trends and/or issues that may need further interventions and additional monitoring.

Validation of the facility's corrective action plan was conducted 10/10/24 through record review, staff interviews, and medication administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345142	A. BUILDING _____ B. WING _____	C 10/15/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
UNIVERSITY PLACE NURSING AND REHABILITATION CENTER	9200 GLENWATER DRIVE CHARLOTTE, NC 28262

(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 760	Continued From page 10 observations. The licensed nurses and medication aides interviewed were able to recall the education on the 6 rights of medication administration and what steps to take when a medication was unavailable. They also confirmed that medication administration audits were completed. Medication administration observations conducted on 10/10/24 indicated a 0% medication error rate. The education of the 6 rights of medication administration and steps to take when a medication was unavailable was reviewed and contained staff signature sign in sheets. The corrective action plan's completion date of 9/20/24 was validated.	F 760		
F 842 SS=E	Resident Records - Identifiable Information CFR(s): 483.20(f)(5), 483.70(h)(1)-(5) §483.20(f)(5) Resident-identifiable information. (i) A facility may not release information that is resident-identifiable to the public. (ii) The facility may release information that is resident-identifiable to an agent only in accordance with a contract under which the agent agrees not to use or disclose the information except to the extent the facility itself is permitted to do so. §483.70(h) Medical records. §483.70(h)(1) In accordance with accepted professional standards and practices, the facility must maintain medical records on each resident that are- (i) Complete; (ii) Accurately documented; (iii) Readily accessible; and (iv) Systematically organized	F 842		11/9/24

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345142	A. BUILDING _____ B. WING _____	C 10/15/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
UNIVERSITY PLACE NURSING AND REHABILITATION CENTER	9200 GLENWATER DRIVE CHARLOTTE, NC 28262

(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 842	Continued From page 11 §483.70(h)(2) The facility must keep confidential all information contained in the resident's records, regardless of the form or storage method of the records, except when release is- (i) To the individual, or their resident representative where permitted by applicable law; (ii) Required by Law; (iii) For treatment, payment, or health care operations, as permitted by and in compliance with 45 CFR 164.506; (iv) For public health activities, reporting of abuse, neglect, or domestic violence, health oversight activities, judicial and administrative proceedings, law enforcement purposes, organ donation purposes, research purposes, or to coroners, medical examiners, funeral directors, and to avert a serious threat to health or safety as permitted by and in compliance with 45 CFR 164.512. §483.70(h)(3) The facility must safeguard medical record information against loss, destruction, or unauthorized use. §483.70(h)(4) Medical records must be retained for- (i) The period of time required by State law; or (ii) Five years from the date of discharge when there is no requirement in State law; or (iii) For a minor, 3 years after a resident reaches legal age under State law. §483.70(h)(5) The medical record must contain- (i) Sufficient information to identify the resident; (ii) A record of the resident's assessments; (iii) The comprehensive plan of care and services provided; (iv) The results of any preadmission screening	F 842		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345142	A. BUILDING _____ B. WING _____	C 10/15/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
UNIVERSITY PLACE NURSING AND REHABILITATION CENTER	9200 GLENWATER DRIVE CHARLOTTE, NC 28262

(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 842	Continued From page 12 and resident review evaluations and determinations conducted by the State; (v) Physician's, nurse's, and other licensed professional's progress notes; and (vi) Laboratory, radiology and other diagnostic services reports as required under §483.50. This REQUIREMENT is not met as evidenced by: Based on record review, and staff interviews, the facility failed to accurately document the administration of 14 doses of a seizure medication in the medical record for 1 of 1 resident reviewed for accurate medical records (Resident #1). The findings included: Resident #1 was admitted to the facility on 9/26/22 with diagnoses that included seizure disorder. The neurology visit note dated 8/06/24 revealed Resident #1 was experiencing persistent break through seizures. Resident #1 was ordered to start Cenobamate once a day at bedtime with a gradual dose increase to 100 mg. A review of Resident #1's physician orders revealed the following orders: Cenobamate 50 mg to be administered once a day at bedtime 9/05/24 through 9/18/24. Cenobamate 100 mg to be administered once a day at bedtime 9/19/24 and continue. A review of Resident #1's Medication Administration Record (MAR) from August 2024 through September 2024 revealed Cenobamate	F 842	University Place Nursing and Rehabilitation Center acknowledges receipt of the Statement of Deficiencies and proposes this Plan of Correction to the extent that the summary of findings is factually correct and to maintain compliance with applicable rules and provisions of quality of care of residents. The Plan of Correction is submitted as a written allegation of compliance. University Place□s response to the Statement of Deficiencies does not denote agreement with the Statement of Deficiencies nor does it constitute an admission that any deficiency is accurate. Problem Statement: -The facility failed to have complete and accurate documentation of Resident #1 Medication Administration Record related to Cenobamate administration from 9/5/2024 to 9/18/2024. Address how the corrective action will be accomplished for those residents found to have been affected by the deficient practice: -The facility administrator is responsible for implementing the plan of correction. On 9/19/2024, The Registered Nurse Unit Manager for Resident #1 contacted the	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345142	A. BUILDING _____ B. WING _____	C 10/15/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
UNIVERSITY PLACE NURSING AND REHABILITATION CENTER	9200 GLENWATER DRIVE CHARLOTTE, NC 28262

(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 842	Continued From page 13 50 mg was documented as given daily at bedtime from 9/05/24 through 9/18/24. A review of the controlled substance count sheet for Cenobamate indicated the last pill was administered to Resident #1 on 9/04/24. An interview with the ADON on 10/10/24 at 11:38 AM indicated she was notified by Nurse #1 on 9/19/24 that there was no Cenobamate on the medication cart for Resident #1. The ADON revealed she notified the Administrator, and they initiated an investigation. The ADON indicated Resident #1 received Cenobamate 12.5 mg for 14 days and 25 mg for 14 days but, the 50 mg and 100 mg doses were never requested from pharmacy. She stated the 50 mg dose was initialed on the MAR as given 9/05/24 through 9/18/24 by Nurse #2 and Nurse #3. She further stated Nurse #2 and Nurse #3 were unable to explain why they initialed administering a medication that was unavailable on the medication cart. A phone interview conducted with Nurse #2 on 10/10/24 at 2:06 PM revealed she worked 2nd shift and was assigned to Resident #1. Nurse #2 indicated she was unaware Cenobamate was not on the medication cart and documented administering the medication on the MAR because she thought she had. A phone interview was conducted with Nurse #3 on 10/11/24 at 9:48 AM. Nurse #3 indicated she worked 2nd shift and was assigned to Resident #1. She stated she was unaware there was no Cenobamate on the medication cart for Resident #1. Nurse #3 further stated she thought she was administering the medication and that was why	F 842	Medical Provider on call to notify them that the Cenobamate 50mg had not been given, the Nurse Practitioner instructed the unit manager to continue the medication. On 09/20/2024, the on-call provider for the neurologist gave a new order for Cenobamate 12.5mg for 14 days by mouth at bedtime. This medication was appropriately administered and documented on the Medication Administration Record (MAR). On 9/25/2024, Resident #1 was seen in the Neurologist office and a new order was given for Cenobamate 50mg starting 9/26/2024. On 10/11/2024, an order was received from the provider to give 2, 50mg of Cenobamate until the 100mg dose arrives from the pharmacy. On 10/24/2024, the facility received the 100mg Cenobamate and began administering it, no further issues have been identified with Resident #1 medications. Address how the facility will identify other residents having the potential to be affected by the same deficient practice: On 10/28/2024 the RN unit Managers began a comparative audit of each Medication Cart and the Active MAR for each resident to identify that the nurses are administering and documenting the resident's medications correctly. This audit will be completed by 11/1/2024. Any issues identified by the unit managers will be addressed immediately to include reporting medications not available to the Director of Nursing, the Medical Director	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345142	A. BUILDING _____ B. WING _____	C 10/15/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
UNIVERSITY PLACE NURSING AND REHABILITATION CENTER	9200 GLENWATER DRIVE CHARLOTTE, NC 28262

(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 842	Continued From page 14 she documented on the MAR that it was given. An interview with the Administrator on 10/10/24 at 1:50 PM indicated she was notified by the ADON on 9/19/24 that Resident #1's Cenobamate was not on the medication cart. She revealed they initiated an investigation and determined the Cenobamate was not requested from the pharmacy when the dose increased to 50mg. She stated the Cenobamate was ordered at bedtime and they interviewed the 2nd shift (3pm-11pm) nurses (Nurse #2 and Nurse #3) that initialed the MAR that the medication was administered. She stated Nurse #2 and Nurse #3 were unable to explain why they documented a medication was administered when it was unavailable on the medication cart. The Administrator further stated medication administration should be accurately documented in the resident record and on the MAR.	F 842	and re-educating the nurses on the procedure for obtaining mediations not available during medication pass. Address what measures will be put into place or systemic changes made to ensure that the deficient practice will not recur: -On 10/28/2024 the RN Staff Development Coordinator began in-servicing all Nurses and Medication aides including contract staff on; 1. F842-Accuracy and completeness of medical records including the Medication Administration Record when documenting medications, who to contact when a medication is not available, and the procedure for obtaining a medication when not available both during and after business hours. Any nurse, including contract nurses or newly hired nurses who have not been in-serviced by 10/30/2024 will be in-serviced prior to working their next scheduled shift. Indicate how the facility plans to monitor its performance to make sure that solutions are sustained: -The RN unit Managers will begin medication pass audits on 11/4/24, 3x weekly for 8 weeks to observe for compliance giving all medications as ordered, documentation of medications given, accuracy of the medication record to include the controlled substance count sheet if applicable, and to observe for medications not available. The Registered Nurse Unit Managers will review weekly audit findings with the	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345142	A. BUILDING _____ B. WING _____	C 10/15/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
UNIVERSITY PLACE NURSING AND REHABILITATION CENTER	**9200 GLENWATER DRIVE CHARLOTTE, NC 28262**

(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 842	Continued From page 15	F 842	Director of Nursing who will take the audits through monthly Quality Assurance Performance Improvement for 2 months to ensure compliance. Date of Compliance: November 9, 2024	