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

PRINTED: 09/20/2011 FORM APPROVED OMB NO. 0938-0391

STATEMENT	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIERCHA	(X2) N	AUI TIE	PLE CONSTRUCTION	1	VO. 0938-0
メリスト トライン ()	FCORRECTION	icentification number:	1	(LCING	'	(X3) DATE S COMPL	
		345523	0C7 200%:	N O nte	كى يەسىپ دەر يايى ئۇيۇنۇپلىپىدىدىكىكى ئۇلاندىكى بىرىكىكىكى بىرىكىكىدىكى بىرىكىكىدىكى بىرىكىكىكىكى بىلىنىڭ بىلى كىلىنىڭ دارىكى بىلىنىڭ ئايىلىكى بىلىنىڭ ئايىلىكىكى بىلىنىڭ ئايىلىكىكى بىرىكىكىكى بىلىنىڭ ئايىلىكى بىلىنىڭ بىلىن	1	Ç
NAME OF P	ROVIDER OR SUPPLIER	ON COLOR		4.077 T	Principalitation of Million of Principalita from the Figure Subject and Million of the Subject of the Subject of Subject Old Subject of the Subject of Sub	09.	108/2011
		. * . *			eey address, city, state, 219 code		
UNIVERS	al health care/rams	EUR		ł	166 JORDON ROAD		
(X4) ID	SUMMANYSTA	TEMENT OF DEFIGENCIES			AMSEUR, NO 27318		5 to 1
PREFIX TAG) (EACH DEFICIENCY	MUST BE PRECEDED BY FULL SCIDENTIFYING INFORMATION)	PREF YAG	TX i	Provider's plan of correc (Each Corrective action sho cross-referenced to the App deficiency)	ULO RE	CONALST:
F 323	483.25(h) FREE OF A	COIDCAIT	f i			ar vers it wa <u>r it befolke ar</u> peny i	
	HAZARDS/SIJPERVIS	UGIDEN I Namaeviae	l t	323			
04.0	22 2 25 Ot (101 5) (A10	MONTRAICES		Ì	Submission of this response t	n	1
ĺ	The facility must ensur	e that the resident	j		the statement of deficiencies	V	•
į	environment remains a	is free of accident hazards			does not constitute an		
	as is possible; and eac	th resident receives	j	1	admission that the deficiency		!
	adaquate supervision :	and assistance devices to			exists and/or was correctly		
	prevent accidents.			ĺ	cited or required correction.		1
			1				1
,		•		l	323	•	1 1
; 					1. The following was		10-1-1
}	This REQUIREMENT	is not met es evidenced	İ	ı	accomplished for resident #19		
	by:		*		who was affected by the		
1	Based on record review	w and staff interview, the			practice:		
-	facility failed to transfer	1 (Resident #19) of 3			practica;		
į	sampled residents usin	g two person assist, ivryThe findings include:		ŀ	Resident # 19 had no significan	t	
	saveritied of Grand Auffil in	nary true months recince:			injury from the fall. The scratch	5 1	
	Resident#19 was admi	tled to the facility on			required no treatment and has	1	Ì
1	02/06/03 and was re-ad	lmitted on 07/28/05 with	Ĭ		healed. Resident # 19 is being		
] 1	multiple disgnoses inclu	iding Paralysis Adltans		1	transferred with the assist of		
1	Alzheimer's disease end	Panic Disorder. The	}		two.		
.]	Minimum Data Set (MD	S) assessment dated		1			
	or the participant of the property of	the resident had marnory		ĺ	2. The following was		
	and decision making professional	vith two person assist for		į	accomplished for other		10-1-11
	ropondon on ma stam y ransfer	and two betson assist for		į	residents who may be affected		,
		j		Ì	by the practice.	1	
<u> </u>	the care plan for falls da	ated 06/13/11 was		2	Basidanta ada a	!	
i C	eviewed. The care plan	problem was " resident		}	Residents who have been	_	
i i	need of safety monito	fing and the provision of			assessed as needing the assist of	† į	
a	sale environment relat	ed to history of falls, use		ļ	two for transfers are being	į	
0	f antidepressant and ar	nu anxiety and hypnotic		ļ	transferred by two persons.	;	
0	ieoidations, comusion, j Alabinousculor anchier	poor judgment, history of t (CVA) with hemiplegia		1			
a	nd cehavioral issues ".	The noof was " ~~		j			
in	jury related to falls or a	Codent times takes					
ra	conths ". The approach	les did not include two				ĺ	
				1		ĺ	
LATORY DIR	ECTOR'S OR PROVIDER/SUP	LIER REPRESENTATIVE'S SIGNATURE	STATE OF THE STATE		THE COURT COURT CO. AND CO.	*************************	

Any deficiency statement ending with an exterior (*) 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 encire are disclosable 90 days days following the date these documents are made available to the facility. If deficiences are cited, an approved pran of correction is requisite to continued

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X3) PROVIDER/SUPPLIER/CLIA IDENTIFICATION MUMBER: (X3) MULTIPLE CONSTRUCTION (X3) DATE SURVEY COMPLETED A BUILDING (X3) DATE SURVEY COMPLETED C 09/08/2014 NAME OF PROVIDER OR SUPPLIER UNIVERSAL HEALTH CARE/RAMSEUR STREET ADDRESS, CITY, STATE, ZIP CODE 7188 JORDON ROAD RAMSEUR, NC 27316 (X4) ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTION SHOULD BE COMP TAG REGULATORY OR LSC ICENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE OUT COMPLETED (X3) DATE SURVEY COMPLETED (X3) DATE SURVEY COMPLETED O PROVIDERS (EACH CORRECTION STREET ADDRESS, CITY, STATE, ZIP CODE THE APPROPRIATE OUT COMPLETED O PROVIDERS PLAN OF CORRECTION TAG CROSS-REFERENCED TO THE APPROPRIATE OUT COMPLETED O PROVIDERS CITY THE SURVEY COMPLETED O PROVIDERS T	CENTER	RS FOR MEDICARE &	MEDICAID SERVICES					<u>40. 0</u> 938-0391
345523 B. VANG NAME OF PROVIDER OR SUPPLIER UNIVERSAL HEALTH CARE/RAMSEUR STREET ADDRESS, CITY, STATE, ZIP CODE 7186 JORDON ROAD RAMSEUR, NC 27316 X4)10 SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDERS PLAN OF CORRECTION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTION SHOULD BE COMP TAG REGULATORY OR LSC ICENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE OF	STATEMENT	of deficiencies	(X1) PROVIDER/SUPPLIER/CLIA	1		•	(X3) DATE S	NRVEY
NAME OF PROVIDER OR SUPPLIER UNIVERSAL HEALTH CARE/RAMSEUR THEN JORDON ROAD RAMSEUR, NC 27316 OX4) ID PREFIX (EACH DEFICIENCY MUST SE PRECEDED BY FULL TAG REGULATORY OR LSC ICENTIFYING INFORMATION) STREET ADDRESS, CITY, STATE, ZIP CODE THEN JORDON ROAD RAMSEUR, NC 27316 D PROVIDER'S PLAN OF CORRECTION GEACH CORRECTION SHOULD BE COMP TAG CROSS-PEFERENCED TO THE APPROPRIATE OUT OUT TAG CROSS-PEFERENCED TO THE APPROPRIATE OUT TO THE TAG CROSS-PEFERENCED TO THE APPROPRIATE OUT TO THE TAG CROSS-PEFERENCED TO THE APPROPRIATE OUT THE TAG THE TA			345523	j	_	SECULAR TO A SECULAR S	no.	-
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OXA) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION OF PREFIX (EACH DEFICIENCY MUST BE FRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMP TAG REGULATORY OR LSC ICENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE OF	UNIVERS	BAL HEALTH CARE/RAMS	SEUR	ويعدرون المروح	71	66 JORDON ROAD		
ACCOUNTS AND ACCOU	PROFIX	(EACH DEFICIENC)	Y MUST BE FRECEDED BY FULL	PREFIX		PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU	TO BE	(X3) COMPLETION OATE
F 323 Continued From page 1 person assist for transfer. On 08/08/11, new approaches were added to the care plan to include ensure bed and wheelchair wheels locked prior to transfer, nesure proper transfer technique utilized and investigate need for *2 sasist for transfer as indicated. Review of the rasident care guide revealed under special instruction "two persons assist for transfer (edded on 04/02/11). The rehabilitation referral noise were reviewed. On 04/20/11, physical therapide indicated that Resident #19 needed *2 assist for all transfers due to her behaviors. On 08/24/11, the physical therapide have governed Resident #19 and indicated that she required maximum assist of 2 for some time now for transfers. The nurse's notes and ine incident reports were reviewed. The nurse's notes dated 08/04/11 at 8 PM indicated "called to resident from, resident lying on floor by bed, blood on those, leceration 1.0 x 0.1 cm noted on back of head, right sida and swelling noted no other injury noted ". The notes further indicated "called to resident from bed to wheelchair, the wheelchair moved, resident as she turned and stanted to sat resident down in wheelchair, the wheelchair moved, resident noted to have laceration right side back of head with swelling ". On 09/08/11 at 10:24 PM, the administrative staff was interviewed. The administrative staff stated		person assist for transapproaches were addincted ensum bed ar prior to transfer, ensu utilized and investigat transfer as indicated. Review of the resident special instruction " in transfer " (edded on Comment of the rehabilitation refered to no 04/20/11, physical Resident #19 needed due to her behaviors, therapist had screened indicated that she required for some time now for the nurse's notes and reviewed. The nurse's PM indicated " called lying on floor by bed, by x 0.1 cm noted on back swelling noted, no other notes further indicated transferred from back to nursing assistant (CNA incident report dated 0 was transferring reside as she turned and start wheelcheir, the wheelche to have laceratio with swelling ". On 09/08/11 at 10:24 F	sier. On 09/06/11, new led to the care plan to and wheelchair wheels locked re proper transfer technique is need for +2 assist for to care guide revealed under wo persons assist for 04/02/11). Trail notes were reviewed. The application of all transfers On 08/24/11, the physical difference in the final reports were anotes dated 08/04/11 at 8 to resident room, resident allocd on floor, leceration 1.0 k of head, right side and ar injury noted ". The "resident was being to chair and the certified and from bed to wheelchair ted to set resident down in thair moved, resident and good noted in floor, resident and good noted in floor and good noted i	F3	3	care plans reflect this transfer requirement. The CNAs are provided with assignment sheets at the start of their shift. The assignment sheet has a line item that the CNA must initial to indicate they reviewed the care card for transfer status. 3. The following measures were initiated to ensure that the practice does not reoccur: The CNA (CNA #1) involved in the situation was disciplined and again in-serviced on the use of Care Cards and the requirement to review care cards of residents on their assignment daily prior to the provision of care. All CNAs were again in-serviced on 9-8-11 on the use of the Care Cards by the DON and the requirement to review care cards of residents on their assignment daily prior to the		10-1-11

DEPAR	RTMENT OF HEALTH A	ND HUMAN SERVICES				PRINT	ED: 09/20/201	1
CENTE	RS FOR MEDICARE &	MEDICAID SERVICES				FOR	RM APPROVE	D
	TO DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CUA	ATTENDED TO THE REAL PROPERTY.	LANGE	en e	<u> </u>	<u>10. 0938-039</u>	1
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	i		IPLE CONSTRUCTION	(X3) DATE 5 COMPLS		
			A. BUI	LDIN)G	COMPLI	1160	
		345523	8. 44	۱G_	From it annially half-from the court to we have subsected to the subsect of the s		C .	
PAME OF	PROVIDER OR SUPPLIER	Wanter & waster statement of a statement of the state of		·	opholocie in weather the great at the latest property seems. The contract was the experience which the place	09/	08/2011	
					REET ADDRESS, CITY, STATE, ZIP CODE			
UNIVER	sal health care/ram	SEUR		1	7156 JORDON ROAD			
(X4) IO	SHALLADV ST	Atement of Deficiencies	A COMPANY OF THE PROPERTY AND ADDRESS OF THE PARTY AND ADDRESS OF THE P		RAMSEUR, NC 27316	Park a Mary St. St. of S	Annual Control of the second	
FREFIX	(EACH CEFICIENC	Y MUST SE PRECEDED BY FOUR	PREF	uv.	PROVIDER'S PLAN OF CORRECT: (EACH CORRECTIVE ACTION SHOW		(<\$)	
TAG	REGULATORY OR	ISC IDENTIFYING INFORMATION	TAG		CROSS-REFERENCED TO THE APPRO		COMPLETION	1
		Marke St. Militar (St. Pril Z. A. d. 4 sent (2.5 to Pril Z. Miller) (2.5 sent (2.5 sen			OEFICIENCY)			Į
E 000			,	7.072,24	A STATE OF THE RESIDENCE AND ADDRESS OF THE PARTY AND ADDRESS OF THE PA	Charles and the second street of the second street	****************	-
F 323	Continued From page		j f	323				-
	I hat he had investigat	ed the incident by talking to						1
	the CNA. The CNA in	idicated that she locked the						1
	wheelchair before the	transfer. The			The CNAs were in-serviced on 9-		10-1-11	1
	aoministrativa staff ind	licated that he and the	1		27-11 by the DON to investigate			1
	manienance stan me	mber had chacked the	İ		the transfer status of any		-	1
	condition De indicate	they were in good working			resident not on their assignment			١
	in-service offer the fell	d that he did not give any because the CNA stated			that they may be required to		-	1
	that she locked the wi	eelchsichehm the	!		help prior to transferring the			
	transfer. The adminis	Strative staff member	ĺ		resident.			ļ
	revealed that he did no	of know if the resident					1	l
	needed 2 persons ass	ist on transfer. When the			To ensure that CNAs are		<u>}</u>	
	cere guide was checke	ed, he slated that it was			consistently reminded of the		1	Į
	written on the care gui	de to use 2 persons assist			requirement to review care		İ	ı
	on all transfer.				cards of residents on their			l
	On 0000084 -144.00		1	i	assignment daily, the			
	On 09/08/11 at 11:08 /	AM, NA #1 (nursing			assignment sheet now has a line			ı
	was the one who trace	wed. She stated that she ferred Resident if 19 from			item for CNAs to initial that			ļ
	the hed to the whoelch	air when both the resident			acknowledges that they have			l
	and she fell to the floor	Sne stated that cha	1		read and will follow the care		!	l
	locked the wheelchair I	before the transfers. She	1		card instructions.			l
	also acknowledged the	t she transferred the			- 11 m		i	
	resident by herself. She	stated that she was not		ļ	All CNAs were provided with			
1	aware that the resident	needed 2 persons assist		Ì	"Outline of a Day" by the DON			
	on all transfer. NA #1 :	siso stated that she did not			on 9-21-11 which lists the daily	1	i	
	check the care guide of	scause she was not		- 1	mandatory tasks. This		į	
-	assigned to the residen	it that day and that she	1	i	information sheet includes care		ŀ	
F 334	was just helping other (JNAS.	1		card review requirements and	1		
F 004	483.20(n) INFLUENZA IMMUNIZATIONS	AND PNEUMOCOCCAL	F 33	34	will also be provided during	į		
SS=E	CHOH ALIMONEE		1		orientation to new CNAs.	ĺ	Ì	
ļ	The facility must devalo	p policies and procedures			The DON as ductions	1	!	
	that ensure that	to become one biggsadiles.	1		The DON or designee will review	j		
	(i) Before offering the In	fluenza iramunization.	1 !		all daily assignment sheets to		ļ	
i	each resident, or the rea	sident's legat		İ	ensure that CNAs are complying.		1	
}	representative receives	education regarding the		ĺ			1	
	benefits and potential si		i	1			[

DEPAR	TMENT OF HEALTH A	ND HUMAN SERVICES				PRIM	FED: 09/20/2014
CENTE	RS FOR MEDICARE &	MEDICAID SERVICES				FQ	RM APPROVED
STATEMEN	T OF DEFICIENCIES			6 4.72	a programment and the supportant programment and the supportant and th		NO. 0938-0391
AND PLAN (OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) 1. A. 8U:		PLE CONSTRUCTION	(X3) DATE ! COMPL	
		Sirena	8. WD	ua.	the state of the s		С
MALLE YAY	ROMDER OR SUPPLIER	345523	***************************************	وسلوا	Million of the state of the sta	20	/08/2011
				37	REET ADDRESS, CITY, STATE, UP CODE	Manager and the factor of	THE PERSON NAMED IN COLUMN TWO
UNIVER	AL HEALTH CARE/RAMS	SEUR			7166 JORDON ROAD RAMSEUR, NC 27316		
(X4)10	SUMMARY ST	ATEMENT OF DEFICIENCIES	a	Į.,,,	The sect of the following the property of the section of the secti	- 613 cm m42142m4	-
PREFIX TAG	1 (RACH DEFICIENCY	Y MUST BE EDECEMEN OV COM	PREF		Providers plan of correct leach corrective action shou cross-referenced to the appro deficiency)	LO SE	COMPLETION DATE
F 334	Continued From page	3		4n.	The comment and the state of th	- 49.60% day ye was per year ou	
			r	334			
		fered an influenza	!		4. The following monitoring initiatives have been put in		10-1-11
	invnunization October	1 through March 31			place to ensure that the		10 3,21
	l annually, unless the in	officiality at medically			corrective action is achieved		
	contraindicated or the	resident has already been					i !
	immunized during this	time period:			and sustained and that the plan is evaluated for its		
	(iii) The resident or the	resident's legal	ļ 1		effectiveness:		· .
	representative has the	opportunity to refuse			diectiveness:		
j	immunization; and	****			The DON or nursing designee		
	REFIX (RACH DEFICIENCY MUST BE PRECEDED BY	Sical record includes			Will randomly observe 3		
	following:	icates, at a minimum, the	1		transfers weekly for four weeks		
!		or reciriosés ional	1	ı	to ensure that the proper		j
į	representative was oro	vided education reserving			method is utilized as stated on		
Ì	the benefits and potent	ist side affects of influence	ĺ		the care card.		
	immunization; and			į	the Care Cara.		
-	(8) That the resident e	either received the	į .	!	The DON or designee will quiz 3		
[influenza immunization	Of did not receive the		į	CNAs, at random, weekly for		
į	influenza immunizatioa	due to medical	1		four weeks regarding transfer		1
-	contraindications or refu	usal.		į	techniques required on the care		
į	View Anadith		1	1	card of specific residents on		
	the techny must develo	p policies and procedures	ţ	İ	their assignments.		
		Selection as a constant	1 1	j	arion dougriffents.	į	
ł i	mmunitalian each reci	dont or the sector of	1	į	The DON or designee will		
	808) representative rece	usii, oi me iesidenis		- 1	observe the CNAs at the	ĺ	
	he benefits and potentia	side espects of the			beginning of their shift at least 3	İ	1
i	mmunization;	n side enecie of file		1	times weekly for four weeks to	1	i
1	ii) Each resident is offer	red a pneumococcat	i		ensure that CNAs review their		
Į į	mmunization, unless the	e immunization is		ŀ	care cards.	:	1
£	nedically contraindicate	d or the resident has		ĺ	•	1	
) ε	ilready been immunized	3 :		ţ	Observations, quizzes and the	}	
1 (iii) The resident or the re	asident's legal			observation of CNAs reviewing	i	
1.0	epresentative has the o	pportunity to refuse			the care cards will occur on all	1	Í
1	nmunization; and		!		shifts. The weekend and	ļ	
14	v) The resident's medic	al record includes	1	į	weekday CNA staff are the same	1	1
160	allowing: Allowing:	ated, at a minimum, the			so the audits de not have to be	l	W .
1 ''	·····		ſ	1	The second section of the		1

done on weekends.

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

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This REQUIREMENT is not met as evidenced by: Based on record review, review of the facility policy on immunizations and sleft interview, the facility's policy on immunizations and sleft interview, the facility's policy on immunizations and sleft interview, the facility's policy on immunizations. The facility's policy on immunizations and sleft interview, the facility's policy on immunizations. The facility's policy on immunizations. The facility's policy on immunizations. The facility's policy on immunization or day discussion regarding fixes and benefits of the residents. The indings includes the finite received the presence of the residents			MEDICAID SERVICES		<i></i>	- CONTROL OF THE PROPERTY OF T	OMB	NO. 0938-039
MANGE OF PROVIDER ON SUPPLIER UNIVERSAL HEALTH CAREJRAMSEUR DATE OF PROVIDER ON SUPPLIER UNIVERSAL HEALTH CAREJRAMSEUR DEALING ON ROAD PRESENT (JAM HERPOLINA ON 15 OF PROFISOR OF THAT THE AND SUPPLIES OF PROFISOR OF THAT THE AND SUPPLIES OF PROFISOR OF THAT THE AND SUPPLIES OF THE APPROPRIATE OF PROVIDING PARK OF THE APPROPRIATE O	AND PLAN OF	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	- 1			(X3) DATE	SURVEY
WIVERSAL HEALTH CAREIRAMSEUR STREET ADDRESS, CITY, STATE, ZP CODE 7154 JORGON ROAD RAMMSUR, NC 27316 PROVIDER (SUCH CORRECTION THE PROCESSES PUT LIL REGULATORY OR ISC IDENTIFYING INCREMENT) 7AB Continued From page 4 (A) That the resident or resident's legal representative was provided education regarding the benefits and potential side effects of pneumococcal immunization, and (B) That the resident either received the pneumococcal immunization and precitionar recommendation, a second preumococcal immunization. This REQUIREMENT is not met as evidenced by: Based on record review, review of the facility policy on immunizations and sloff interview, the facility failed to provide education regarding risks and benefits of influenza immunization prior to vaccination on 5 (Residents # 1, #49, #18, #19 and #7 were provided with education on the potential side effects and benefits of the influenza immunization and the pneumococcal immunization and that they have the opportunity and right to refuse the immunizations. The information includes both a line item for a consent or a defination for the immunizations and a long-ture.			346522	B. WIN	IG.	*** April 14 May 19 commends having accorded and American by the Control of the State of State of the State of		С
UNIVERSAL HEALTH CARE/RAMSEUR (A910 PRICE 1997 DEFINITION OF THE PROPERTY OF SECURITY AND THE PROPERTY OF SECURITY AND THE PROPERTY OF SECURITY AND THE PROPERTY OF SECURITY AND THE PROPERTY OF SECURITY AND THE PROPERTY OF SECURITY AND THE PROPERTY OF SECURITY AND THE PROPERTY OF SECURITY AND THE PROPERTY OF SECURITY AND THE PROPERTY OF SECURITY AND THE PROPERTY OF SECURITY AND THE PROPERTY OF SECURITY AND THE PROPERTY OF SECURITY AND THE PROPERTY OF SECURITY AND THE PROPERTY OF SECURITY AND THE PROPERTY OF SECURITY AND THE PROPERTY OF SECURITY AND THE PROPERTY OF SECURITY OF	NAME OF DE	ONINCO AD OUGALIOA	UNIONAL PROSperiment med days some be endadated and an individual and a funda presse a		YE 244	ikin kanaman 1,186, 1 m n 1,1 Marika kana 107, 1 m manaman kanpungan kanpungan mengan kanpungan kanpungan kanp Manaman 1,186, 1 m n n n 1,1 Marika kanaman 1,2 Marika	05	9/08/2011
F 334 Continued From page 4 (A) That the resident or resident's legal representative was provided education regarding the benefits and potential side effects of pneumococcal immunization, and and precitioner recommendation, as accond pneumococcal immunization, unless medically contraindicated or the resident or the resident epresentative refuses the second immunization. This REQUIREMENT is not met as evidenced by: The Recility's policy on immunizations and staff interview, the facility failed to provide educations in the form of a discussion regarding risks and benefits of residents. The findings include: The facility's policy on immunizations: Influenze (Flity Vaccination of Residents, Staff and Volunteers (undated) was reviewed. The policy reads in part "Informed content in the form of a discussion regarding risks and benefits of rin flormed content in the form of a discussion regarding risks and benefits of rin flormed content in the form of a discussion regarding risks and benefits of rin flormed content in the form of a discussion regarding risks and benefits of rin flormed content in the form of a discussion regarding risks and benefits of rin flormed content in the form of a discussion regarding risks and benefits of ring precious and regarding risks and benefits of influenza immunizations. The information and the resident regarding risks and benefits of influenza immunization. The facility's policy on immunizations: Influenze (Influenza immunizations. The information mileston and the reformation and the reformation in content in the form of a discussion regarding risks and benefits of the manufactor residents. The findings include: The facility's policy on immunizations findings include: The facility's policy on immunization and the reformation includes both a line literation for the immunization. The facility's policy on immunization and the reformation includes both a line literation for the immunication of the immunication of the immunication of the immunication of the immunication of the im	ĺ	•	BEUR		7	7169 JORDON ROAD		от на постава на постава на постава на постава на постава на постава на постава на постава на постава на пост Постава на постава на п
F 334 Continued From page 4 (A) That the resident or resident's legal representative see provided education regarding the benefits and potential side effects of pneumococcal immunization and pneumococcal immunization. This REQUIREMENT is not met as evidenced by: Based on record review, review of the facility policy on immunizations and staff interview, the facility failed to provide education regarding risks and benefits of influenza immunization and that they have the preumococcal immunization and that they have the poportunity and right to refuse the immunizations. The information includes both a line item for a consent or a declination for the immunization of the immunization and a placetion of the immunization. The facility's policy on immunizations: influenza immunization and that they have the opportunity and right to refuse the immunizations. The information includes both a line item for a consent or a declination for the immunization and a placetion of the immunization and a placetion of the immunization of the immunization and that they have the opportunity and right to refuse the immunizations. The information includes both a line item for a consent or a declination for the immunization and a placetion of the immunization and a placetion of the immunization and that they have the opportunity and right to refuse the immunization and a placetion of the immunization and the immunizations. The information includes both a line item for a cons	(X4) ID	SUMMARY STA	NTEMENT OF CEFICIFACIES		Ł	THE CO-STREET, STREET,	annunci silm Etilling	TO STORY OF THE STREET PROPERTY AND ADDRESS.
(A) That the resident or resident's legal representative was provided education regarding the benefits and potential side effects of pneumococcal immunization; and (B) That the resident either received the pneumococcal immunization of did not receive the pneumococcal immunization due to medical contraindication or refusel. (V) As an alternative, based on an assessment and practitioner recommendation, a second pneumococcal immunization may be given after 5 years following the first pneumococcal immunization, unless medically contraindicated or the resident or the resident's legal representative refuses the second immunization. This REQUIREMENT is not met as evidenced by: Based on record review, review of the facility policy on immunizations and staff interview, the facility field to provide education regarding risks and benefits of influenza immunizations; influenze (Filu) Vaccination of Residents # 1, #49, # 18, # 19 and Volunteers (unotated) was reviewed. The policy reads in part in formed consent in the form of a discussion regarding risks and benefits of the immunizations. The information necessarily of the facility for the cut of the effects and benefits of the influenza immunization and that they have the opportunity and right to refuse the immunizations. The information includes both a line item for a consent or a declination for the immunization and a stonastico.		(EACH DEFICIENC)	(MUST BE PRECESSO by con-	PREFI		(EACH CORRECTIVE ACTION SHOL CROSS-REFERENCED TO THE APPRI	LOBE	(XS) COMPLETION DATE
This REQUIREMENT is not met as evidenced by: Based on record review, review of the facility policy on immunizations and staff interview, the facility falled to provide education regarding risks and benefits of influenza immunization prior to vaccination on 5 (Residents # 1, #49, # 18, # 19 & effects and benefits of the #7) of 5 sampled residents. The findings include: The facility's policy on immunizations: Influenza (Flu) Vaccination of Residents, Staff and Volunteers (undated) was reviewed. The policy reads in part "Informed consent in the form of a discussion regarding risks and benefits of yaccination will occur prior to vaccination".		(A) That the resident representative was protein the benefits and potent pneumococcal immunities. That the resident pneumococcal immunities pneumococcal immunities of the pneumococcal immunities of the resident or the resident or the resident or the resident.	or resident's legal povided education regarding stial side effects of leation; and either received the ization or did not receive nunization due to medical usel. assed on an assessment mendation, a second zetion may be given after 5 if pneumococcal nedically contraindicated or dent's legal representative	C.	334	Individual in-services/discipline will occur on the spot as needed Results of these audits will be brought to the QAA meeting monthly by the DON or designee and evaluated by the QAA Committee to determine the effectiveness of the corrective action and the need for continued monitoring.		
1. Resident # 1 was admitted to the facility on line. This was provided by a mailing on 9-8-11.	Final V# T() Vicinity of the distribution of t	Based on record review bolicy on immunizations acility failed to provide and benefits of influenz reconation on 5 (Resider) of 5 sampled resider) of 5 sampled resider (but accination of Residuates (undated) was adds in part "Informed iscussion regarding rist accination will occur prior Resident # 1 was adm	w, review of the facility s and staff interview, the education regarding risks a immunization prior to ents # 1, #49, # 16, #19 & nts. The findings include: mmunizations: influenza idents, Staff and as reviewed. The policy consent in the form of a ks and benefits of for to vaccination."			accomplished for the residents affected by the practice: The Responsible Parties and/or resident s #1, #49, #18, #19 and #7 were provided with education on the potential side effects and benefits of the influenza immunization and the preumococcal immunization and that they have the opportunity and right to refuse the immunizations. The information includes both a line item for a consent or a declination for the immunizations and a signature line. This was provided by a		10-1-11

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES PRINTED: 09/20/2011 FORM APPROVED OMB NO. 0938-0391

		MEDICAID SERVICES					NO. 0938-0391
Statement And Plan OI	of deficiencies Foorrection	(X1) Providensuffliericlia Identification murer:	(X2) MU A. BUILI	LTIPLE CONST	RUCTION	(X3) DAYE	SURVEY
		345523	į	70.0	tte transmere film fil frams den ste eth sekset film den s. sy 		С
NAME OF PR	NOVIDER OR SUPPLIER	CACCO			in Makhik amerik dan B. Makhimor operapis in namor Makhik Makhik disameni biri, menja menja Makhik di memakih pendadasah bagi Elipadasah.	08	9/08/2011
	al health care/ram:	SEUR		7166 JORD	ress, city, state, zip code Ion Ruad R, NC 27816		
(X4) ID PREFIX YAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SCIDENTIFYING INFORMATION)	ið Prefix Tag		PROVIDERS PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU PROSS-REFERENCED TO THE APPRO DEFICIENCY)	LOBE	(X9) COMPLETION DATE
Till F Colling to a second to	revealed that Resider vaccine on 10/13/10. documentation in the party (RP) or the resider regarding the risks an immunization prior to On 09/07/11 at 3:45 Pt coordinator (SDC) exc (MDS) nurse were interested to the RP or that consent and the exists and benefits of the provided to the RP or that and not yearly. 2. Resident # 49 was a 09/11/06. Review of the revealed that Resident influenza vaccine on 10 documentation in the regarding risks and benefits of the munication was provided to vaccination of 1 on 09/07/11 at 3:45 Pt. coordinator (SDC) and MDS) nurse were internat consent and the ed sks and benefits of the rovided to the RP or the not yearly.	There was no record that the responsible lent was provided education d benefits of influenza vaccination of 10/13/10. M, the staff development of the Minimum Data Set inviewed. They both stated ducation regarding the resident on admission and interest of influenza ided to the facility on the immunization record #49 had received 0/13/10. There was no ecord that education registed to the RP or resident 0/13/10. If, the staff development the Minimum Data Set viewed. They both stated ucation regarding the immunizations was only a resident on admission.	F 3.	Discrare al risk/b to vac are al risk/b to vac are al risk/b to vac are able to refu inform item for declina immun line. If malling discuss are able vaccina	ussions with residents who ble regarding the penefits will occur just prior ccination and documented. In following was implished for residents go the potential to be used by the practice: sponsible Parties and the ents (if appropriate) were led with education on the tial side effects and its of the influenzanization and that they he opportunity and right use the immunization. The lation includes both a line or a consent or a little for the lizations and a signature his was provided by a gon 9-8-11. Risk/benefit lions with residents who e will occur just prior to obtain and documented. Following measures will in place to ensure that ctice will not occur:	THE TRANSPORT OF THE PARTY OF T	10-1-11
		Pro C TOTAL (1965) TO STANING TO STANING TO STANING TO STANING TO STANING TO STANING TO STANING TO STANING TO					-

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

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4 - 1 - 1 - 1 - 1 - 1	of deficiencies Correction	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. 8U		PLE CONSTRUCTION	(X3) DATE SE COMPLE	
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و موجود من الموجود الم	гумия ку 70% с быта «по смещь у «пости» вытигу да	348623	D. (1/)	مد. محمد من	an arabusy dia mahalikatan kananan kananan kanana sarapa jarapa, 170 mg Casikat dia katanan 170 mga 1868 kananan sarapa jarapa, 170 mga kanan pembahan masa ikanan kanan	09/1	08/2011
name of Pa	ROVIDER OR SUPPLIER			•	EET ADDRESS, CITY, STATE, ZIP CODE		
UNIVERSA	al Health Careurams	SEUR		į i	DAOR NOCECUL 881		
other Carrier would be an other	~*************************************	医阴极性 医二十二二氏试验 医二氏性 医二氏性 医二氏性 医二氏性 医二氏性 医二氏性 化二氏性 医二氏性 医二氏性 医二氏性 医二氏性 医二氏性 医二氏性 医二氏性 医	********	R	LANSEUR, NC 27316	p. an a style for a pyryst pro Affect Dr. plane	nijetime Parson skooren militarise
(X4) 10 PREFIX TAG	(EACH DEFICIENC	Atemeny of deficiencies y must be preceded by full LSC identifying information)	ID PAEF TAG		PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LO BE	(AS) COMPLETION DATE
F 334	Continued From page	s 6	-	334		-	-
	revested that Resider			JJ-4			
		10/13/10. There was no			; 		
		record that the RP or the					!
		deducation regarding the			رم د دا احد م		-
		he influenza immunization			The policy on Influenza		
	prior to vaccination of	30/13/10.			Vaccination of Residents, Staff and Volunteers has been		1
					amended, in part, to read		
į	On 09/07/11 at 3:45 F	M, the staff development	!		"Informed consent and		
		d the Minimum Data Set			education regarding the risks		!
		erviewed. They both stated	i		and benefits of the vaccination		
1	inst consent and the e	education regarding the he immunizations was only	-		will occur on admission and		!
ļ		the resident on admission			yearly, thereafter, prior to the		
:	and not yearly.	The review of a grand of			vaccination"; a "Vaccination		
	• •		Ì		refusal and reasons why will be		
					documented by the facility in		
1	A Datidant #10 was s	admitted to the facility on			the resident's medical record";		
}		he immunication record			and		
	revealed that Residen		ļ		"The risk/benefit education on		
		10/13/10. There was no	ļ		the signed consent form will		
		record that the RP or the		1	serve as evidence that the		
		education regarding risks luenza immunization prior to	i	-	benefit and risk Information and		
1	veccination of 10/13/1				the opportunity to refuse was		
į					offered. The most recent signed		·
					consent form will be included in		
		M, the staff development			the medical record of all		
		I the Minimum Data Set erviewed. They both stated	1	1	residents."		
		siviewed. They bom stated soucation regarding the	i	ļ	The Staff Development		
		ne Immunizations was only			Coordinator or designee, who		
		the resident on admission			administers the vaccinations,		
ļ	and not yearly.			!	will review, initial and date the		
				ļ	Informed Consent Form prior to		
1	E Racidani W7 was as	mitted to the facility on	1		vaccine administration to ensure		
	o. Haqiqoni #1 Wes 80	initied to the racinty on			that it is in the medical record		
	ranga and a factor of a find that the same a second conservation and		1	. :			

DEPARTMENT OF HEALTH AND HUMAN SERVICES PRINTED: 09/20/2011 FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 SYATEMENT OF DEFICIENCES (X1) PROVIDER/SUPPLIER/CUA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY and Plan of Correction IDENTIFICATION NUMBER: COMPLETED A BUILDING C 345523 09/08/2011 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 7166 JORDON ROAD UNIVERSAL HEALTH CAREJRANISEUR RAMSEUR, NC 27316 SUMMARY STATEMENT OF DEFICIENCIES (X4) 1D PROMDER'S PLAN OF CORRECTION (X5) PREFIX reach deficiency must be preceded by full PREFIX (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE COMPLETION DATE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG DEFICIENCY The Staff Development F 334 | Continued From page 7 10-1-11 Coordinator who is solely F 334 03/30/09. Raview of the immunization record responsible for the revealed that Resident #7 had received influence implementation of this policy vaccine on 10/15/10. There was no including providing education, documentation in the record that the RP or the procuring signed consents. resident was provided education regarding risks administering and documenting and benefits of the influenza immunization prior to per policy was in-serviced by the veccination of 10/15/10. ADON/Infection Control Nurse On 09/07/11 at 3:45 PM, the staff development on September 9, 2011. coordinator (SDC) and the Minimum Data Set (MDS) nurse were interviewed. They both stated 4. The following QA initiatives 10-1-11 that consent and the education regarding the have been put in place to insure risks and benefits of the immunizations was only that the corrective action is put provided to the RP or the resident on admission in place and sustained: and not yearly. 483.35(I) FOOD PROCURE. F 371 £ 371 The DON or designee will audit SS=E STORE/PREPARE/SERVE - SANITARY the medical record of all residents during the flu The facility must vaccination period to ensure (1) Procure food from sources approved or that (1) a current informed considered satisfactory by Federal, State or local consent is in place; (2) a resident authorities; and verbal discussion and informed (2) Store, prepare, distribute and serve food under sanitary conditions consent (as appropriate)is in place and documented; (3) vaccine is documented as given per policy in a nursing note: (4) documentation for reason for refusal is documented in the This REQUIREMENT is not met as evidenced medical record. hy: Based on observation, staff interview and facility policy review the facility failed to 1) thaw poultry in a senitary manner 2) date opened food containers and discard refrigerated food by its use by date, and 3) clean a nourishment

refrigerator.

PRINTED: 09/20/2011 FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION KIENTIFICATION NUMBER COMPLETED A. BUILDING C B. WING 345523 09/08/2011 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 7166 JORDON ROAD UNIVERSAL HEALTH CAREIRAMSEUR RAMSEUR, NC 27316 SUMMARY STATEMENT OF DEFICIENCIES (X4) (C PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL (XS) COMPLETION PREFIX PREFIY (EACH CORRECTIVE ACTION SHOULD BE REGIJLATORY OR LEC IDENTIFYING ENFORMATION: TAG TAB CROSS-REFERENCED YO THE APPROPRIATE DATE DEFICIENCY F 371 | Continued From page 8 F 371 1 On 9/7/11 at 10:25 AM 7 chicken breasts were observed in a container of still water on the food 10-1-11 preparation table. The requirement for a current informed consent for Flu Review of the facility procedure for "Thawing" vaccination and a consent for (undated), provided by the Regional Dietary Pneumococcal vaccination to be Consultant revealed: in the medical record will be added to the QA monthly chart "Thawing: Acceptable methods include: " check for all residents to ensure 1. *Thawing in the refrigerator, in a drlp-proof compliance with the plan of container, and in a manner that prevents cross correction. This audit will be contamination, " " Completely submerging the Item under cold ongoing. water (at a temperature of 70 degrees F or below) The results of the audits will be that is running fast enough to agitate and float off loose particles. " brought to the QA Committee 3. "Thawing the item in a microwave oven, then for evaluation of the cooking and serving it immediately afterward, " effectiveness of the plan. At 4. "Thawing as part of a continuous cooking that time changes will be made process. " as necessary to ensure that the corrective action is achieved and On 9/7/11 at 10:26 AM Dietary Aide #1 stated that sustained. she had taken the frozen chicken out of the fraezer about 10 minutes ago and put it in the 371 water to thaw. She indicated she was thawing the chicken in a container of water because she 1. The following was 10-1-11 just needed a small amount for the alternate for accomplished for residents lunch that day and it hadn't been put in the affected by this practice: refrigerator to thaw the day before. The chicken being thawed On 9/7/11 at 10:27 AM interview with the improperly was discarded. Assistant Dietary Manager revealed that meals, including poultry products, were typically thawed The Cook responsible was inin the refrigerator but that the other acceptable serviced on acceptable thawing option was to thaw it under cold running water, in the meat preparation sink. She further stated that procedures and received Dietary Aide #1 had been trained in the proper disciplinary action. procedure for thawing meal and that it was her

DEPARTMENT OF HEALTH AND HUMAN SERVICES PRINTED: 09/20/2011 FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0939-0391 STATEMENT OF DEPICENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A BUILDING C B. WAYS 345523 09/08/2011 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, SYATE, ZIP CODE UNIVERSAL HEALTH CARE/RAMSEUR 7466 JORDON ROAD Ramseur, no 27316 SUMMARY STATEMENT OF DEFICIENCIES (X4) IO ID PREFIX PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL (AX) HOITE PRILOD (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE AFFHORATE OFFICIENCY) Outdated and undated food Continued From page 9 F 3711 items were immediately expectation that the proper procedure for thewing removed from the nourishment meat was followed even if only a few pieces of refrigerator and the kitchen meat need to be thawed. cooler and the nourishment On 9/7/11 at 10:30 AM the Regional Dietary refrigerator was cleaned. Consultant was interviewed and stated that the chicken should have been thawed in the Other refrigerator located in the refrigerator or under cold running water in the memory unit was checked but meat preparation sink. She also added that it no additional problems were could have been cooked in the oven from a noted. frozen state. She then instructed Dietary Aide #1 to discard the chicken. 10-1-11 2. The following will be accomplished for other 2a. On initial tour at 10:30 AM on 9/6/11 the walk residents who may be affected in reingerator was observed to have 3 containers by the practice. of extre heavy duty mayonnaise that had been previously opened but were not labeled with the The dietary staff was in-serviced date they were opened. One container was 9-8-11 and 9-29-11 by Sherry almost empty, one had approximately 1/4th of its Parson Interim FSD on Infection contents left with a cracked lid, and one container control, proper food had approximately half of its contents left in the container. There was also a previously opened handling/thawing procedures, container of applesauce that was half full that was labeling/dating/discard labeled with an opened date of 6/2/11. Also procedures. observed was a bag containing heads of lettuce that had been opened but was undated and a The nursing staff was in-serviced quarter head of lettuce wrapped in plastic wrap on 9-21-11 by the DON on the and undated. need to date all food items in the nourishment reirigerators/

Review of the facility policy for " Date Marking Ready-to-Eat Potentially Hazardous Foods" (undated) provided by the Regional Dietary Consultant revealed, in part:

"Label ready-to-eat, potentially hazardous foods; label should include product name, the date and time product is prepared or opened."

Evers ID: CH6R11

Facility ID: 991050

freezers located in the LTC unit

and the Memory Unit and to

remind/assist residents and

families to do so.

If continuation sheet Page 10 of 13

CEANIC	CONCAL OF NEALTHA	ND HUMAN SERVICES					ORM APPROVE
	NOTON WELVICARE &	MEDICAID SERVICES	Total and the same of the same		entida year switch		NO. 0938-039
AND PLAN	t of deficiencies of correction	(X1) PROVIDER/SUPPLIER/GUA IDENTIFICATION HUMBER:	(X2) N A. BU		TIPLE CONSTRUCTION	CKS) DATE	
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	and the second s	346523	8. 141	WC_	and gas diver many grid who was fellow have been discussed by Charles in Philipping was body of the supply named.	_	C
NAME OF F	ROMDER OR SUPPLIER	THE REAL PROPERTY OF THE PROPE		7	. 我们是"你你就是我们的我们的,我们就是我们的,我们就是我们的,我们就是我们的我们的,我们就是我们的我们的,我们就是我们的我们的,我们就是我们的人们的人们的人		9/08/2011
HADA/60	A. UMBI TU MARKERALIS			3	MEET ADDRESS, CITY, STATE, ZIP CCOS		
OMMEN	BAL HEALTH CARE/RAMS	SEUR		l	7186 JORDON ROAD		
(X4) 1D	SUMMARY SY	ATEMENT OF DEFICIENCIES		L.	RANSEUR, NC 27316	· Down Billion of the Parket	nakon et sign en indontsissier i et konsten de seen
PREFIX TAG	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL SCIDENTIFYING INFORMATION)	ID PREFI TAG		Provider's plan of correct (Each corrective action shou cross-referenced to the appri ceficiency)	JLO 85	(X5) COMPLETION DATE
F 371	Continued From page	10			- The state of the	THE STREET, ST	TO THE RESIDENCE OF THE PROPERTY OF THE PROPER
		ready-to-eat, potentially	7	37	Staff on 3'd shift was additionally		1
	hazardous foods withi	n 7 days a			in-serviced on 9-27-11 by the	/	
	10000	n r dbys.	1		DON and reminded again that)
	On 9/6/11 at 10:32 AN	I interview with the	İ		discarding undated food		Í
	Assistant Dietary Man	ager revealed that the			immediately and outdated food		
	mayonnaise container	s and the lettuce should	Ì		within 72 hours or by the "do		
	have been labeled will	h the date they ware			not use after date and cleaning		•
	opened and the 1/4 hea	ed of lettuce should have	ļ		the refrigerators as needed with		
	been labeled with the	date it was used. In			soap and water is their		
	discorded 7 days =4-	at food items were to be					1
	their expiration date if	their opened date or by			responsibility each night.		i
	Opened although she	thought the mayonaise			3. The following		
	could be kept for 14 da	IVS after noening - Che.			measures/systems were put in		10-1-1
ĺ	further indicated that the	19 and operating. Star	1		place to ensure that practice		
į	overdue to be discards	d and there was no way to			does not occur:		
İ	Know when the mayon:	sise should be discarded			and the office t	•	
j	since it had not been d	ated when it was opened.			A nursing refrigerator "Daily	•	
ĺ		·		į	Cleaning Log" has been		
; 1	On 9/7/11 Interview with	h the Regional Distary	Į		developed on which the staff		
1	Consument revealed the	at she would expect food	1	- 1	member who cleans the		
	and then dispersed 7 de	the date they are opened		1	nourishment		
- [and then discarded 7 da	ays aner that date.		į	refrigerators/freezers signs		
1	2b. On 9/6/11 at 10:45	AM the nouriehment	1		when task completed. The		
[refrigerator at the 100/2	00 hall area wos	į	Í	charge nurse checks the		!
1,	observed. The deli drav	Yer was opened and		1	refrigerator at the and of the		1
1	contained an opened zij	o top package of dried	į	1	shift and co-signs that the		}
[*	cranbarries with an oper	ned date of 5/24/11 and a	!		refrigerator is clean and free of		
()	resident name written or	n it; there was also red		;	outdated and undated food		
į l	liquid inside the package	€ which was not		ļ	items. This system is onging		
	completely closed. Red	liquid had seeped out of		1	stem et ennerg en en en en		
! 1	ne dag into the bottom	of the deli drawer. There		Ì	A system requiring each cook to		
	vas also a Tupperwere :	type container of		ŀ	verify the thawing techniques		
	hahuarn in rus disket (that was not labeled with			used at each meal has been		
โ	resident's name or the The nourishment refriger	a nate it was blebated.			instituted to ensure that proper		
ĺ	inlabeled bag from McD	onsids containing French			thawing methods are used.		

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AND PLAN C	r of deficencies Of correction	(X1) PROVIDER/GUA	(X2) M	ULYIF	LE CONSTRUCTION	(X3) DATE	
		IDENTIFICATION MANBER:	A. Buit				CELED
		345523	8. W/A	G	and the Miles an		C
NAME OF P	ROVIDER OR SUPPLIER	AMPROPRIATE OF THE PROPRIET OF MANAGES AND ASSESSMENT OF THE PROPERTY OF		27.000	artenne darrig och anni delementer Siede democratik soch sykriget democratik blig det erstennige blyder for	10	9/08/2011
UNIVERS	al Health Care/Rams	BEUR		7	eet adoress, city, state, zip code 186 Jordon Road		
(X4)10	CI MILADO OVA	ALTERNATINE LIBERT (THE REPORT OF THE PROPERTY		R	AMSEUR, NC 27316		•
PREFIX TAG	(EACH DEFICIENCY	atement of deficiencies I must be preceded by full SC Identifying information)	ID PRED) TAG	x	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(AS) HOIFESTRUOD BYAG
F 371	Continued From page				орина жана бара же е долже Вин в Сей долж Франце профиссация для непрезультата построй додите бил вый делий до		The state of the s
		pets. Also observed was a	F 3	371			
	Whipped topolog conte	iner with a date of 8/29/11					
ı	written on it. Inside the	6 COntainer was an		1	The cook must document on		10-1-11
	unknown food item wit	h a fuzzy white substance		- }	the mean the method used to		,,,,
	on approximately 1/80	of the lov of it		- 1	thaw meat. This system is		1
				Ì	ongoing.		j
	Review of the facility p	olicy for "Date Marking	İ		ongoing.		Í
	Ready to-Eat Potential	lly Hazardous Fonds "		1	The FSD will monitor for proper		
	(undated) provided by	the Recional Diatary	1	ļ	technique and verify accuracy of		
	Consultant revealed, in	pad:			documentation of method used		
į	Hid mala a san a san a san a san a san a san a san a san a san a san a san a san a san a san a san a san a san				5 times weekly on an ongoing		
ĺ	Later (early-to-ear, p	otentially hazardous foods;		- 1	basis. This audit will become		
	lime product is proper	oduct name, the date and					j
ì	time product is prepare	o or opened, "	i		part of Dietary Department's routine QA program.		1
}	" Serve or discard all n	ecdy-to-eat, potentially		į	routine coa program.		
	hazardous foods within	7 dave "		- }	The FSD will monitor for proper		į
1					dating and storage of food		
	On 9/8/11 at 10 AM the	Housekeeping Manager	-		weekly on an ongoing basis.		į
	stated that 3rd shift Nur	Sing was responsible for	ĺ		weemy ou an ongoing basis.		İ
	cleaning out the nourist	ment relitiogrators			4. The following monitoring		
1			-	Ì	initiatives have been put in		10-1-11
Ì.	On 9/8/11 at 10:29 the r	nourishment refrigerator at	1	1	place to ensure that the		
] 1	the 100/200 hall area w	6S Observed. The			corrective action is achieved		
1	package of dried cranbe	rnes that contained a red			and maintained;		
[]	iquid and was dated 5/2	14/11 were still in the deli	Í		and steels scalings.		
	drawer. The McDonald	's bay, spaghelti and	İ	}	The DON or designee and the		
1	onger in the refrigerator	dated 8/29/11 were no	ĺ		Administrator will each check		
1	ANREI BERREI	•		1	the nourishment		
(On 9/8/11 at 11 AM the i	Director of Nurvine	! :		efrigerator/freezers located in		!
6	DON) was interviewed a	and stated that there is a		i,	he LTC nourishment room and		1
s	chedule for the 3rd shift	Nursing Assistants and	į	1,	he Memory Unit Nourishment		
10	ne of them is assigned.	every night to remove		i e	oom 3 times weekly for two		
16	xpired food items. He s	stated that he instructe			veeks and those the second to		
10	is staff to discard prepa	fed and coened food		1 6	veeks and then 2 times weekly		
111	ems 1 day after being o	pened or prepared but		1	or two weeks to ensure that all		
th	et they must be discard	led after 3 days.		1 11	ood is dated, outdated food has		
	TO Spines recording to the same of the first set and the same	· · · · · · · · · · · · · · · · · · ·		0	een removed and that the	į	
M CMS-2567(0)	3-99) Previous Versions Obsidere	The same of the sa	Partnershall be well make the		mtaces see clears	-	= CES+ANDANA NAVA

DEPAR CENTE	TMENT OF HEALTH A RS FOR MEDICARE &	ND HUMAN SERVICES				PRINT FO	ED: 09/20/2011 RM APPROVED
STATEMENT	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/SUA IDENTIFICATION MANDER:	į		PLE CONSTRUCTION	OMB I	VO. 0938-0391 WAVEY
20 Target at \$1 4000 (Sense).	ON FORESTAL PROPERTY AND AND AND AND AND AND AND AND AND AND	345523	8. WM		يان بند المواجعة بناء والمراسط بيان بالمواجعة 12 ما المواجعة المواجعة المواجعة المواجعة المواجعة المواجعة الم	COMPL	C
}	ROMDIR OR SUPPLIER AL HEALTH CARE/RAMS	EUR	ad dida tembe periodi que gregoria a	1	reet address, city, state, zip code 1166 Jordon Road Ramseur, no 27316	09	08/2011
(X4) ID PREFIX TAG	(EACH DEFICIENCY	NEMBERT OF DEFICIENCIES MUST BE PRECEDED BY FULL SCIDENTIFYING INFORMATION	IO PREFI TAG	inonee X	PROMDERS PLAN OF COPRECT (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRODE DEFICIENCY)	O BE	(%6) COMPLETION DATE
	hear the crispers, there bottom of the deli crow % of the bottom of the of the refrigerator appersonable smudges and had a whareas. On 9/8/11 at 10 AM the stated that 3rd shift Nurcleaning out the nourist the 100/200 hall area whiguid in the deli drawer the package it was drippand continued to leak. Tresidue at the bottom of bresent and the glass slunclean. On 9/8/11 at 11 AM the total stated that there is a shift Nursing Assistants tessigned every night to thems. He stated that his instructed to clean the next stated to clean the next stated to clean the next stated to clean the next stated to clean the next stated to clean the next stated to clean the next stated to clean the next stated to clean the next stated to clean the next stated to clean the next stated to clean the next stated to clean the next stated to clean the next stated to clean the next stated to clean the next stated that the next stated to clean the next stated to clean the next stated to clean the next stated that the next stated to clean the next stated that the next stated to clean the next stated that the next stated to clean the next stated that the next stated that the next stated that the next stated that the next stated that the next stated that the next stated that the next stated that the next stated that the next stated that the next stated that the next stated that the next stated stated that the next stated stated that the next stated s	AM the nourishment 200 half area was ok tan color residue areas of the refrigerator a was also red liquid in the er, covering approximately drawer. The glass shelves eared to be coated with nite color film in many Housekeeping Manager rsing was responsible for nment refrigerators. nourishment refrigerator at as observed. The red had been cleaned up but bing from was still present The thick tan color the refrigerator was still nelves still appeared DON was interviewed a schedule for the 3rd and one of them is emove expired food a staff had not been	F	P. V. A	A log will be maintained for this audit and results will be reported the QA Committee monthly for evaluation and action as necessary to sustain the corrective action. The FSD/or designee will actively observe and direct, as needed, the use of proper thawing methods for 12 meals weekly for 4 weeks and then 10 meals per week for 2 weeks and document findings on a "Thawing Log". The results of the audit will be reported to the QA Committee monthly for evaluation and action as necessary to achieve and sustain the corrective action. The FSD or designee will monitor/audit for the proper dating of food and discarding of outdated food in coolers 5 times weekly for 4 weeks. The result of this audit will be reported to the QA Committee each month for evaluation and action needed to ensure that the corrective action is achieved and sustained.		10-1-)1
1							

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

PRINTED: 10/16/2011 FORM APPROVED OMB NO. 0938-0391

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUI	LDIN		(X3) DATE : COMPL	ETED
		345523	B, WIN	VG		10/	11/2011
	ROVIDER OR SUPPLIER SAL HEALTH CARE/I	RAMSEUR		7	EET ADDRESS, CITY, STATE, ZIP CODE 166 JORDON ROAD AMSEUR, NC 27316		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SE CROSS-REFERENCED TO THE AP DEFICIENCY)	IOULD BE	(X5) COMPLETION DATE
K 076 SS=D	Medical gas storag	AFETY CODE STANDARD te and administration areas are lance with NFPA 99, lth Care Facilities.	K	076	Submission of this response to the of deficiencies does not constitute admission that the deficiency exist was correctly cited or required cor 1. The following corrective action accomplished to correct the practice.	an s and/or rection. was	11-4-11
		e locations of greater than closed by a one-hour			The empty oxygen cylinders were in removed from the utility room and a rack in a room with a one hour se	nmediately secured in	
	(b) Locations for su 3,000 cu.ft. are ver 4.3.1.1.2, 19.3.2.4	s for supply systems of greater than are vented to the outside. NFPA 99 9.3.2.4			The following was accomplished identify other life safety issues hav potential to affect residents by the practice;	ing the	11-4-11
	· .			1	All other storage areas for both empoxygen tanks were immediately che other problems were noted.	oty and full cked No	
	Based on the obseduring the tour on	is not met as evidenced by: ervations and staff interview 10/11/2011 the facility had cylinders in the clean linen		: : : : :	3. The following measures were pu place to ensure that the practice wi reoccur:	t Into Il not	11-4-11
:	/utility room across special care wing o	from the nurses station in the			The staff was in-serviced on the corr storage of oxygen tanks,	ect	
	CFR#: 42 CFR 48	3.70 (a)		; 1 1 1 1 1 1	Additional storage racks were purch placed in the utility rooms to ensure storage of oxygen containers.		Total Community of the
				1	4. The following monitors were put to ensure that the practice will not re-		11-4-11
					The supply clerk will check the utility five times weekly to insure that adeq racks are available for storage and th tanks are stored properly. A log will i maintained. The results will be broug QA Meeting monthly for evaluation a further action as necessary.	uate at oxygen be ght to the	
RORATORY	DIRECTOR'S OR PROVI	DER/SUPPLIER REPRESENTATIVE'S SIGN	IATURE		TITLE		(X6) DATE

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.

If continuation sheet Page 1 of 1