MR 6 1 DM

PRINTED: 07/30/2013 FORM APPROVED OMB NO. 0938-0391

	F DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE S	
AND PLAN OF (CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING _		c	
		345061	B. WING		1	4/2013
		345001		TREET ADDRESS, CITY, STATE, ZIP CO	DDE	
NAME OF PR	OVIDER OR SUPPLIER		į.	100 ERWIN ROAD		
UNIHEALT	I POST - ACUTE CARE	OF DURHAM	D	URHAM, NC 27705		
	TSVQALBULD.	ATEMENT OF DEFICIENCIES	GI* ·	PROVIDER'S PLAN OF COR	RECTION (EACH	(X5) COMPLETION
(X4) ID PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	CORRECTIVE ACTION SHO REFERENCED TO THE A DEFICIENCY	PPROPRIATE	DATE
F 000	INITIAL COMMENTS	3	F 000			
	(DHSR), Nursing Ho Certification Section investigation survey July 24, 2013. The s Immediate Jeopardy July 19, 2013. The I on July 12, 2013 and was conducted on July 13, 2013 and Jeopardy was remove facility was left out to scope and severity of with no actual harm	Ith Service Regulation me Licensure and began a complaint on July 18, 2013 through urvey team identified at 483.25 for Resident #1 on mmediate Jeopardy began a partial extended survey uly 20, 2013. The Immediate yed on July 21, 2013 and the of compliance at a lower of D (an isolated deficiency, with potential for more than a not Immediate Jeopardy).		This plan of correction constituallegation of compliance. Presubmission of this plan of corrections and admission or agree provider of the truth of the factorrectness of the conclusions statement of deficiencies. The prepared and submitted solely requirements under state and factoric properties.	paration and rection does not eement by the its alleged or the set forth on the e plan of correction is because of	
	This Statement of D	eficiencies was amended to ediate Jeopardy began on	-201	What Corrective action will the residents found to have deficient practice?	be accomplished for been affected by the	0/12/12
F 323 SS=J	24, 2013. Therefore changed to July 24, 483.25(h) FREE OF HAZARDS/SUPER	ACCIDENT VISION/DEVICES	F 32:	Nursing Assistant reported re	d 3-11 nurses he was es told resident to go tely 11:30 pm Certified esident was on facility ought back in facility	
	environment remair as is possible; and adequate supervision prevent accidents.	sure that the resident ns as free of accident hazards each resident receives on and assistance devices to NT is not met as evidenced		and placed on every 15 minus Nursing staff were responsib checks and visually layed eye least every 15 minutes. 15 m Sheet includes Staff initials e location of patient. On 7/10 called the guardian and aske come talk to Resident # 1 be home to Raleigh. Guardian of spoke with social worker and that his home was foreclose	le for 15 minute as on Resident #1 at minute Patient Check every 15 minutes and 0/13 the social worker at the guardian to cause he wants to go came to facility and diresident #1 to explain	
	i	tion, resident and staff	7105	best place for him.		8/12/13(X6) DA

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.

	S FOR WEDICARE &	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULT	IPLE (CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
STATEMENT O	F DEFICIENCIES CORRECTION	IDENTIFICATION NUMBER:				COMPLI	1100
VIANT PULCI			ļ.			C	
		345061	B. WING			07/2	4/2013
				ST	REET ADDRESS, CITY, STATE, ZIP CODE		
NAME OF PR	ROVIDER OR SUPPLIER				00 ERWIN ROAD		
HINIHEALT	H POST - ACUTE CARE	OF DURHAM		DI	URHAM, NC 27705		
OHHILMET					*PROVIDER'S PLAN OF CORRECTION (E.	ACH ·	(X5)
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREF TAG		CORRECTIVE ACTION SHOULD BE CRO REFERENCED TO THE APPROPRIATE DEFICIENCY)	SS-	COMPLETION DATE
					B. On 7/12/13 Resident was returned to t	acility by	
			_	323	Director of Nursing Services and Rehability	tation Aide	
F 323		je 1		323	at 9:20 AM and was placed on one to one		
	interview and record	review, the facility failed to			supervision and a wander guard transmit	ter was	
	nut interventions in t	place to prevent elopement by			applied. 1:1 remains ongoing until more	_ ,	
	1 of 1 resident (Resi	dent #1). On 7/9/13 Resident			appropriate placement is found. A wand	er Guard	
	#1 exited the buildin	g unsupervised via the renab			transmitter was placed on the resident o	n n alarm if	
	door and was found	I in the facility parking lot. He			7/12/2013. This transmitter will set off a	11 diditii 11	
	was unharmed and	placed on every 15 minute			patient approaches the elevator. Other on 3 rd floor are key pad coded and will al	arm if doon	1
	checks for 24 hours.	On 7/10/13 the facility		1	is left open. Door located at stairwells a	e key pad	
	determined no furthe	er interventions to prevent			coded, the front door is locked at 8pm b	the door	1
	elopement were nee	eded and the 15 minute tinued. On 7/12/13 Resident			monitor. Upon interview with resident #	1,	}
	checks were discoil	lding unsupervised via the			conducted by the administrator resident	#1 stated	
	#1 again left the but	and walked 0:9 miles,			he watched the nursing staff and waited	till they	1
	oroscing a 4 lane st	reet, to a bus stop after			were busy so he could go to the VA to go	t a bus	
	obtaining a hus ticke	et. He was found unharmed.			ticket to Raleigh. Resident #1 stated he	lett around	
	The facility impleme	ented 1:1 supervision. On			Sam and exited the building via the fron	d during	
	7/13/13 Resident #1	again left the facility via the			Resident # 1 had no medications ordere the 11pm-7am shift. The 7-3 Certified N	u dui nig urcing	
	rehab door during a	breech in the 1:1 supervision.			assistant and Licensed Nurse noted at 7	am the	~
	He was found in the	parking lot, unharmed.			resident was not in his room. At approx	imately	
					7:20am the Certified Nursing Assistant r	otified the	1
	Immediate Jeopard	y began on 7/12/13 when			Licensed Nurse that the resident was sti	ll not on	
	Resident #1 exited	the facility unsupervised via			the floor at this point the Licensed Nurs	e instructed	
	the main entrance of	door and walked 0.9 miles,			the staff to search the floor and the cou	rtyard.	
	crossing a 4 lane st	treet, to a bus stop after					
1	obtaining a bus tick	et. Immediate Jeopardy was			C. On 7/13/13 at approximately 5:45an	. Museo	
	identified on 7/19/1	3 at 3:51 PM and was 3 at 11:23 AM when the facility			was noted at elevator with alarm ringin	g, Nuise esident	
ļ	removed on //21/1	allegation-of-compliance. The			asked resident to go back to room and continued to proceed in elevator. Nurs	e-ran-down-	
	provided a credible	of compliance at a lower			the stairway to meet resident on the fir	st floor, the	
	scope and severity	level of D (an isolated			elevator continued to basement. Nurse	ran down	
	deficiency, with no	actual harm with potential for			the stairway to the basement and follow	wed residen:	t
	more than minimal	harm that is not immediate			outside. Staff attempted to bring resident	ent back in	1
ļ	.teopardy) to ensur	e monitoring of systems put in			the facility resident began fighting and	nitting staff.	
	place and completi	on of employee training.					
			Ì				1
	The findings includ	led:					
	Resident #1 was a	admitted to the facility on					
	9/10/12. Diagnose:	s included a progressive	· • · · · ·				
	neurologic disorde	r manifested by impaired					1 0 1603

	F DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPI	LE CONSTRUCTION	(X3) DATE S COMPL	URVEY ETED
STATEMENT O AND PLAN OF	CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING			
					C	
		345061	B. WING			4/2013
NAME OF D	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE	Ē	
	•			3100 ERWIN ROAD		
UNIHEALT	H POST - ACUTE CARE	OF DURHAM	1	DURHAM, NC 27705		
	0.0000000000000000000000000000000000000	TATEMENT OF DEFICIENCIES	38 ID /	PROVIDER'S PLAN OF CORRI	ECTION (EACH	(XS) COMPLETION
(X4) ID PREFIX TAG	/EACH DEFICIENC	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	CORRECTIVE ACTION SHOUL REFERENCED TO THE APP DEFICIENCY)	PROPRIATE	DATE
				Administrator was able to coax t	he resident back in	
,		0.0	F 32	the facility. The resident was pla	aced on 1:1 and the	
F 323				administrator spoke with staff al	bout expectations	
• •		instability and uncontrolled		of 1:1.		
	movement.			Resident care plan updated by N	ADS Coordinator to	
1	The most recent Min	imum Data Set (MDS) was a		include elopement risk on 7/12/	13 Inventions	•
	me most recent with	nt dated 6/7/13. The MDS		included 1:1 and a wander guard	d transmitter	.
	indicated Resident#	1 was severely cognitively		The Nurse Practitioner assessed	I the resident on	
	impaired, had no wa	indering behavior, ambulated	Ì	7/12/13, Nurse Practitioner asse	essed resident for	
	in room with supervi	sion and had unsteady		complaint of anxiety.		
	balance but was abl	e to stabilize without human			Cocial Worker and	
	assistance.			The Guardian was called by the the Social Worker left a messag	e for the Guardian	
			1,	to return call on 7/12/13. Guard	lian did not	
	The care plan dated	9/17/12 indicated a problem		immediately return call. Follow	up calls were made	
	of "scores poorly on	the BIMS (Brief Interview for		hy Social Worker to Guardian or	n 7/15, 7/16, 7/18,	
· ·	Mental Status) due	to not answering questions or id due to poor speech, with	İ	7/19 and Guardian has not yet i	return any of these	
	unable to understain	ess placing him at risk for		phone calls.		
	decline in cognitive	status r/t (related to)	1	Windston	the the Modical	
	(neurologic disorder)." Goal: "will remain alert		Elopement Books were updated Records Coordinator to include	Recident #1 On	
	and oriented x 3 (to	person, place and time)		7/12/13. Elopement books con	tain a picture and	
	through next review	r." Approaches included		physical description, diagnosis	and contact	İ
	"Monitor for increas	ed safety issues."		information on any resident will	th exit seeking	· · · · ·
				hehaviors. Elopement books as	re kept at the	
	"Elopement Risk Ol	oservation" assessments,		nurse's stations, receptionist, a	nd the therapy desk	,
	dated 9/10/12, 12/1	0/12, 3/5/13 and 6/5/13			soldante bassing tha	
	indicated Resident	#1 was at low risk for sessments indicated he was		How will you identify other re	esidents miving the	
	elopement. The ass	p person, place and time and		potential to be affected by the	same dencient	
	had no known exit-	seeking behavior.		practice and what corrective	action win be	
	Had Ho Khomi oxic			taken?		
	Nurse's Notes by N	lurse #1, dated 7/10/13 on the		Elogement Risk observation fo	rms which includes;	
	11 PM - 7 AM shift	7/9/13 indicated that around 👚		residents cognition, sensory de	eficit, predisposing	
	11:15 PM she obse	rved Resident #1 approach		conditions, ambulation and mo	obility, pain were	
	the elevator and tel	I the 3-11 shift nurse (Nurse		completed by the Unit Coordin	ator/Managers,	
	#2) that he was go	ing to the VA (Veterans'		Director of Nursing and Case N	Mix Director for all	
	Administration). Nu	rse #2 told him he cannot go		residents on 7/12/13. None of	the Residents'	
	to the VA now and	to go back to his room. Around		Elopement Risk observation fo	rms revealed that	
	11:30 PM a nursing	assistant (NA #1) came to the		any new identified interventio	ns were mulcated.	
	floor and informed	staff that Resident #1 was on · · · · · . The resident became				- 5,4559674
ł	 the tacility drounds 	" Life tesinent nerame	1			

	2 LOV MEDIOVIVE O	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MUL	IPLE	CONSTRUCTION	(X3) DATE S	
STATEMENT C	F DEFICIENCIES CORRECTION	IDENTIFICATION NUMBER:	1				1
THE LUMB OF						C	1
		345061	B. WING			07/2	4/2013
		340001		S	TREET ADDRESS, CITY, STATE, ZIP CODE		
NAME OF P	ROVIDER OR SUPPLIER				100 ERWIN ROAD		
LEMBER	H POST - ACUTE CARE	OF DURHAM			URHAM, NC 27705		
UNINEALI	U LO21 - You'll allie			<u>L</u>		TIONIS ACU	(X5)
(X4) ID PREFIX TAG	/EACH DEFICIENC	EXTEMENT OF DEFIOIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREF TAG	ΙX	PROVIDER'S PLAN OF CORRECT CORRECTIVE ACTION SHOULD REFERENCED TO THE APPRODEFICIENCY)	BE CROSS-	COMPLETION DATE
					Education was provided by the RN	Clinical	
			-	323	Olineber Director	of Health	ļ
F 323			F	323	Services and Administrator to all st	aff, including	
	agitated and unconti	rollable when asked to go	ĺ		blicensed and unlicensed Nursing St	aff, and all staff	
	back inside the facili	ty. He was given Ativan (an	100		in each department. Education in	olved discussion	
	antianxiety drug) 1 n	nilligram (mg)			of elopement procedure, including	assessment of	
	intramuscularly. The	resident calmed down a			risk, signs of exit seeking behavior		
	short time later and	slept well. Frequent checks			report signs of exit seeking behavior	or to, prevention	
	were done while the	resident was in his room.			and what to do if a patient is unac	counted for and	
	the resident woke u	i. The plan was to continue to					
	monitor behavior.	1. The plan was to commune to			what to do upon return to facility	ii a patient	
	Motifor penavior.	•			elopes. Education began on 7/12/	the house not	
	During an interview	on 7/18/13 at 5:25 PM, Nurse			is ongoing and those employees w	no nave not	
	#2 recalled on the n	ight of 7/9/13 she had	- N		worked will be educated prior to t	neir-next	
	reported off to Nursi	e #1 and was finishing her			schedule shift. This education has	been completed	
	naperwork. The resi	ident went to the elevator and			at 95%. The assigned licensed nur	rse assigned for	
	said he was going Q	outside to smoke. Nurse #2			each resident is responsible for co	impleting the	
	indicated this was n	ormal behavior for him and			Elopement Risk Observation form	, and completing	
	she had never know	vn him to try to get away from		•	the care plans with the intervention	ons. Identifying/	j
·	the facility or to talk	about leaving the facility.			exit seeking behavior ie: voicing d	esire to go home,	
	Nurse #2 denied he	earing the resident say he was			packing clothes and attempting to	exit doors and	
	going to the VA.				history of leaving the center with	out needed	
		THOMS - 12:45 DM Nurse			supervision. Elopement Risk Obse	rvation forms are	
	During an interview	on 7/19/13 at 3:45 PM, Nurse			completed on admission/readmis	sion, quarterly	
	#1 stated she recal	led Resident #1 approaching			and change of condition i.e. exhib	iting exit seeking	
	the elevator, writes	she and Nurse #2 were shortly after 11 PM, and telling			behaviors. Care plans are update	d with change in	
	Conting usicones	oing to the VA. Nurse #1 said			conditions and with assessment/	observation	
	Nurse #2 he was yo	esident to go back to his room-			updates. Once a resident exhibit	s exit secking——	
	and he did Nurse	#1 said a little bit later NA #1	ļ		behavior the assigned licensed no	ırse will place	
	came to the floor to	report the resident was in the			immediate intervention to includ	e but not limited	
	hasement headed t	towards the exit into the			to electing the resident on 1:1 co		
	courtvard, Nurse #	1 indicated she immediately	1	٠. ر	elopement observation form, a p	icture will be in	2.925
	left to go check, go	ing to the basement and out			the wander guard notebook with	description of	
	through the rehab of	door. She did not see him and			the wander guard notebook with	he placed on the	
	walked through the	e courtyard into the parking lot.			resident and a wander guard will	ne higren ou gie	
	She saw the reside	ent in the front of the building			resident.		
	with two male nurs	es assisting him inside. He				ainietrator	
	was agitated, One	of the nurses called the	ļ		Education completed by the Adn	has Clinton	
	nhysician and gave	e Ativan. The male nurses then 🧳			Director of Health services; and	ne Cimcar	k
1	assisted the reside	ent to his room and put him in	<u> </u>		Competency Coordinator, for all	ncensea nurses	of Book A of 20
L		Event ID: 10	0044		Facility ID: 923197	If continuation she	et hage 4 of 23

PRINTED: 07/30/2013 FORM APPROVED UMB NO. 0938-0391 (X3) DATE SURVEY

	FOR WEDICANLE	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MUL	TIPLE (CONSTRUCTION	(X3) DATE S	
TATEMENT OF ND PLAN OF (F DEFICIENCIES CORRECTION	IDENTIFICATION NUMBER:	į				
						С	
		345061	B. WING			07/2	4/2013 .
				ST	REET ADDRESS, CITY, STATE, ZIP CODE		
NAME OF PR	OVIDER OR SUPPLIER			31	00 ERWIN ROAD		
HNIHFALTE	POST - ACUTE CAR	E-OF DURHAM		l Di	URHAM, NC 27705		
OMBLAL				┸	PROVIDER'S PLAN OF CORRECTION	N (EACH	(X5)
(X4) ID	SUMMARYS	STATEMENT OF DEFIDIENCIES	PREI		CORRECTIVE ACTION SHOULD BE	CROSS-	COMPLETION
PREFIX	(EACH DEFICIEN	CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	TAC		REFERENCED TO THE APPROPE	RIATE	D/11 0
TAG	REGULATORS OF	VEOO BENTIN TING WAS A			DEFICIENCY)		
			i i	Ţ	and direct care nursing staff on walking	ng rounds to	
			5	323	include Certified Nursing Assistant to	walk there	
F 323	Continued From pa	ge 4	'	020	assignment with the oncoming shift t	o visualize	
	bed. The nurse stat	ed she checked Resident #1 '			each resident if resident not in room	Certified	
	s vital signs and en	couraged him to lie down. He	Ì		Nursing Assistant are to report to the	assigned	
}	was checked every	15 minutes and made no			licensed nurse, licensed nurses are to	waik tilete	
	further elopement a	ittempts that night.			assignment with the oncoming shift t	on cian the 24	
			_\		give verbal report on each resident to	room	
	During an interview	on 7/20/13 at 9:45 AM, NA			hour report, if resident is not found in Licensed nurse will start the elopement	nt procedure	
	#1, who was assigr	ned to Resident #1 on 7/9/13,			l	was	
	recalled that she w	as leaving the floor to go home			1. Note the time the resident discovered missing and by	whom,	
	after working the 3-	11 shift on 7/9/13. As she got			2. Notify the Administrator o	r highest	
	on the elevator, Re	sident #1 got on with her. She			ranking supervisor on duty	and note time	
	said she went to th	e basement to clock out. (The			they were alerted.		
	"Time Card Report	"revealed NA#1-clocked out			3. Determine the time the re	sident was last	
	at 11:32 PM on 7/9	/13.) When she got off the			seen.		
	elevator she turned	l left to the time clock and	İ		4 Regin the search by organ	zing	,
***	expected the resid	ent to do the same since she			healthcare center staff to	search building	·
	thought he was go	ing to the nearby vending			and grounds. Note time it	was begun.	
	machine, but the re	esident turned right to walk			5. Note who participated in	the search and	
	down the hall towa	rds the exit door going into the			which areas were searche	d.	
	courtyard. (The co	urtyard is a fenced in area with			6. After initial search of the	acility and	
	2 gates that are all	ways kept open.) NA #1 said			facility grounds and deter	mined	
	she asked Resider	nt #1 where he was going and	İ		residents is not on center	property then	••
	he pointed down to	ne hall and said, "over there".	ļ		notify the police and note	the times and	
	NA #1 stated sne i	mmediately went back upstairs			name of police officer inv	dice and	
	to report that Resi	dent #1 was going outside. She			information offered to po 7. Notify and note the time	nce. Administrator	
	said 2 nursing ass	istants (NA#2 and another)			7. Notify and note the time and Director of Health Se	nices were	
	Immediately left th	e floor, taking the stairs while evator. She went to the			notified, if not on premise	35.	ļ
	NA#1 took the ele	out the door to the courtyard			ملقيمه مناف في في من ال	e time and thei	-
	pasement nail and	resident. She said she got into			8. Notify the family, note the reactions.		
	but ald not see the	he front of the building and saw			9. Notify the physician. Not	e time and any	
	ner car, grove to t	everal staff members. NA #1	n		orders given.	•	
	the resident with s	never known Resident #1 to try			10. Notify management com	pany staff.	
	indicated she had	he facility before, and had not			11. The highest ranking supe	rvisor will begir	1
	to get away from the	ything about leaving.			documentation of all eve	nts. The	
	neard nim say any	yttiing about locking.			supervisor will stay abrea	ist of the	
	Durley of the state of	w on 7/20/13 at 12:34 PM, NA			situation updating the re	cord at least	
	During an intervie	esident #1 had walked out of			every 15 minutes.		
	#2 recalled that R	night of 7/9/13, shortly after her	errafese.		12: When resident is located	the supervisor	. {
	the facility on the	night of 719/13, shortly alter her 12-stated she had never known	-		*police, physician, family,	and corporate]
	shift started. NA #	Z'Stated'she had novel known				If continuation she	. (D 6 .

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

	S FOR MEDICARE & F DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULT	IPLE	CONSTRUCTION	(X3) DATE S	
AND PLAN OF	CORRECTION	IDENTIFICATION NUMBER:	A. BUILDI	۷G		С	
		345061	B. WING_			ŧ	4/2013
VILLE OF BE	OVIDER OR SUPPLIER			S7	TREET ADDRESS, CITY, STATE, ZIP CODE	-	
					100 ERWIN ROAD		
UNIHEALT	H POST - ACUTE CAR	E OF DURHAM			URHAM, NC 27705	EACH	(X5)
(X4) ID PREFIX TAG	IEACH DEFICIENT	TATEMENT:OF:DEFIGIENS)ES CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREF TAG	Х	PROVIDER'S PLAN OF CORRECTION (CORRECTIVE ACTION SHOULD BE CR REFERENCED TO THE APPROPRIA DEFICIENCY)	OSS-	COMPLETION DATE
F 323	the facility, NA#2 in	ge 5 elope or talk about leaving dicated she was not aware of have caused the resident to	F	323	staff will be notified. 13. The time the resident is locat they were found, and resider will be noted and documente. Any employee that has not had the edu related to walking rounds will not be all work until the education is completed.	t condition d. cation	
	7/9 /13 - 7/10/13 ind was documented ev 11:45 PM - 7/10/13 During an interview Staff #1 indicated Resident who selected the eloper Administrative Staff Resident #1 who selected the eloper Administrative staff Resident #1 who selected the eloper Administrative staff Resident #1 who selected the eloper Administrative staff Resident #1 who selected the facility would arrantown and he agree #1 said that since attempts to leave the period he was on the statement of the statement was on the statement of the statemen	dinute Check" forms dated dicated Resident #1's location very 15 minutes from 7/9/13 at at 11 PM. Ton 7/18/13, Administrative Resident #1's elopement was brining meeting on 7/10/13. Administrative Staff #3, the Resident #1, voiced that she ment was an isolated incident. If #1 stated she talked with aid his plan was to go to his own). She told the resident the ge for him to be moved to that d to wait. Administrative Staff the resident made no further the facility during the 24 hour 15 minute checks, the checks no further interventions were			What measures will be put in place or systemic changes will be made to ensu deficient practice will not reoccur? 1. Walking rounds initiated for shift chalicensed nurses and certified nursing as began on 7/12/13 on 11-7 shift and will every shift indefinitely. Licensed Nurses signing the 24 hour report on 7/12/13. of Health Services, Clinical Competency Coordinator, and/or Week-end Superv review the 24 hour reports to ensure to nurses are signing the 24 hour reports to ensure that walking rounds were completed. The Director of Health Services, Clinical Competency Coordinator and/or Week Supervisor for one week and weekly the two (2) months. The Director of Health Clinical Competency Coordinator, Admand/or Week-end Supervisor will observance weekled and weekly the completing walking and/or week-end Supervisor will observance was and weekly the completing walking and walking	ange for sistants I continue s began The Director / isor wili the licensed to validate Audits of eted daily by I k-end nereafter for h Services, ninistrator, rve Certified	
	Administrative Star of character for Re and since he made during the next 24 measures were ne minute checks. Nurse's Notes by 7/12/13 at 8:50 AM	w on 7/19/13 at 9:30 AM, iff #3 said it was completely out esident #1 to leave the building, e no further attempts to leave rhours; she felt no additional edded after completion of the 15 Administrative Staff #2 dated iff #1 were notified that staff ** coate Resident #1 in the facility.		*	two shifts daily times one week, and we thereafter for two months. 2. All new admitted and readmitted R have their Eldpement Risk Observation completed on admission by the assign nurse for that resident. Any Resident desire to leave facility or exhibits exition behaviors will also have an Elopemen Observation form filled out and interput in place immediately, by the nurse the observation form, to include but placing a wander guard on resident, residen	esidents will n form ned license who voices ng seeking t Risk vention will b e completing not limited to	

	3 FOR WILDIONICE OF	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MUL	TIPLE	CONSTRUCTION	(X3) DATE SU	
STATEMENT O	F DEFICIENCIES CORRECTION	IDENTIFICATION NUMBER:	1			COMPLE	HED
AND PLAN OF	COMMEDITOR		, boile			C	
		0.15004	B. WING			1	/2013
		345061	U. WINO		REET ADDRESS, CITY, STATE, ZIP CODE	1	
NAME OF PE	ROVIDER OR SUPPLIER			1			
		or DUDITAR			00 ERWIN ROAD		1
UNIHEALT	H POST - ACUTE CARE	E OF DURHAW		D	URHAM, NC 27705		
	CLUMADVS	TATEMENT OF DEFICIENCIES	***4D	- 1	PROVIDER'S PLAN OF CORRECTION (EA	CH	(X5) COMPLETION
(X4) ID PREFIX	/EACH DEFICIENC	Y MUST BE PRECEDED BY FULL	PREF		CORRECTIVE ACTION SHOULD BE CROS REFERENCED TO THE APPROPRIATE	5-	DATE
TAG	REGULATORY OR	LSC IDENTIFYING INFORMATION)	TAC	3	DEFICIENCY)		-
ļ				<u> </u>	to the 3 rd floor, which is equipped with the	wander	
					the standard and start	1:1for	
F 323	Continued From pag	e 6	F	323	24 hours then reassess which is determine	d by the	1
		ete head count of residents			license nurse. The care plan will be update	ed with	
	and search of entire	facility and grounds was	l I		interventions, by the nurse completing the	<u> </u>	1
	initiated. Staff were	deployed via vehicles to			observation form, at this time. Care Plans	will be	1
	surrounding area an	d community. At 9:05 AM			reviewed by the Interdisciplinary Team to	ensure	
	confirmed Resident	#1 was not in facility or			interventions were appropriate. Findings v	will be	
· -	grounds. Staff contin	nued the search of			reported to the Director of Health Service	s and or	
	surrounding area an	d community. At 9:15 AM	-		Clinical Competency Coordinator and/or V	Veekend	1
	Resident #1 was loc	ated by facility staff and			Supervisor. If the Director of Health Service	es,	ļ
	returned to the facili				Clinical Competency Coordinator, and/or	week-end	{
					Supervisor is not in facility then the assign	lor	-
•	During an interview	on 7/20/13 at 11:46 AM,			will notify Director of Health Services and	,01	ļ
	Nurse #3 acknowled	lged she worked on 7/14/13	Ì	1	Administrator via phone.	ļ	j
	from 11 PM to 7/12/	13 at 7 AM. Nurse #3 stated			3. Upon completion of the Elopement Ris	k	ł
; 	she arrived on duty	after 11 PM but before			Observation form the licensed nurse will o	conv the	
	midnight, and she w	as the only licensed nurse	1		elopement risk observation and give to the	o Director	
	scheduled for the flo	oor. The nurse indicated she	ļ		elopement risk observation and give to the	oordinator	İ
	was very busy and	did not see Resident #1 that			of Health Services, clinical Competency Co	molation	
	night. She said whe	n she went into his room to	İ		and/or Weekend Supervisor to ensure co	mpletion	
	give the roommate	medications the curtain was			of the form and intervention initiated if ir		1
	pulled between the	two beds. Since Resident #1's			with review of the care plan. The Directo	rot	
	bed was on the far	side of the curtain she did not added that she was not			Health Services, Clinical Competency Coo	rdinator,	4.1
	see nm. The nurse	the resident was fairly			and/or Week-end Supervisor will comple	te review	
	Concerned because	ould let staff know if he needed			of Elopement Risk Observation form daily	/ for two	
	anything.	outo let stan known in no nooses			weeks, weekly for four weeks and then m	nonthly for	
	anyunng.				two months to ensure measures are in pl	ace for	
	During an interview	on-7/24/13 at 6:55 AM, NA #3			Identified areas.		
	acknowledged Resi	ident #1 was on her					
	assignment heginni	ing 7/11/13 at 11 PM. The NA			4. Employees hired after 7/12/13 will be	educated	
	stated the resident	was not in his room when she			by the Clinical Competency Coordinator	and /or the	
	made her first roun	ds at approximately 11:05 PM;	. 44,		Director of Health Services on the eloper	nent policy	
	but the curtain betw	veen the two beds was open.	İ		and procedures and walking rounding du	iring	
	NA #3 thought he w	vas downstairs, which was not			orientation. Audits of the 24 hour report	sheet will	
	Lunusual, NA#3 said	d when she made subsequent			be completed daily by the Director of He	alth	
	rounds the curtain v	was pulled so she assumed he			Services, Clinical Competency Coordinate	or and/or	
	was in bed, NA#3	recalled the resident had told			Services, Chilical Competency Coordinate	weekhi	
1	her in the past that	if his curtain was pulled that			Week-end Supervisor for one week and	MCCUIA	İ
-	meant he did not w	ant to be touched: She added.	7,55%		thereafter by for two (2) months		1.0 pts 250
	she had seen how-	combative he had been the					t Page 7 of 23
	1	·——·—			If conf	anuation char	a Pane (OI/3

	S FOR MEDICARE & F DEFICIENCIES	MEDICAID SERVICES (X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY COMPLETED	
AND PLAN OF	CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING			С	
		345061	B. WING_		1	4/2013	
		343001			REET ADDRESS, CITY, STATE, ZIP CODE		
NAME OF PR	OVIDER OR SUPPLIER				00 ERWIN ROAD		
UNIHEALT	H POST - ACUTE CARE	OF DURHAM		DI	URHAM, NC 27705		
(X4) ID PREFIX TAG	TEXALI DESIGNATION	ATEMENT OF DEFIGIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREF		CORRECTION (I CORRECTIVE ACTION SHOULD BE CR REFERENCED TO THE APPROPRIAT DEFICIENCY)	QSS-	(X5) COMPLETION DATE
	<u> </u>		1		The Director of Health Services, Clinical		
F 323	Continued From pag night of 7/9/13 and s chance of irritating h	he did not want to take any	F	323	Competency Coordinator, and/or Week Supervisor will review the 24 hour repo- ensure the licensed nurses and Certified Assistance is signing the 24 hour report	-end rts to I Nursing	
	On 7/19/13 at 2:35 F	M, NA #4, assigned to			that walking rounds were completed.	•	
	Resident #1 for the 7 interviewed. NA #4 shis room when she reminutes after 7 AM, since she knew him independently and the smoking or walking estimated that 45 m #4) asked if she had said no. NA #4 then unit. NA #4 indicated assignments and the been assigned to Reaware that he had a	7-3 shift on 7/12/13, was stated Resident #1 was not in made her first rounds a few but she was not concerned to get around the building mought he might be out around. NA #4 roughly inutes later the nurse (Nurse I seen Resident #1 and she started to look for him on the d that she floated to different is was the first time she had esident #1. She was not my exit seeking behaviors.		,	5. Staff assigned to sit 1:1 were educate completed competency on expectation use of 1:1 log form by the Director of H Service, Administrator, Clinical Compet Coordinator and/or Week-End Supervis 7/20/13. No staff will be permitted to resident unless competency is complet Director of Health Service, Administrative Week-End Supervisor will review the 1 to ensure compliance. 1:1 logs contain time, and sign out time and signature of issues identified will be handled immediated the Director of Health Services, Adminiand/or week-end supervisor.	s of 1:1 and ealth ency for on sit with ed. The or and/or 1 logs daily Date, sign in of staff. Any diately by strator	
	#1's room between not see him, but his there so she though assistant in the sho NA #4 around 8:15 the resident was. Thim yet that mornin housekeeper (HK # break area and the the smoking area for returned in about 1 there. Nurse #4 the the 2nd floor but dis	ated she first went to Resident 7:50 AM and 8:00 AM and did cane and wheelchair were at he was with a nursing wer. The nurse said she saw - 8:20 AM and asked where he NA said she had not seen g. At that time the fil) was going down to the nurse asked her to check in or Resident #1. HK #1 0 minutes and said he was not en checked both elevators and id not find him. She then called			6. Staff placed in the basement to visual doors. One staff member placed in are elevator, therapy exit door and visualize hallway. One staff member placed in a front of the maintenance office for vision the other elevator, and door located by clock this staff member will also visual hallway. Staff were educated and concompetency on door observation form included sign in and out at start of shift for breaks and meals. Receptionist was on the responsibility of lobby door obtathed birector of Health Services.	ea to observention of control of	
	Administrative Staf	f#3. / on 7/19/13 at 9:30 AM, f#3 said that Nurse #4 called ///////////////////////////////////					es gans

CENTERS	FOR MEDICARE &	MEDICAID SERVICES	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURY	/EY D
STATEMENT OF	DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				
AND PLAN OF	CORRECTION				C	.042
		345061	B. WING		07/24/2	013
		0,100	S	FREET ADDRESS, CITY, STATE, ZIP CODE		
NAME OF PR	OVIDER OR SUPPLIER		3.	100 ERWIN ROAD		
UNIVEALT	1 POST - ACUTE CARE	OF DURHAM	D	URHAM, NC 27705		
OMINEACT			rojan i Brica	PROVIDER'S PLAN OF CORRECT	TION (EACH	(X5) OMPLETION
(X4) ID PREFIX		FATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	CORRECTIVE ACTION SHOULD REFERENCED TO THE APPR DEFICIENCY)	BE CKO22-	DATE
TAG	REGULATORY OR	ESC IDEATH THE STATE OF THE STA				
				athliting inches	de monitoring	
		0	F 323	Receptionist responsibilities include who is leaving through the front.	If a resident is in	-
F 323	Continued From pag	je o		question about being outside or b	efore leaving the	
.,	was missing. She in	structed the nurse to start		receptionist will notify the unit wi	nere the resident	
	searching rooms an	d bathrooms. Administrative		resides. Receptionist will observe	the front door	ł
	Staff #3 indicated sh	ne was with all the		while on duty once receptionist le	aves for the day,	-
1	- dministrative staff	and managers getting ready		Lu - Jaan monitor will observe the	F TODDA HOUR GOOL IT —	
	for the merning mee	efing, and immediately a rull		until 8pm at this time the door m	onitor will lock the	
_	search was organize	ed to include the facility and		front lobby door. Door monitor re	esponsibilities	
·	grounds.			include observing who is leaving	through the front	ļ
j				term if a recident is in question	Ot Delug onraine or l	
	During an interview	on 7/18/13 at 12:08 PM,		the Door Monitor	Will HORRY the arms	1
	Administrative Staff	#1 said when the call came		where the resident resides to inf	orm the unit of the	1
	It Donidont #1 WS	as missing she deployed stall		Lauridante Gocation Education W	as conducted by	Ī
	turnedictoly to call	of all residents in the bunding		the Director of Health Service, Cl	inical Competency	1
1	l	e of the facility, Officia were to	ļ	Coordinator, and/or Week-end S	upervisor on	j
	I accept the grounds	and community, the seator	ļ	7/20/13. Once the front door is	locked at 8pm the	1
1	haranat 8 50 AM 2	and the resident was round at	İ	I to a will romain locked with the	door monton in 1	1
	the bus stop by the	VA Hospital between 9:10 -	1	place until 8am, at which the rec	eptionist will be at	
	9:15 AM.	, , , , , , , , , , , , , , , , , , , ,		the desk. No staff will be permit	ted to sit in the	
	9, 10 AW.	e e		basement or at front door unles	s competency is	
	D .:- Land #1 woo in	nterviewed on 7/19/13 at 11		completed. 1:1 in basement and	d front door	
Ì	Resident#1 was in	soft and speech difficult to		monitor will continue until the i	nstillation of locking	
†	AM. His voice was	s but he willingly repeated.		key pads, on doors that will rem	ain locked and a	
	understand at title	vas understood. Resident #1		number code will be needed to	unlock the door,	}
	what he said and v	go home and to die at home. In		and/or wander guard system, b	racelets will be	
ŀ	said he wanted to	did not belong at the facility		applied to residents and if the r	esident attempts to	,
	the meantime, ne	k people since he still had a lot		the door will lock an	d alatti, is mistaned, f	
1	with all the old, sic	k people since no dim trad		Wander guard system and locki	ng key pad will be	
1	of life to live. He st	tated he was a soldier and will		 +ind into the nurse call system a 	Mod all gratting oca	
	always be a soldie	er. He saw an opportunity to———		- at it will road out on the Burse	Call board to:	
	leave the facility a	nd he took it. Resident #1		Leastion 1:1 logs for basement	t and front door	
	explained that are	und 4:30 AM on 7/12/13 he left]	monitor will be reviewed daily	DA tue Director or 1	
	the building with the	he plan to walk to the VA	i.	i u Juli Consido Administratori	anovor week-end i	منوه في ب
	Hospital to get a b	ous ticket for (name of home		L companied Application identifie	ed will be nanoied	
	town). He indicate	ed he left through the front door		i immediately by the Director of	Health Services	
	hu nuching the ha	indicap button that automatically		Administrator and/or week-en	d supervisor.	
	opens the doors.	He relayed now he warked to		Autimistrator only of the		
	the VA and entere	ed the emergency room. The	ļ			
	attandant asked i	f he had an emergent condition				
-	ha said no h	e needed a bus ticket to ms	. į			
1	Lamatowa He st	tated the attendant you a sociar	ľ			20070010
	worker for him wh	no issued the ticket, then he			If continuation she	t Page 9 of 23
l l	1			Factor ID: 023197	II COMBINARON SHO	

EPARTMI FNTERS	ENT OF HEALTH AT FOR MEDICARE &	MEDICAID CLIVICE	(X2) MULT	IPLE C	ONSTRUCTION	(X3) DATE SUR COMPLET	ED
CHENTOF	DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILDII	NG		C	
) PLAN OF C	ORRECTION					07/24/	2013
		345061	B. WING		REET ADDRESS, CITY, STATE, ZIP CODE		
_				STF	REET ADDRESS, CITT, STATE, 200		
	OVIDER OR SUPPLIER		i		00 ERWIN ROAD		
INIUMEALTH	POST - ACUTE CAR	E OF DURHAM		DU	PROVIDER'S PLAN OF CORRECTION (EACH	(X5)
Millereit		THE MENT OF DEFICIENCIES	· ~ · / > ID	Ŧ			DATE
(X4) ID	SUMMARY	STATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL OF DESTREAM OF THE PROPERTY OF THE PROP	PREFIX TAG		REFERENCED TO THE APPROPRIATE DEFICIENCY)		
PREFIX TAG	REGULATORY O	R LSC IDENTIFYING INFORMATION)		}		itored to	
17.0					How will the corrective action be mor assure that the deficient practice will		
			F	323			
F 323	Continued From pa	age 9			will be put in place for monitoring	assure	
KS 21	طمطا مغاميات	are stop. Resident#1 Salu 110	199	5-9	continued compliance.	ļ	
	still had the bus tio	ketrand produced it on			twelling round audits	with	
	request.				I I I I I I I I I I I I I I I I I I I	110 0 11	
	 intonuio	w on 7/19/13 at 9:30 AM,					
	Land Care	A A CAIN SHE HAG GOOT TO					
	1	.: J ~ M #1 91 IHE DUS SIVE:	}		he hit the Director of nearens	(01770	
	Additional facility	statt attived and continue			Administrator for review, revision and recommendations from the QA/PI Co.		
	to return to the fac	cility.			recommendations from the Coyr i so		
	1				monthly for three months.		
,		n the facility to the VA hospital in odometer at 0.9 miles. There	2, 18		2. The results of collected data and in	terventions	
	1 . 17	IL from the facility to the ""					
					the tracking and fresigns by	LITE DIT GT	
					Health Services will be taken to the C Assurance /Performance Improveme		
	#1 was found wa	as directly across a 4 lane street			i aittoo by the Hirector of Hearth	341	ا <mark>م</mark> ا
1	from the VA.						
		00 PM, the Administrator on Duty			recommendations from QA/PI Com	nittee montniy	
	On 7/20/13 at 2:	hospital was interviewed. She			for three months		
}	(AOD) at the VA	/A did issue bus tickets to					
					3. The results from the 1:1 resident	observation,	
							v L
1	could not say w	tho the social worker may have				he Administrat	or
	been.		}		1	uacions it a	
	Dan Murania Mc	otes by the Administrative Staff #2			QA/PI Committee monthly for three	e months.	
	1	A U. AL AIM. HIG ICOLOGIA			QAYFI COMMISSES		1,760
	ممانين بنا	was saverely autaiou.					
			,,				
			"		(
					}		ļ
	calm. At 11:15	AM a Wanderguard was pro-					
	the resident's	left ankle. 1:1 supervision 10:15 PM he continued to be calm	;				
1	continued. At	on was maintained.	» [If continuation	Last Done

ENTERS	S FOR MEDICARE &	MEDICAID SERVICES (X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CON		(X3) DATE COMF	SURVEY
TEMENT OF	F DEFICIENCIES CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING		i	C
		345061	B. WING		07.	/24/2013
		340001		ET ADDRESS, CITY, STATE, ZIP CODE		
	OVIDER OR SUPPLIER			ERWIN ROAD		
JNIHEALTI	H POST - ACUTE CAF	RE OF DURHAM	DURI	HAM, NC 27705	201/5401	(X5)
(X4) ID PREFIX TAG	SUMMARY	STATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORRECT CORRECTIVE ACTION SHOULD E REFERENCED TO THE APPRO DEFICIENCY)	DE OLIOOO	COMPLETION
F 323	Continued From pa	age 10	F 323			
u Kudan	problem of risk for included 1:1 super	supdated on 7/12/13 for the elopement. Interventions vision, do not allow resident to althout supervision and ensure	8			
	Wanderguard is in shift.	place and functioning every				
	at 3:45 AM read," put all of his clothe what he is doing,	Resident sitting up in bed. Has es and shoes on. When asked resident-stated 'Going to the sing restroom, resident layed Notes at 5:45 AM indicated		• .		
	Resident #1 was ringing. He was a at the nurse and building through the parking lot. H	at the elevator with alaim sked to return to his room, glared got on the elevator. He exited the he basement and was seen in e ignored staff requests to stop	~	•		
	he placed himsel position. The not	toward the street. Staff he resident became combative; f on the sidewalk in a prone es indicated Administrative Staff baxed the resident back into the escorted back to his room and watch.				
	On 7/24/13 at 5: interviewed. She members presel rotated doing 1: She recalled that her station outsi resident across the bedpan. The the bathroom all minute. When s	10 AM, Nurse #5 was estated there were 3 staff and they on the unit that shift and they is supervision for Resident #1. It NA #5, with her permission, left de the resident 's door to help a the hall who was calling out for a nurse said she herself went to and was off the hall for less than a the came out, Resident #1 was at a alarm was ringing and he glared to let the resident get on				

DEPARTMENT OF HEALTH AND HUMAN SERVICES

TATEMENT OF	DEFICIENCIES	& MEDICAID SERVICES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			STRUCTION	CON	E SURVEY IPLETED
ND PLAN OF (CORRECTION					0	C 7/24/2013
	OVIDER OR SUPPLIER	345061 RE OF DURHAM		STREE 3100 E	TADDRESS, CITY, STATE, ZIP CODE RWIN ROAD IAM, NC 27705		
(X4) ID PREFIX TAG	· SUMMAR	YSTATEMENT OF DEFICIENCIES ENCY MUST BE PRECEDED BY FULL OR LSC IDENTIFYING INFORMATION)	PREI	₹IX	PROVIDER'S PLAN OF CORRECT CORRECTIVE ACTION SHOULD E REFERENCED TO THE APPRO DEFICIENCY)		COMPLETION DATE
F 323	Nurse #5 immedia	mself. He went to the basement. ately went downstairs and of the first floor nurse. They nent and saw the resident just	F	323	4.00		
	Nurse #5 said sh faster. When they building 2 nursing the staff approace swinging his arm sidewalk (paralle front of the facility	yard going into the parking lot. e called him and he just walked y passed by the front of the g assistants came out to help. As hed him, he started shouting and is at them. He sat down on the el and just off the 4-lane street in y). Nurse #5 indicated taff #1 arrived and talked the hing back into the facility.		,	v v		
,	stated she thoughthe 1:1 while he with the bedpan bedpan under the alarm at the elegroom the nurse	iew on 7/24/13 at 5:18 AM, NA #5 ght she would be able to maintain liping the resident across the hall . NA #5 said was just getting the ne resident when she heard the vator. When she came out of the had already left to find him. NA #5 ne came back to the floor he told in listening for me, did not hear me nove for it."					
	On 7/19/13 at 1 said she often happened to be and saw 4 or 5 driveway on the on the sidewal said they woul (7/13/13 was a his hometown until Monday, the facility. Ad	10:26 AM, Administrative Staff #1 came to work early, and she e pulling into the facility parking lot staff standing at the end of the e sidewalk. Resident #5 was sitting k. She said she talked to him and d get a plan together on Monday a Saturday) for him to move back to the agreed to remain at the facility He then willingly went back inside ministrative Staff #1 added that acility had a designated staff 1:1 supervision; with the 1:1 being	See S				ion sheet Page 12

DEPARTMENT OF HEALTH AND HUMAN SERVICES,

CENTERS	DEFICIENCIES	MEDICAID SERVICES (X1) PROVIDER/SUPPLIER/CLIA		IPLE CONSTR	(X3) DATE SURVEY COMPLETED		
ND PLAN OF C	CORRECTION	IDENTIFICATION NUMBER:	A. BUILDIN	IG			С
		245064	B. WING _			07	7/24/2013
		345061	T		ODRESS, CITY, STATE, ZIP CODE		
NAME OF PR	OVIDER OR SUPPLIER			3100 ERW			
FISHER AT TE	POST - ACUTE CARE	E OF DURHAM		DURHAN	I, NC 27705		
UNINEALIT					PROVIDER'S PLAN OF CORRECTION	ON (EACH	(X5) COMPLETION
(X4) ID PREFIX TAG		TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	PREFIX TAG	х	CORRECTIVE ACTION SHOULD BE REFERENCED TO THE APPROF DEFICIENCY)	CINCOU	DATE
			F:	323			
F 323	Continued From pag	ge 12					
ocas 1	the only assigned re	esponsibility. She said her			$ \rho_{ij}\rangle = \rho_{ij}\rangle = e^{-i \frac{\pi}{2} \rho_{ij}\rangle}$		
		IDE LESIDENT TO HOVE					
	continuous supervis	sion and that did not happen.					1
	D. J ar intention	on 7/19/13 at 11 AM,					
	l m:::	ed he left the morning or the		}	•		
	. au 1	another obbollullity time	ļ	İ			ļ
	l tautleughod W	han he sain inis), and mach		ļ			
	thought the staff we	ere lying to him about helping					}
	him to go home.		Ì				
	1 .				•		
ļ	Subsequent Nurse	's Notes from 7/18/13 at 7 AM					Ì
ļ	- 7/17/13 at 6:30 A	M revealed no exit seeking	ļ				
ļ	behavior and conti	nuous 1:1 supervision.					
	Throughout the SII	rvey, Resident #1 was					
	I amond to house t	a designated statt method on			e		
	with him or stand i	mmediately outside his door.					
	On 7/18/13 at 11:3	30 AM, Resident #1 was	922 1				į
	habaared in his ro	om. lying on the bea. this letting					1
	had large involunt	ary movements, other					
1	extremities had fir	her involuntary movements. I without assistance, Resident	}	1			
	list - stow then re	se and Marked Holli His ped to					
1	the standard and	hack His Dail Was unsided) and					
–	- balanco impaired	hut he was observed to corroot					
	his balance witho	ut any assistance or devices.					
			ļ				-
	NA #6 stood outs	ide his door and said her	د د	}			. 65
	assigned duty for	the day was 1:1 supervision of					
,	the resident. The	resident said that he wanted to s now waiting to move to a		ļ			
	go home, but was	netown where he will get the					
	assistance he ne	eds.	Ì				ļ
	1						:
	A tour of the facil	lity was conducted on 7/20/13 at					
	1 o. 45 DM with Ar	iministrative Stall #4 and			# 144.	1	· · · · · · · · · · · · · · · · · · ·
	Maintenance Dir	ector. The only doors with	·		y ID: 923197	II tiough	on sheet Page 13

DEPARTMENT OF HEALTH AND HUMAN SERVICES.

ATEMENT OF	FOR MEDICARE & DEFICIENCIES CORRECTION	MEDICAID SERVICES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			STRUCTION		(X3) DATE SURVEY COMPLETED	
D PLAN OF C	CORRECTION	345061	B. WING		0	C 7/24/2013		
		34000.	_!	STREE	TADDRESS, CITY, STATE, ZIP CODE			
NAME OF PROVIDER OR SUPPLIER			3100 E	RWIN ROAD				
	POST - ACUTE CARE	OF DURHAM		1	AM, NG-27795.			
UNIHEALI	1.5021 WOULL OVER			1	THE PROPERTY AND DESCORRES	CTION (EACH	(X5)	
(X4) ID PREFIX TAG	THE PROPERTY OF THE PARTY OF TH	TATEMENT OF DEFIBIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREI TAG	1	CORRECTIVE ACTION SHOULD REFERENCED TO THE APPE DEFICIENCY)) RE (KOSS-	COMPLETION DATE	
170		<u> </u>						
F 323	Continued From pag	je 13	1	323			1	
· OLG	Mi-sdorguord conco	rs were two of two elevator			18			
Ì	Vyanderguard series	or. The Maintenance Director	1	1	1, - 1, t 18		İ	
	00018 off the the se	nsor will cause an alarm to		ļ				
	indicated that the so	ent wearing a Wanderguard						
	SOUTH WHEILY LESIC	nes the elevator but the						
	transmitter approach	e to function normally. The					ŧ	
	elevator will continu	ors each had 3 doors leading						
	second and third ito	oors were locked. To unlock	ļ	ļ				
	to stairwells. The uc	the unit, a code could be						
	the door from inside	To unlock the door from						
	entered on a keypa	d. To unlock the door from	İ					
	the stairwell a greet	button, adjacent to the door	1	1				
	frame, could be put	shed: From inside the unit, the		1				
	door could be push	ed open without entering a						
	code and an alarm	Would sound, Stati			er e			
	demonstrated during	ig the tour that the door could						
	be opened and the	green button immediately	1					
	pushed and the ala	rm would stop. On the		Î				
	ground/basement f	loor, exit doors from the						
	thorany a	im could be obelied allel	ļ				į	
	broceing on the ba	r for 15 seconds. The door was						
	I not alarmed The C	loor exited to a reflect in						
	acurtuard with two	dates that were continually						
	lanan Adoor at the	rehab reception area also]				
	I avited directly to th	ie courtyard and was not	İ				ļ	
	Latermod A door no	ar the elevator closest to the					ļ	
	il Litaban waa alea B	of alarmed. This door exited to						
	the book of the hill	ilding. An additional door, just					1	
	- utside the kitcher	and leading to the side of the						
	building had no a	larm. The Maintenance Director						
	:dipoted that the	3-11 shift laungry Statt locked	!	ļ				
	the basement doc	re at night. An interview with the					v ·	
1	a 44 loundry staff	nn 7/20/13 at 5:05 tevealed site		1				
	the only staff	in the laungry that shill and and	}	Ì				
	Additional knows the	was responsible for locking the		Ì			İ	
	ovit doors. The to	our continued to the first floor.	1					
	Double doors Wel	e observed in the main		ł				
	antronco/lobby B	uttons for handicapped were		-			}	
	entrance/lobby. o	ont porch and on the main hall		į			ry William	
	I Situated on the in	acing the entrance doors from	1	ì			1	

PRINTED: 07/30/2013 FORM APPROVED OMB NO. 0938-0391
(X3) DATE SURVEY

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		ŧ	(X2) MULTIPLE CONSTRUCTION A. BUILDING			OMPLETED	
ANDIBANO			B. WNG				C 07/24/2013
	ROVIDER OR SUPPLIER	345061 OF DURHAM	B. WANG	STREE 3100 E	TADDRESS, CITY, STATE, ZIP CODE RWIN ROAD AM, NC 27705		
(X4) ID PREFIX TAG	IE AOU DESIGIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREF TAC		PROVIDER'S PLAN OF CORRECT CORRECTIVE ACTION SHOULD REFERENCED TO THE APPRIDE DEFICIENCY)	BE CKO22	(X5) COMPLETION DATE
F 323	to the left of the doe column was a switch switch. The top of the and the hottom "Day	ive column was situated just rs. ⊙n the left-side of the n similar to a single light ne switch was labeled "Nite" v". The Maintenance Director	F	323			
	position the door was handicapped button the doors to open. It the door was locked bar was pushed for handicapped buttor door was locked. The Neither the Mainter Administrative Staff	when pushed, would cause When in the "Nite" position, I but could be opened if the 15 seconds. The I would not function when the The door was not alarmed.					
	who worked the 11 PM. She stated that door to smoke becauthe building if they the courtyard where is. NA #2 said whe flips the switch to undoor open and the stepping outside. Into the keypad. Not leave the door the	een conducted with NA #2, -7 shift, on 7/20/13 at 12:34 at at night staff go out the front ause they cannot get back into go out the basement door to e the designated smoking area n she steps out to smoke she unlock the door, pushes the n flips the switch back before To re-enter, she puts the code A #2 said staff could also elect unlocked and flip the switch ack to save having to put the ad.					
	The administrator Jeopardy on 7/19/ A credible allegation 7/21/13 at 11:2	was notified of the Immediate 13 at 3:51 PM. on of compliance was received 3 AM. The credible allegation					
	A. On 7/9/13 at ap	pproximately 11:30 PM Resident	1000011		filv (D: 923197	If continuati	on sheel Page 15 of 2

CENTERS FOR MEDICARE & MEDICAID SERVICES STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTI	PLE CONS	(X3) DATE SURVEY COMPLETED				
AND PLAN OF	CORRECTION	IDENTIFICATION NUMBER:	A. BUILDIN	G				
		345061	B. WING_			l l	C 7/24/2013	
····	DOLINGTO ON CLUMBING			STREET	ADDRESS, CITY, STATE, ZIP CODE			
NAME OF P	ROVIDER OR SUPPLIER			3100 ER	RWIN ROAD			
UNIHEALT	H POST - ACUTE CARE	OF DURHAM		DURHA	AM, NC 27705			
	I -SUMMARYS	TATEMENT OF DEFICIENCIES	HID	- 1	PROVIDER'S PLAN OF CORRECTION (EACH - CORRECTIVE ACTION SHOULD BE CROSS-			
(X4) ID PREFIX TAG	FACH DEFICIENC	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG		REFERENCED TO THE APPROP DEFICIENCY)	PRIATE	DATE	
F 323	Continued From pag	e 15	F3	323				
	 #1 was found in the	facility parking lot. B. On						
	7/12/13 Resident #1	left the building and walked	∮ 		€ 11 ±8			
	a mile away, was for	und at a bus stop at 9:15 AM						
	C. On 7/13/13 Resid	lent # 1 got on the elevator in						
	view of nurse and exited the building in view of						·	
	nurse.							
	What Corrective action (ion will be accomplished for						
	the residents found	to have been affected by the						
	deficient practice?	,						
	A. On 7/9/13 at appl	roximately 11:15 PM						
	Resident #1 told the 11-7 and 8-11 nurses he was		Ì	1 1 2				
	going to the VA and	the nurses told resident to go						
	back to room. At ap	proximately 11:30 pm			·		ļ	
	Certified Nursing As	sistant reported resident was			·	•	i .	
	on facility grounds.	Resident # 1 was brought blaced on every 15 minute						
	checks for 24 hours	Nursing staff were	.	İ	<i>8</i>			
	responsible for 15 m	ninute checks and visually						
	laved eves on Resid	dent #1 at least every 15						
	minutes. 15 minute	Patient Check Sheet			r			
	includes Staff initials	s every 15 minutes and						
	location of patient.	On 7/10/13 the social worker		-				
	called the guardian	and asked the guardian to						
	come talk to Reside	ent # 1 because he wants to						
	go home to Raleigh	. Guardian came to facility						
	and spoke with soci	ial worker and resident #1 to ne was foreclosed on and this						
	was the best place	for him. B. On 7/12/13						
	Resident was return	ned to facility by Director of						
	Nursing Services at	nd Rehabilitation Aide at 9:20	re a }					
	AM and was placed	I on one to one supervision						
	and a wander guard	d transmitter was applied - one						
	staff person was in	visual view of Resident at all						
	times, 24 hours a d	ay. 1:1 remains ongoing until						
	more appropriate p	lacement is found. A wander						
	Guard transmitter v	vas placed on the resident on	2.		No.			
1	7/12/2013. This tra	nsmitter will set off an alarm if 🕜 the elevator. Other exit door		1			14 38 71 1	
Ī	 patient approaches 	THE CIEVATOL OTHER EXIT GOOD	1	1				

CENTERS FOR MEDICARE & MEDICAID SERVICES		1 7:51	CONSTRUCTION	(X3) DATE SURVEY		
STATEMENT O	F DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1		COMPLETED	
AND PLAN OF	CORRECTION	(DEMILIOVIONA MOMPEY)	A. BUILDING _		С	
			D MANG		07/24/2013	1
		345061	B. WING	STREET ADDRESS, CITY, STATE, ZIP CODE		\dashv
NAME OF PR	OVIDER OR SUPPLIER		1		-	1
		or DUDITAR		3100 ERWIN ROAD		
UNIHEALTI	H POST - ACUTE CAF	RE OF DURHAM		DURHAM, NG 27705		
(VA) ID	SUMMARY	STATEMENT @FIDEPIOIENCIES	i mb	PROVIDER'S PLAN OF CORRECTIVE ACTION SHOUL	CTION (EACH (X5) D BE CROSS- COMPLETI	ION
(X4) ID PREFIX	(EACH DEFICIENCY MUST BE PRECEDED BY FULL		PREFIX TAG	REFERENCED TO THE APP	ROPRIATE DATE	
TAG REGULATORY O		R LSC IDENTIFYING INFORMATION)	IAG	DEFICIENCY)		
		40	F 323			
F 323	Continued From pa		1 020			
	on 3rd floor are key	pad coded and will alarm if		Later Service	.***	
	door is left open. I	Door located at stairwells are	ĺ		and the same of th	1
	key pad coded, the	front door is locked at 8pm by				
	the door monitor. U	Ipon interview with resident#	1	***		1
	1, conducted by the	e administrator resident # 1		<u> </u>		
	stated he watched	the nursing staff and waited till	1		ļ	1
	they were busy so	he could go to the VA to get a				
	bus ticket to Raleig	h. Resident #1 stated he left				
	around 5am and ex	xited the building via the				
	Therapy Door. Up	on interview with staff the				1
	resident was obser	rved in his bed around 5-	-			Ī
	5:30am while med	ication was given to the				ł
•	roommate. Roomi	mate 's medication	1		-	. 1
	administration reco	ord was reviewed and was				ļ
•	confirmed that the	roommate was given a				
	medication at 5:30	am. Resident # 1 had no			1	
	medications order	ed during the 11pm-7am shift.				
	The 7-3 Certified N	Jursing assistant and Licensed	,			
	Nurse noted at 7ai	m the resident was not in his				
	room. At approxin	nately 7:20am the Certified				
	Nursing Assistant	notified the Licensed Nurse that				
	the resident was s	till not on the floor at this point				
	the Licensed Nurs	e instructed the staff to search				
	the floor and the c	ourtyard. C. On 7/13/13 at				
	approximately 5:4	5am resident was noted at			j	
	elevator with alarn	n ringing, Nurse asked resident				
	to go back to room	n and resident continued to or. Nurse ran down the stairway	1			
	proceed in elevaic	n the first floor, the elevator				
	to meet resident o	ment. Nurse ran down the				
	continued to base	sement and followed resident	ļ	· }		
1	stairway to the ba	empted to bring resident back in			****	
	Outside, Stati atte	at began fighting and hitting the	ļ			
	the facility residen	or was able to coax the resident				
	stair. Administrati	. The recident was placed on				
	pack in the facility	The resident was placed on				
	1:1 and the admir	nistrator spoke with staff about 1. Resident care plan updated				
	expectations of 1:	tor to include elonement rick on				
	by MDS Coordina	tor to include elopement risk on sincluded 1:1 and a wander			(a) 1 4050	•

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	[' '	TIPLE CONSTRUCTION NG	(X3) DATE SURVEY COMPLETED			
		345061	B. WING	· · · ·	C 07/24/2013			
	NAME OF PROVIDER OR SUPPLIER, UNIHEALTH POST - ACUTE CARE OF DURHAM			STREET ADDRESS, CITY, STATE, ZIP CODE 3100 ERWIN ROAD DURHAM, NC 27705				
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	PREFI TAG		BE CROSS- COMPLETION			
F 323	assessed the residence of the Practitioner assess anxiety. The Guard Worker and the Societie Guardian to reti	The Nurse Practitioner ent on 7/12/13, Nurse ed resident for complaint of lian was called by the Social sial Worker left a message for urn call on 7/12/13. Guardian	F3	323				
	were made by Soci 7/15, 7/16, 7/18, 7/16, 7/18, 7/16, 7/18, 7/16, 7/18, 7/16, 7/18, 7/16, 7/18, 7/16, 7/18, 7/16, 7/18, 7/16, 7/18, 7/16, 7/18, 7/16, 7/18,	return call. Follow up calls al Worker to Guardian on 19 and Guardian has not yet phone calls. Elopement d by the Medical Records de Resident #1 on 7/12/13. Ontain a picture and physical sis and contact information on it seeking behaviors. The kept at the nurse's stations, a therapy desk. To other residents having the ted by the same deficient prrective action will be taken?	. 14					
	residents cognition, conditions, ambulati completed by the Ui Director of Nursing a residents on 7/12/13 Elopement Risk obsany new or current indicated. Education Clinical Competency Health Services and including licensed and all staff in each involved discussion including assessment behavior and who to	ervation forms which includes; sensory deficit, predisposing on and mobility, pain were nit Coordinator/Managers, and Case Mix Director for all s. None of the Resident's ervation forms revealed that dentified interventions were was provided by the RN of Coordinator, Director of Administrator to all staff, and unlicensed Nursing Staff, department. Education of elopement procedure, and of risk, signs of exit seeking report signs of exit seeking tion and what to do if a patient						

August 1

PRINTED: 07/30/2013 FORM APPROVED OMB NO. 0938-0391 (X3) DATE SURVEY

IDENTIFICATION AND MODED.		A. BUILDII	ULTIPLE CONSTRUCTION LOING			LETED	
							C I
		345061	B. WING_		And the same of th	07/	24/2013
NAME OF PE	ROVIDER OR SUPPLIER			;	STREET ADDRESS, CITY, STATE, ZIP CODE		
				:	3100 ERWIN ROAD		
UNIHEALT	H POST - ACUTE CARE	OF DURHAM		ı	DURHAM, NC 27705		
(X4) 1D	-SUMMARY STA	ATEMENT OF DEFICIENCIES	NA ID		PROVIDER'S PLAN OF CORRECTION (E) CORRECTIVE ACTION SHOULD BE CRO		(X5) COMPLETION
PREFIX TAG	(EACH DEFICIENC) REGULATORY OR L	Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	PREFI TAG		REFERENCED TO THE APPROPRIATE		DATE
140	7,000				DEFICIENCY)		
İ							
F 323	Continued From page	e 18	F	323	3		
J		what to do upon return to					
	facility if a patient elop	pes. Education began on					
	7/12/13, the education	n is ongoing and those					
	employees who have	not worked will be educated					
		edule shift. This education		_			
		at 95%: The assigned					
		ned for each resident is	1.				
		leting the Elopement Risk					
	Observation form, and	d completing the care plans . Identifying/ exit seeking					
	with the interventions	desire to go home, packing					
		ig to exit doors and history of					
		hout needed supervision.					
	Elopement Risk Obse						
		ion/readmission, quarterly					
	and change of conditi				,		
		are plans are updated with	***				
	change in conditions						
	assessment/observat						
	resident exhibits exit						
		rse will place immediate					
	intervention to include	e but not limited to placing					i l
	the resident on 1:1, or	omplete an elopement					
	observation form, a p	icture will be in the wander			***************************************		
		description of resident and a					
		placed on the resident.					
		by the Administrator,					
		vices, and the Clinical					
		ator, for all licensed nurses			·		
	and direct care nursing	ng staff on walking rounds to					
		sing Assistant to walk there					!
		oncoming shift to visualize					
		ent not in room Certified					
	Nursing Assistant are	to report to the assigned					
		sed nurses are to walk there					
ļ		oncoming shift to visualize]
		t on each resident then sign resident is not found in room	L.		***************************************		
		tart the elopement procedure	[, ,				
	Licenseu nuise will st	tart the dispendent procedure					f

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO	(X2) MULTIPLE CONSTRUCTION A. BUILDING (X3) DA COI	
		345061	B. WING		C 07/24/2013
NAME OF PR	ROVIDER OR SUPPLIER		STR	EET ADDRESS, CITY, STATE, ZIP CODE	
	H POST - ACUTE CARE	E OF DURHAM	ļ	0 ERWIN ROAD	
OMMERE	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		DUI	RHAM, NC 27705 «	
(X4) ID PREFIX TAG	(EACH DEFICIENC	IATEMENT: OF DEFIGIENCIES LY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EA CORRECTIVE ACTION SHOULD BE CROS REFERENCED TO THE APPROPRIATE DEFICIENCY)	
F 323	Continued From pag	e 19	F 323		
(***,1	which began on 7/12	/13 on the 11-7 shift. Any	-		
	employee that has no	of had the education related			
	to walking rounds wil	I not be allowed to work until			
	the education is com				
		be put in place or what			
		il be made to ensure that the		-	
	deficient practice will				
		itiated for shift change for			·
		certified nursing assistants	·		
**		11-7 shift and will continue			
		y. Licensed Nurses began	,		
		eport on 7/12/13. The ervices, Clinical Competency			
	Coordinator and/or l	Week-end Supervisor will			
~	review the 24 hour re	eports to ensure the licensed			
	nurses are signing t	he 24 hour reports to validate	i		į
	that walking rounds	were completed. Audits of			
	the 24 hour report sh	neet will be completed daily			
		alth Services, Clinical			
	Competency Coording	nator and/or Week-end			
	Supervisor for one w	eek and weekly thereafter for			
		Director of Health Services,			
		Coordinator, Administrator,			
		pervisor will observe			
		sistants completing walking			
	rounds for two shifts	daily times one week, and			
	weekly thereafter for	two months. 2. All new Ited Residents will have their			
		ervation form completed on			
		signed license nurse for that			
		ent who voices desire to leave			
		iting seeking behaviors will			2.44
		nent Risk Observation form			
		ntion will be put in place			
	immediately to include	de but not limited to placing a			
	wander guard on res	ident, move resident to the			
	3rd floor, which is eq	uipped with the wander			
	guard system and do	oor key pads, and start 1:1 if			
	indicated. The care	plan will be updated with			10 TW 111.

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MUL		(X3) DATE SURVEY COMPLETED			
AND PLAN OF	CORRECTION	IDENTIFICATION ROMOEIX.	A. BUILD	NG			_]
		345061	B WING			1	C 24/2013
NAME OF C	DOVIDED OD CLIDDLIED	34300,			EET ADDRESS, CITY, STATE, ZIP CODE	_1	2412010
NAME OF P	ROVIDER OR SUPPLIER			1	ERWIN ROAD		
UNIHEALT	TH POST - ACUTE CARE	OF DURHAM		1	RHAMANC 27705 AV		
			i	L.,	PROVIDER'S PLAN OF CORRECTION (E	ACH	(x5)
(X4) ID PREFIX TAG	(EACH DEFICIENC	WESMENT OF DEFICIENCIES 44 Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	iD PREF TAG		CORRECTIVE ACTION SHOULD BE CRO REFERENCED TO THE APPROPRIAT DEFICIENCY)	oss-	COMPLETION DATE
F 323	Continued From page	e 20	F	323			
, 020	interventions at this t						
		tor of Health Services and or		ļ	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -		
	Clinical Competency						
		. If the Director of Health					
		mpetency Coordinator,					
- 		pervisor is not in facility then	_				
		vill notify Director of Health					
		inistrator via phone. 3. Upon				ļ	
	completion of the Ele	pement Risk Observation				1	
	form the licensed nur	se will copy the elopement					
		give to the Director of Health					i
		mpetency Goordinator and/or		i	We start to		
		to ensure completion of the					
		initiated ifindicated with					
	review of the care pla	an. The Director of Health					! !
		mpetency Coordinator,					
		pervisor will complete review	1,,,	į	•		
		bservation form daily for two					,
		ur weeks and then monthly sure measures are in place					
		4. Employees hired after					
	7/12/13 will be educa						Ì
		nator and /or the Director of					
		ne elopement policy and					
	procedures and walk						
		the 24 hour report sheet will					
		y the Director of Health	×		· · · · · · · · · · · · · · · · · · ·		<u> </u>
		mpetency Coordinator					
	and/or Week-end Su	pervisor for one week and	Ī				
	weekly thereafter by	for two (2) months. The					
		rvices, Clinical Competency					
		Week-end Supervisor will					
		eports to ensure the licensed					
		Nursing Assistance is					
		eports to validate that					
		completed. 5. Staff]
	assigned to sit 1:1 wa						
		ctations of 1:1 by the					
	Director of Health Se	rvice, Administrator, Clinical					1

CENTERS FOR MEDICARE & MEDICAID SERVICES STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CON		(X3) DATE SURVEY COMPLETED		
		345061	B. WING		07	C //24/2013
• • • • • • • • • • • • • • • • • • • •	ROVIDER OR SUPPLIER	E OF DURHAM	3100 E	ET ADDRESS, CITY, STATE, ZIP CODE ERWIN ROAD HAM, NC 27705	•	
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT CORRECTIVE ACTION SHOULD B REFERENCED TO THE APPRODEFICIENCY)	E CROSS-	(X5) COMPLETION DATE
F 323	Supervisor on 7/20/ to sit with resident u completed. The Dire	ge 21 nator and/or Week-End 13: No-staff will be permitted nless competency is ector of Health Service, r Week-End Supervisor will	F 323			
	Any issues identified by the Director of He and/or week-end su the basement to vision member placed in a therapy exit door and One staff member placed in a therapy exit door and One staff member placed in a staff member will all was educated and cobservation form what start of shift and Receptionist was educated and cobservation form what start of shift and Receptionist was educated and cobservation form what start of shift and Receptionist was educated and cobservation form what start of shift and Receptionist was educated and cobservation form while on for the day, the doo lobby front door untimonitor will lock the was conducted by the Clinical Competency is competency is competency is component will the in and/or wander syst basement will be related to Supervisor. Any issue immediately by the	daily to ensure compliance. It will be handled immediately ealth Services, Administrator pervisor. 6. Staff placed in ualize exit doors. One staff rea to observe elevator, indivisualization of hallway. It can be a serviced by the time clock this so visualization of the other coated by the time clock this competency on door inchincluded sign in and out relief for breaks and meals. It can be be a serviced by the Director of the ceptionist will observe the duty once receptionist leaves in monitor will observe the difference of Health Service, by Coordinator, and/or sor on 7/20/13. No staff will be ne basement unless pleted. 1:1 in basement will estillation of tocking key pads em is installed. 1:1 logs for eviewed daily by the Director of ministrator, and/or Week-end sues identified will be handled Director of Health Services,				
	Administrator and/o	or week-end supervisor. ctive action be monitored to				an in Agriculture

3				ATE SURVEY OMPLETED			
			A. BUILD	ING.		1	
		245004	B. WING				C
		345061	D. VVIING			07	//24/2013
NAME OF P	ROVIDER OR SUPPLIER			1	STREET ADDRESS, CITY, STATE, ZIP CODE		
UNIHEALT	H POST - ACUTE CARE	OF DURHAM		1	3100 ERWIN ROAD		
			DURHAM, NC 27705				
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREF TAG		CORRECTIVE ACTION SHOULD BE CROS REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
F 323	Continued From page	22	l F	323	3		
	· -	ent practice will not reoccur,					
		rance program will be put in					
	place for monitoring to						
	compliance.						
	1.The findings of Wall	king round audits with					
	tracking and trending	will be done by the Director					
	of Health Services and	d taken to the Quality					
	Assurance/Performan	ce Improvement (QA/PI)					
		ector of Health Services or					
	the Administrator for re						
		n the QA/PI Committee					
	monthly for three mon				Start		
		erventions implemented of	-				
	the elopement risk ob:						
		by the Director of Health					
		to the Quality Assurance					
	by the Director of Hea	ement (QA/PI) Committee					
	Administrator for revie				- Caraca-		
	recommendations from						
		ths. 3. The results from]
		vation and basement will be					
		y the Director of Health					
		to the Quality Assurance					
	/Performance Improve	ment (QA/PI) Committee					
	by the Director of Heal	Ith Services or the					
	Administrator for revie						
	recommendations from						[
	monthly for three mon						
	Date Immediate Jeopa	ardy was removed:			:		
	July 21, 2013						
							,1 -9-2-
		cted with staff on all units					
	-	ation was received. Staff			Target and the same and the sam		
		bout the elopement policy.					
and the state of t		staff posted in basement					
	and front door as door	HIOHROIS.					
							r objectives