STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345522	A. BUILDING _____ B. WING _____	C 07/14/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
UNIVERSAL HEALTH CARE/FLETCHER	86 OLD AIRPORT ROAD FLETCHER, NC 28732

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 000	INITIAL COMMENTS No deficiencies were cited as result of the complaint investigation, event ID SM0N11.	F 000		
F 282 SS=D	483.20(k)(3)(ii) SERVICES BY QUALIFIED PERSONS/PER CARE PLAN The services provided or arranged by the facility must be provided by qualified persons in accordance with each resident's written plan of care. This REQUIREMENT is not met as evidenced by: Based on record review, and staff interviews the facility failed to implement the bowel elimination care plan for 1 out of 5 residents (#52). The resident had no adverse consequence to the failure to implement the care plan. Findings included: Resident #52 was admitted to the facility on 10/24/14 with diagnosis that included dementia, arthritis, rheumatoid arthritis, hypertension, insomnia, and anxiety. He was admitted to Hospice care on 2/4/16 for end stage Alzheimer ' s disease. A significant change minimum data set (MDS) dated 2/5/16 indicated the resident was cognitively impaired with moderately impaired decision making skills and required cues with supervision. The MDS also indicated the resident required extensive assist with bed mobility, transfers, locomotion, dressing and toilet use with limited assist with eating. The MDS further revealed the resident was always continent of bowel, had constipation and was under Hospice care. A care plan dated 2/18/16 and last reviewed on	F 282	* Corrective action for this allege deficient practice involving resident #52 was to review his BM pattern (by the Director of Nursing ...DON) on July 14, 2016. It was found that he ha had a large BM on 7-13-16 at 2:09 pm so there was no need for any further intervention for this resident. * All residents have the potential to be affected by this alleged deficient practice of not routinely documenting BMs and by not routinely reviewing the NO BM report. The NO BM report was generated on July 15, 2016 by the DON for review. Alert and oriented residents who independently toilet themselves were interviewed to determine if they had indeed had a BM and staff had failed to document it. The staff were interviewed about the remaining residents on the list to see if BMs had occurred and just not noted. This was done by the DON and ADON on July 15, 2016. There were no negative outcomes	8/11/16

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

Electronically Signed | 07/28/2016

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345522	A. BUILDING _____ B. WING _____	C 07/14/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
UNIVERSAL HEALTH CARE/FLETCHER	86 OLD AIRPORT ROAD FLETCHER, NC 28732

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 282	Continued From page 1 5/14/16 indicated the resident was at risk for alteration in bowel elimination related to mobility impairment and medications. The goal for the resident was to have a soft formed bowel movement (BM) every 3 days. Interventions included to record BM patterns daily, if no BM in 3 days initiate BM protocol, observe for complications, offer fluids and notify the doctor as needed. A physician's standing order on the front of resident's chart indicated to give laxative of milk of magnesia (MOM) 30cc by mouth every day as needed for constipation for 2 days or Fleets enema x1 rectally per resident preference, not to exceed 30cc of MOM for 24 hours. Bowel records for June 2016 indicated no BM from June 13th to June 16th and from June 20th-June 26th. Bowel records for July 2016 indicated no BM from July 1st- July 5th and from July 8th-July 11th. The medication administration records (MAR) for June 2016 and July 2016 indicated Resident #52 had scheduled Senna S three tabs by mouth every 12 hours, Dulcolax enteric coated 5mg tab every 12 hours, and Dulcolax suppository every 3 days scheduled for constipation. The MARs for June 2016 and July 2016 did not reveal MOM, Fleets enema, or extra medication given for constipation. The progress notes for June 2016 to July 2016 did not reveal documentation for bowel movements for Resident #52. The progress notes did not indicate any adverse effects of resident not having a bowel movement. 07/13/2016 4:03:46 PM An interview with the assistant director of nursing (ADON) revealed the resident may not have had a bowel movement from 6/19/16 to 6/27/16 because he slept all the time and did not eat. She indicated she didn't	F 282	as a result of failure to appropriately document Bowel Movements (BM) as of July 15, 2016. * Systematic changes in this process include: 1) inservicing for all nursing staff on the significance of accurate charting of BMs by the CNAs and professional nurses and this is being be presented by the ADON and DON by 8-1-16. 2) Nurses will be inserviced on how to generate the NO BM report through American Health Tech with return demonstration by the DON and ADON by 8-1-16. Nurses will also be inserviced on Standing Orders pertaining to the BM Protocol by the DON and ADON by 8-1-16. PRN nurses will be inserviced before the next time they are scheduled to work. 3) Alert and oriented residents who toilet independently and show up on the NO BM report will be interviewed by the Charge Nurse to determine if staff have failed to document a BM starting 8-1-16, 4) Upon reviewing the NO BM report and determining its accuracy, the BM Protocol will be initiated for residents that have not had a BM in the last 3 days....by 8-1-16 5) The NO BM report will be generated daily on the Day Shift (7a-3p) by the Charge Nurses for each unit. The Charge Nurses will initiate checking the accuracy of this report through interviews with the staff and alert and oriented residents and initiating the BM Protocol (as necessary) with follow-up from the on-coming shift Charge Nurses. 6) The NO BM report will be reviewed in the Shift to Shift report between nurses and maintained with the	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345522	A. BUILDING _____ B. WING _____	C 07/14/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
UNIVERSAL HEALTH CARE/FLETCHER	86 OLD AIRPORT ROAD FLETCHER, NC 28732

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 282	Continued From page 2 know for sure that the staff did not document resident ' s bowel movements. The ADON also stated the facility had a problem with documenting bowel movements of the residents. 07/13/2016 4:50:36 PM An interview with nurse #1 responsible for the care of resident #52 indicated the resident usually had a BM at least every three days. She further stated the resident was not on the BM report for the past few days. The nurse went on to say that the resident had several medications ordered for his bowels and the staff would administer extra medication if needed. 07/14/2016 9:21:42 AM An interview with nurse aide #2 revealed when a resident had a bowel movement the staff would document results in the computer kiosk system. She indicated that all information on the residents including bowel movements would need to be in the computer by the end of their shift. She indicated she performed all her documentation by the end of her shift and did not forget to document bowel movements. The nurse aide stated the staff could document bowel movements in the computer all during the day. She further indicated the nurses had access to the report sheets of the bowel movements. 07/14/2016 9:28:54 AM an interview with nurse #2 revealed at the beginning of the shift the nurses would run a BM report in the computer. She stated the report would indicate if the resident had no BM in 3 days. She went on to say if the resident had no BM in three days the staff would give the resident MOM, laxative, or a prune juice toddy (4 ounces of warm prune juice 2 pats of butter and 30cc of MOM). She then stated the	F 282	24 Hour reports starting 8-1-16. * The NO BM report will be reviewed daily (M-F) by the DON and ADON to ensure that appropriate action has been implemented by the Charge Nurses starting 8-1-16. A summary statement regarding these reports and monitoring by the DON and ADON will be presented to the QAPI team by the DON or ADON at the monthly meeting starting August of 2016 for a period of three months. Changes will be made by the QAPI team as deemed necessary to achieve success and compliance.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345522	A. BUILDING _____ B. WING _____	C 07/14/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
UNIVERSAL HEALTH CARE/FLETCHER	86 OLD AIRPORT ROAD FLETCHER, NC 28732

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 282	Continued From page 3	F 282		

she would document on the 24 report in the computer that the medication was given and the results. The nurse also stated that the facility had some new hires and they had been instructed to put in the BMs but it was a possibility that BMs were not recorded. She stated if the BM was not captured the computer would flag the resident as not had a BM. She went on to say she would ask alert and oriented residents or sometimes the roommate if a resident had a bowel movement.

07/14/2016 9:41:31 AM an interview with nurse aide #3 who was familiar with resident #52 indicated the resident had problems with constipation. The nurse aide stated that some days the resident would have hard BMs then the other days the BMs would be loose. He went on to say the staff had to document every shift if residents had bowel movements. The aide indicated he would document the bowel movements by the end of his shift and he did not forget to do so. The nurse aide also stated that after the shift was over there was not a way to go back in and document a bowel movement but the nurses could. He indicated the nurses had a report that would flag if the resident did not have a BM in 2 or 3 days.

07/14/2016 10:56:51 AM an interview with the director of nursing (DON) indicated the nurses would check for BMs every shift by looking at the 24 hour report, the BM report sheet on the computer, and a verbal report from the aide or nurse. The DON indicated she was not 100% sure that the nurses checked the BM report because the expectation was not for the nurses to run the report every shift. She indicated the BM report was reliable and consistent for indicating if a resident had a BM. She went on to say the

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345522	A. BUILDING _____ B. WING _____	C 07/14/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
UNIVERSAL HEALTH CARE/FLETCHER	**86 OLD AIRPORT ROAD FLETCHER, NC 28732**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 282	Continued From page 4	F 282		

aides put the BMs in the kiosk every shift. The DON also stated the aides may get busy and forget to document BMs. The DON stated if the resident had no BM in 3-4 days the nurses were expected to look at the orders to see if the resident had as needed (PRN) medication and if not the nurse would follow the standing orders for something for the resident's bowels. She also stated the nurses would contact the doctor if needed for orders. The DON went on to say the standing order indicated to give MOM if no BM in 3 days. She went on to say if the resident could not take MOM they would be given something else. The DON stated that resident #52 slept a lot, was on Hospice, had a poor appetite and had a recent bout of diarrhea. She stated the resident had medication for constipation ordered and the doctor recently increased his Senna. The DON further indicated she expected for the nurses to follow the care plan and know the needs of the resident.

07/14/2016 12:41:59 PM an interview with the administrator indicated she expected for the facility to follow the BM protocol. The administrator also stated she expected for the nurses to consider what the care plan and standing order indicated. She went on to say the nurse aides were expected to document BMs in the kiosk every shift. She further stated the nurses could generate a BM report and they should run the report every few days. The administrator stated Resident #52 was under Hospice care, and had periods of lethargy where he could not take the MOM by mouth. She stated the resident had Dulcolax and Senna ordered routinely for constipation. The administrator went on to say that she didn't think Resident #52 went that long without having a bowel movement but

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345522	A. BUILDING _____ B. WING _____	C 07/14/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
UNIVERSAL HEALTH CARE/FLETCHER	**86 OLD AIRPORT ROAD FLETCHER, NC 28732**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 282	Continued From page 5 the facility failed to document the bowel movements.	F 282		