PRINTED: 03/08/2017 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTAND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING			(X3) DATE COMP	SURVEY			
			71. 501251				С
		345142	B. WING			02/	09/2017
NAME OF P	ROVIDER OR SUPPLIER				STREET ADDRESS, CITY, STATE, ZIP CODE		
I INIVEDEI	TV DI ACE NUDSING AN	ID REHABILITATION CENTER			9200 GLENWATER DRIVE		
UNIVERSI	IT PLACE NURSING AN	ID REHABILITATION CENTER			CHARLOTTE, NC 28262		
(X4) ID	SUMMARY STA	ATEMENT OF DEFICIENCIES	ID	•	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX TAG	,	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFI TAG		(EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA		COMPLETION DATE
IAG	NEODE/WORK ORE		IAG		DEFICIENCY)		
F 000	INITIAL COMMENTS		F	000			
	Following the survey	's original exit date of					
		gency identified Substandard					
		s F-241 and F-315 which					
	necessitated an onsite conducted at the facil	<u>-</u>					
		s extended to 02/09/17.					
	Event ID #ZJ3X11.						
F 157	483.10(g)(14) NOTIF	Y OF CHANGES	F	157	7		2/27/17
SS=H	(INJURY/DECLINE/R	ROOM, ETC)					
	(g)(14) Notification of	Changes.					
	(i) A facility must imm	ediately inform the resident;					
		ent's physician; and notify,					
		her authority, the resident					
	representative(s) whe	en there is-					
	(A) An accident involv	ving the resident which					
		as the potential for requiring					
	physician intervention	1;					
	(B) A significant chan	ge in the resident's physical,					
	mental, or psychosoc						
		n, mental, or psychosocial					
		reatening conditions or					
	clinical complications	);					
	(C) A need to alter tre	eatment significantly (that is,					
	a need to discontinue						
		erse consequences, or to					
	commence a new form	m of treatment); or					
	(D) A decision to trans	sfer or discharge the					
	resident from the facil						
	§483.15(c)(1)(ii).	, 1					
	(::\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\	fination and an array (1.7.)					
	(ii) vvnen making noti	fication under paragraph (g)					
					1		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE (X6) DATE

Electronically Signed 02/27/2017

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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING			(X3) DATE SURVEY COMPLETED	
		345142	B. WING			C 2/09/2017	
	ROVIDER OR SUPPLIER  TY PLACE NURSING AI	ND REHABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP COD 9200 GLENWATER DRIVE CHARLOTTE, NC 28262		210312011	
(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 CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE	(X5) COMPLETION DATE	
F 157	Continued From pag	e 1	F 1	57			
	all pertinent informat	, the facility must ensure that ion specified in §483.15(c)(2) ided upon request to the					
		also promptly notify the dent representative, if any,					
	<ul><li>(A) A change in room or roommate assignment as specified in §483.10(e)(6); or</li><li>(B) A change in resident rights under Federal or State law or regulations as specified in paragraph (e)(10) of this section.</li></ul>						
	update the address ( phone number of the This REQUIREMEN	record and periodically mailing and email) and resident representative(s). T is not met as evidenced					
	physician and staff ir notify the physician v catheter change the skin at the catheter ir of increased erosion urinary catheter, which	- ·		University Place Nursing and Rehabilitation Center acknow receipt of the Statement of De and proposes this Plan of Cot the extent that the summary of factually correct and in order compliance with applicable ruprovisions of quality of care of The Plan of Correction is subwritten allegation of compliance	eledges eficiencies rrection to of findings is to maintain ules and if residents. mitted as a		
	11/14/16 with diagno disease, diabetes, ur disease, prostate car	nitted to the facility on ses which included heart rinary tract infections, kidney neer and a stroke. A review day minimum data set		University Place Nursing and Rehabilitation Center s responsite statement of Deficiencies does denote agreement with the St Deficiencies nor does it const admission that any deficiency Further, University Place Nursing Rehabilitation of the statement of the sta	onse to this es not tatement of titute an v is accurate.		

` '		IDENTIFICATION NUMBED:		LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		345142	B. WING		C 02/09/2017	
NAME OF PE	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE	1 02/03/2017	
	10 7.52.1 0.1 00. 1 2.2.1			9200 GLENWATER DRIVE		
UNIVERSI	TY PLACE NURSING AN	D REHABILITATION CENTER				
				CHARLOTTE, NC 28262		
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F 157	Continued From page	2	F 15	7		
	(MDS) dated 12/11/16 cognitively intact for or required extensive as hygiene and had an interpretation of the cognitively intact for or required extensive as hygiene and had an interpretation at a second commentation regard assessment labeled a documentation regard Resident #1's skin are A review of a physicial dated 11/14/16 indicated urinary retention with and because of nerve an indwelling urinary. A review of a nurse's 11:50 PM documente indwelling urinary cattresident tolerated profurther indicated there regarding the condition around the urinary cat documentation the phregarding the condition and the condition of the phregarding the condition of	indicated Resident #1 was laily decision making, sistance with toileting and indwelling urinary catheter.  Sion nursing assessment 5 PM indicated Resident #1 d and had an indwelling ice. A section of the skin assessments had no ding the condition of bound his urinary catheter.  In's history and physical ted Resident #1 had chronic a history of prostate cancer admage was dependent on catheter.  Inote dated 12/30/16 at d by Nurse #4 indicated in the ter was changed and cedure well. The note was no assessment on of Resident #1's skin theter and no hysician was notified on of Resident #1's skin the skin the skin the skin was notified on of Resident #1's skin the sk		Rehabilitation Center reserves the rigrefute any of the deficiencies on this Statement of Deficiencies through Informal Dispute Resolution, formal appeal procedure and/or any other administrative or legal proceeding.  An appointment was scheduled for Resident #1 with his Urology Speciali for 1/18/17. On 1/18/17, resident was seen by urologist with exam complete. The urology report indicates Resident is with a fileting of urethra and meatur and recommendation is placement of supra pubic catheter. On 1/19/17, the treatment nurse notified the physician responsible party of the resident havi base penile shaft split. On 1/20/17, the treatment nurse completed an assessment of the Resident #1 \subseteq For catheter. On 1/22/17, a note was place the doctor communication book related Resident #1 complaining of penile paths thall nurse. On 1/27/17, Resident was transferred out for supra pubic catheter placement and returned to facility.	sts ed. t #1 s e and ng a e ley eed in ed in by	
	Nurse Practitioner (N	s note dated 01/16/17 by the P) indicated Resident #1 use of recurrent UTIs and		On 1/27/17, 100% of residents with catheters were assessed for any new abnormalities at the insertion site by Minimum Data Set Coordinator (MDS	he	
	01/17/17 by a Physici Resident #1 had been	Specialists note dated an's Assistant (PA) indicated n treated for recurrent UTIs es and complained of penile		and the MDS nurses without negative findings. On 2/9/17, a head to toe assessment was completed on 100% residents to ensure no new skin		

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F 157	Continued From pa	ge 3	F 1	57		
	heen "fileted" open indwelling catheter.  A review of a progree Nurse Practitioner (urology were review having issues relate catheter which incluin urethral opening suprapubic cathete abdomen into the bbag). A section lab	ess note dated 01/18/17 by the (NP) indicated the notes from wed and Resident #1 was ed to chronic indwelling urinary uded pain and some increase and urology suggested a r (a tube place through the ladder to drain urine into a eled assessment and plan urinary tract infections and		abnormalities, without MD a Practioner (NP) notification the MDS Coordinator, MDS and/or the Quality Improver nurse without negative findi 2/23/17, 100% audit of resignotes to ensure MD and/or of new skin abnormalities a ineffective pain management completed by the MDS Coonurses, QI nurse, and/or the Director of Nursing (ADON) negative findings.	were noted by nurses, ment (QI) ings. On dent progress NP notification nd/or nt was ordinator, MDS e Assistant	
	Communication Re 01/22/17 Resident skin of his penis.  During an interview Nurse #3 she stateshifts and had provexplained family hawere upset and ask Resident #1's privathem she had not loconfirmed she had other nurses regard	y document titled Physician cord indicated an entry dated #1 complained of pain to the on 01/24/17 at 2:52 PM with d she worked first and second ided care to Resident #1. She d approached her recently and ted her if she had seen te area. She stated she told poked at his private areas and not received any report from ding any problem with the skin and had not talked to the out it.		On 1/26/17 an in-service was the Staff Facilitator (SF) relanew skin abnormality is obsequenced (examples-bleeding from sisplit, abnormal drainage) by nursing assistant they will innotify the nurse and the nurse the site and notify the MD as in-servicing will be 100% of 2/27/17. No staff will be allowed after 2/27/17 prior to complete in-service. All newly hired expressive in-service during new orientation	ated to when a served te, open areas, y the certified mmediately rse will assess and/or NP. The omplete by owed to work etion of employees will	
	Nurse #4 who was Supervisor he expla #1's catheter on 12 wanted him to char	on 01/24/17 at 3:28 PM with also the second shift Nursing ained he changed Resident /30/16 because the NP nge it because she wanted a en for a urinalysis and culture		On 2/23/17, 100% of reside notes were audited by the N Coordinator, MDS nurses, (and/or ADON using the cha ensure physician notificatio changes, ineffective pain m	MDS QI nurse, art audit tool to n of acute	

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F 157	Continued From pag	e 4	F 1	57			
F 157	and sensitivity. He sendent #1's catheter in the skin on the undexplained he did not the skin or how long there. He stated he because of long term he had not received regarding the condition around his urinary cathe slit in the skin to the thought it was a converted where already aware.  During an interview of the treatment nurses was admitted she was nurse who completed assessment and she had an area that look insertion site and it ascar. She explained on Resident #1's per to the Director of Nur #1's skin did not look admitted. She stated open areas on his see excoriation of the skin on the areas. She fur aware of the slit skin reported it to her so sphysician or NP until written an order to has see Resident #1 on the control of the skin on the areas. She fur aware of the slit skin reported it to her so sphysician or NP until written an order to has see Resident #1 on the control of the skin on the areas. She fur aware of the slit skin reported it to her so sphysician or NP until written an order to has see Resident #1 on the control of the skin or the slit skin reported it to her so sphysician or NP until written an order to have the slit skin reported it to her so sphysician or NP until written an order to have the slit skin reported it to her so sphysician or NP until written an order to have the slit skin reported it to her so sphysician or NP until written an order to have the slit skin reported it to her so sphysician or NP until written an order to have the slit skin reported it to her so sphysician or NP until written an order to have the slit skin reported it to her so sphysician or NP until written an order to have the slit skin reported it to her so sphysician or NP until written an order to have the slit skin reported it to her so sphysician or NP until written an order to have the slit skin reported it to her so sphysician or NP until written an order to have the slit skin reported it to her so sphysician or NP until written an order to have the slit skin reported it to her so sphysician or NP unt	tated when he changed er he noticed there was a slit derside of his penis. He know the length of the split in the slit in the skin had been thought the slit had occurred a use of a urinary catheter but any reports from staff on of Resident #1's skin atheter and had not reported the physician or NP because hronic condition and they  on 01/24/17 at 4:10 PM with she stated when Resident #1 as in his room with another define a slit at the catheter ppeared to her to be an old she assessed the open skin his on 01/19/17 and reported sing (DON) that Resident that when he was define also observed 2 small rotum that she thought was an and she put barrier cream arther stated she was not because no one had she had not reported it to the today and the NP had just ave the wound Physician to 01/25/17.	F 18	and/or new skin abnormalitie audit will be completed by the Coordinator, MDS nurse, QI ADON and/or Director of Nur 5xweek x 4 weeks, then wee weeks, then biweekly x 4 wer monthly x 2 months.  The Administrator and/or des review the results of the audi will present the findings to the Committee. The monthly QI of will review the results of the adetermine the need for and/or of the continued monitoring a recommendations for monitor continued compliance.	e MDS nurse, SF, rsing ( DON) kly x 4 eks, then signee will t weekly and e monthly QI Committee audits and or frequency and make		

Facility ID: 923015

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL <sup>-</sup> A. BUILDI		CONSTRUCTION	(X3) DATE COMP	SURVEY
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		345142	B. WING			1	09/2017
	ROVIDER OR SUPPLIER	AND REHABILITATION CENTER		920	REET ADDRESS, CITY, STATE, ZIP CODE 00 GLENWATER DRIVE HARLOTTE, NC 28262		
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F 157	problems related to explained he could sitting in his wheel pressure and pain and the only time I he is in bed. He shurting and sore dook him seriously and the opening of time. He explaine wanted to see his hurting in his private Associate who was the Urologist office skin on his penish penis where the cascrotum and he work catheter inserted in stated the PA asket that and he told him month but nobody them something work routine pain in that helped decrease.	wheelchair because he had on his urinary catheter. He do not get comfortable when chair because it caused to the split skin on his penis he was comfortable was when tated he had told staff he was uring the last month but nobody and felt they had ignored him of skin had increased during that do he had told his family he Urologist because he was te areas and he saw an as a Physician's Assistant (PA) in the last week and was told the lad split from the end of his eatheter went in down to his bould have to have a new on his stomach on 01/27/17. He led him how long it had been like mit had happened over the last listened to him when he told as wrong. He explained he medication for back pain and use his pain but the area was it sore especially when he sat in	F	1157			
	Resident #1's physical Director hat the end of the parameter use and expression. He stated nursing staff regar Resident #1's penindirectly but could	w on 01/25/17 at 1:05 PM with sician who was also the facility e explained fissuring occurred enis with long term urinary even with use of a leg strap it movement from causing some d he had not received calls from ding the erosion of the skin on is but had heard about it					

	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	IPLE CONSTRUCTION NG		(X3) DATE S COMPL	
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	ROVIDER OR SUPPLIER  TY PLACE NURSING AN	ID REHABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE  9200 GLENWATER DRIVE  CHARLOTTE, NC 28262			
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F 157	Continued From page	e 6	F 1	57			
	there was increased skin and there were of staff to call and report had.	on-call physician notified if erosion or splitting of the on call providers available for t any changes a resident					
	the NP she confirmed numerous times for comade a referral for hi had read the notes for She stated she had or Resident #1's penis or referred him for the wevaluation today. She when the skin had spenysician's community 01/23/17 when she monthat Resident #1's ske She stated she relied a resident had open as	n 01/25/17 at 2:36 PM with a she had seen Resident #1 hronic UTIs and she had m to see his Urologist and om his visit on 01/17/17. Not seen the open skin on until 01/24/17 and she had wound Physician for e stated she was not sure lit but she saw a note in the cation book on Monday hade rounds in the facility in had split on his penis.  on staff to inform her when areas of their skin or had lition. She explained there					
	was a physician com to document resident for staff to write conc	munication book for nurses concerns and she expected erns in the book or call the a resident had changes in					
	PM with the PA from office he confirmed h 01/17/17 and Reside catheter use and was around the catheter of friction by the cathete the erosion of skin ar began at the opening inserted and then over	terview on 01/25/17 at 3:11 Resident #1's Urologist e saw Resident #1 on ht #1 had long term urinary at risk for erosion of skin lue to chronic rubbing or er in his pants. He explained ound a catheter usually where the catheter was er time the skin split open. ked back in Resident #1's					

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F 157	could not confirm wexplained when the Resident #1's pants move and caused from and if he was move the risk of pulling or erosion and tearing expect to see the expect to see t	ge 7 ne erosion had started but he nen it had begun. He catheter was down in leg it caused the catheter to iction and tearing of the skin d around by staff it increased in the catheter which caused. He confirmed he did not stent of tearing of the skin on before he examined him but ended from the urethra where erted down the underside of turn. He stated they let them know if there was a around his catheter in order to complications and now since if the only option was to insert er. He explained the able do a more detailed kin while Resident #1 was in 01/27/17 and would be able in damage but they could not now because it would be too  on 01/25/17 at 4:51 PM with the explained last Thursday 17 after second shift started SW) was looking for the DON in still shall be able in the total to the treatment to the Resident #1's then talked to the treatment to the Resident #1's room and #1's skin. She stated then inted to her what his skin was first she had heard of it.	F	157		

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F 157	the past. She stated at the skin around his with the treatment nu slit at the catheter ins scar and the treatment eye on it and if it star let her know. She stany open skin around her and she had not his catheter or his skin catheter or his skin and he had no skin bhad complained his catheter and his skin and he had no skin bhad complained his catheter and his thigh complaints to her. Streported any problem the physician.  During an interview of Nurse #7 he stated his hifts and he recalled assessment for Residut he did not see and that time. He further any skin concerns to During an interview of Nurse #8 she stated Resident #1 last Fridation but she did not usual Resident #1 lived and resident's. She stated	ed to care for Resident #1 in she recalled she had looked a catheter about 5 weeks ago rese and there was a small sertion site that looked like a not nurse told her to keep an ted draining or changed to ated no one had reported at Resident #1's catheter to reported any problems with in to the physician.  Atterview on 01/26/17 at 2:01 the stated she had provided and had assessed his approximately 2 months ago reakdown but Resident #1 that there was pulling when he at adjusted the leg strap in and he had no more the stated she had not ins with his skin or catheter to an 01/26/17 at 2:28 PM with the worked second and third if he had done a skin dent #1 over a month ago y erosion or open skin at stated he had not reported	F	157			

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F 157	skin because she did at his catheter or his stated the Nurse Aide any problems or conchis catheter and she concerns to the physical properties of the properties of t	er and she did not look at his not have any reason to look skin during her shift. She es (NAs) did not report to her cerns with open skin around had not reported any ician.  on 01/26/17 at 3:47 PM the er expectation for nursing sician when a resident had a She explained the facility tion book and staff were at any concerns for the NP or when they made rounds in the he also expected for staff to ian or physician on call when ange in their condition.  Y AND RESPECT OF  treat and care for each and in an environment that ce or enhancement of his or or ognizing each resident's lity must protect and the resident.  T is not met as evidenced  ons, record reviews and erviews the facility failed to dignity and respect when ention to him after he had ing and sore due to erosion ary catheter during the last ang of skin had increased for olded with indwelling urinary	F 15		e enis enis or to

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F 241	Continued From p	page 10	F 2	41			
	Findings included			treatment orders. On 1/25/17 was seen by the wound care 1/25/17 the wound doctor ga	doctor. On ve new		
		admitted to the facility on		orders to discontinue the xer			
		gnoses which included heart		resident #1 penis and apply	•		
		, urinary tract infections, kidney		to penis every day and PRN			
		cancer and a stroke. A review		catheter is removed. On 1/26			
		t 30 day minimum data set		Minimum Data Set Nurse (M completed a Pain Assessme	,		
	(MDS) dated 12/11/16 indicated Resident cognitively intact for daily decision making			Resident #1 with no negative			
		e assistance with toileting and		1/27/2017 resident #1 was tr	•		
	hygiene and had an indwelling urinary catheter.			for supra pubic catheter plac	l		
	In gione and nad	an manaming armary carroton.		returned to facility.	omone and		
	A review of an ad	mission nursing assessment		rotamou to raomty.			
		3:35 PM indicated Resident #1		On 1/26/2017 Pain Assessm	nents were		
	was alert and orie	ented and had an indwelling		completed on 100% of reside	ents by the		
		n place. A section of the		MDS Coordinator and MDS i	•		
	assessment label	ed skin assessments had no		any negative findings being a	addressed		
	documentation re	garding the condition of		immediately. On 2/23/2017	a 100% audit		
	Resident #1's skir	n around his urinary catheter.		of resident⊡s Progress Note	s to ensure		
				Physician and/or Nurse Prac			
		sician's history and physical		notification of new skin abno			
		dicated Resident #1 had chronic		and/or ineffective pain mana	-		
	· -	with a history of prostate cancer		completed by the Minimum D	l		
		erve damage was dependent on		Coordinator (MDS), MDS nu			
	an indwelling urin	ary catheter.		Improvement Nurse (QI) and			
				Assistant Director of Nursing	(ADON)		
		se's note dated 12/30/16 at		without negative findings.			
		ented by Nurse #4 indicated					
		catheter was changed this		0.0000047.11.00.55	E( , , , , , , , , , , , , , , , , , , ,		
		dent tolerated procedure well but		On 2/23/2017 the Staff Facil	, ,		
		essment regarding the condition		initiated an in-service with all			
	UI RESIDENT #1 S S	skin around the urinary catheter.		nurses related to treating a recomplaint of pain by assessing	l		
	A review of a pro-	gress note dated 01/16/17 by the		resident or pain by assessing resident spain to include vis	_		
		gress note dated 01/16/17 by the r (NP) indicated Resident #1		body part of the resident to e			
		nd had recurrent UTIs and refer		are no abnormalities. The no	l		
	to urology for furti			also address the resident s			
	to drology for fulfi	ioi work up.		notify the physician of any at	•		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		345142	B. WING _				C 09/2017	
NAME OF P	ROVIDER OR SUPPLIER			S	TREET ADDRESS, CITY, STATE, ZIP CODE	1 02/	03/2017	
					200 GLENWATER DRIVE			
UNIVERSI	TY PLACE NURSING A	AND REHABILITATION CENTER			HARLOTTE, NC 28262			
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFI) TAG	x	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE	
F 241	Continued From page	ge 11	F 2	241				
F 241	A review of a Urolog 01/17/17 by a Physi Resident #1 had be based on urine cultupain on occasion arbeen "fileted" open indwelling catheter.  A review of a progre NP indicated the no reviewed and Resid related to chronic in including pain and sopening and urolog catheter (a tube plathe bladder to drain labeled assessment urinary tract infection erosion.  During an interview Nurse #4 who was a Supervisor he explating the state of 12/12 changed Resident #1.	ge 11 gy Specialists note dated dician's Assistant (PA) indicated en treated for recurrent UTIs ures and complained of penile and the meatus and urethra had due to saw effect from chronic less note dated 01/18/17 by the stees from urology were lent #1 was having issues dwelling urinary catheter some increase in urethral by suggested a suprapubic ce through the abdomen into urine into a bag). A section and plan indicated frequent and plan indicated frequent and urethra meatus  on 01/24/17 at 3:28 PM with also the second shift Nursing sined he changed Resident (30/16. He stated when he per on the underside of his	F2	241	noted or ineffective pain management. On 2/24/2017 an in-service was initiate by the SF for 100% of licensed nurse related to treatment and care for a resident with complaints of pain to maintain or enhance resident quality of life. The in-servicing will be 100% complete by 2/27/2017. No staff will be allowed to work after 2/27/2017 prior to completion of in-servicing. All newly hi employees will receive in-servicing durnew hire orientation.  On 2/23/17 100% of resident progress notes were audited by the MDS Coordinator, MDS nurses, QI nurse, and/or ADON using the chart audit tool ensure physician notification of acute changes, ineffective pain management and/or new skin abnormalities. The chaaudit will be completed by the MDS Coordinator, MDS nurse, QI nurse, SF ADON and/or Director of Nursing ( DOI 5xweek x 4 weeks, then weekly x 4 weeks, then biweekly x 4 weeks, then	ed  ed  red  ing  to		
	length of the split in the skin had been the should know how lo he had not received	tated he did not know the the skin or how long the slit in here but the treatment nurse and the slit had been there and any reports from staff tion of Resident #1's skin eatheter.			monthly x 2 months.  The monthly QI Committee will review results of the audits and determine the need for and/or frequency of the continued monitoring and make recommendations for monitoring for continued compliance. The Administra			
	the treatment nurse was admitted she w nurse who complete	on 01/24/17 at 4:00 PM with she stated when Resident #1 vas in his room with another ed his admission nursing e had observed Resident #1			and Director of Nursing will present the findings and recommendations of the monthly QI Committee to the quarterly Committee for further recommendation and oversight.	e QI		

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDI		ONSTRUCTION	(X3) DATE COMP	SURVEY LETED
		345142	B. WING _				C <b>09/2017</b>
	ROVIDER OR SUPPLIER  TY PLACE NURSING AN	ND REHABILITATION CENTER		9200	EET ADDRESS, CITY, STATE, ZIP CODE D GLENWATER DRIVE ARLOTTE, NC 28262	1 027	03/2017
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES  Y MUST BE PRECEDED BY FULL  LSC IDENTIFYING INFORMATION)	ID PREFI TAG	PREFIX (EACH CORRECTIVE ACTION SHOU			(X5) COMPLETION DATE
F 241	insertion site and it a scar. She explained to a Urologist office of called to Resident #1 Director of Nursing (I open skin on Resider the DON that Reside that when he was ad not know how the ski catheter could have despecially when he pwas movement of the During an observation at 4:52 PM Resident wheelchair in his root side to another. He scomfortably in his whore pressure and pain to and the only time he he is in bed. He state was hurting and sore nobody took him seri ignored him and the increased during that could not recall the n	Resident #1 went for a visit on 01/17/17 and she was 's room on 01/19/17 by the DON) and she assessed the nt #1's penis and reported to nt #1's skin did not look like mitted. She stated she did n had split but thought the caused the split in the skin ulled up his pants or if there is catheter.  In and interview on 01/24/17 #1 was seated in a m and was shifting from one stated he could not sit is urinary catheter. He of get comfortable when air because it caused the split skin on his penis was comfortable was when ead he had told nurses he during the last month but ously and felt they had opening of skin had at time. He further stated he ames of the nurses but they	F	241	DEFICIENCY)		
	explained he had told his Urologist because private areas and he PA in the Urologist of the skin on his penis penis where the cath to his scrotum and he	had taken care of him. He d his family he wanted to see he was hurting in his saw an Associate who was a fice last week and was told had split from the end of his eter went in all the way down a would have to have a new his stomach on 01/27/17. He					

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDI		STRUCTION	(X3) DATE COMP	SURVEY LETED
		345142	B. WING _				C <b>09/2017</b>
	ROVIDER OR SUPPLIER  TY PLACE NURSING AN	ND REHABILITATION CENTER		9200 GL	ADDRESS, CITY, STATE, ZIP CODE LENWATER DRIVE LOTTE, NC 28262	,	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG	PREFIX (EACH CORRECTIVE ACTION SHOU			(X5) COMPLETION DATE
F 241	that and he told him is month but nobody lis them something was took routine pain med that helped decrease uncomfortable and so his wheelchair.  During an interview of the Social Worker (Signally came to helped him Resident #1 and issues with his conversation to the troon. He stated no cabout concerns prior the Administrator she second shift started the DON because Resident #1's medical started the policy of the explain the second shift started the policy of the explain the second shift started the policy of the explain the second shift started the policy of the explain the second shift started the policy of the explain the second shift started the policy of the explain the second shift started the policy of the explain the second shift started the policy of the explain the second shift started the policy of the explain the second shift started the policy of the explain the second shift started the policy of the explain the second shift started the policy of the explain the second shift started the policy of the explain the second shift started the policy of the explain the second shift started the policy of the explain the second shift started the policy of the explain the second shift started the policy of the explain th	him how long it had been like thad happened over the last tened to him when he told wrong. He explained he dication for back pain and his pain but the area was bre especially when he sat in on 01/25/17 at 3:23 PM with W) he explained Resident his office on 01/19/17 and was having pain, discomfort atheter and he reported the reatment nurse and to the one had told him anything to his family mentioning it.	F	241	DEFICIENCY)		
	they came and report looked like and that we buring a follow up into AM with Resident #1 about the condition of explained he could now as sitting in his who and he was upset be going on for a month with tears flowing docracking he stated he	d at Resident #1's skin and ted to her what his skin was first she had heard of it.  derview on 01/26/17 at 9:00  he stated he was upset f his skin on his penis. He ot get comfortable when he delchair and that upset him cause this problem had been and the started crying and with his cheeks and his voice was so upset because staffind he felt like they didn't					

	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIP A. BUILDING	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		345142	B. WING		C 02/09/2017
	ROVIDER OR SUPPLIER  TY PLACE NURSING A	ND REHABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 9200 GLENWATER DRIVE CHARLOTTE, NC 28262	,
(X4) ID PREFIX TAG	(EACH DEFICIENCE	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIOI (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETION
F 241	he didn't want anyon had gone through.  During an interview of the DON she stated staff to treat all resid She also stated it was assess residents who	ne 14 nouldn't have happened and ne else to go through what he non 01/26/17 at 9:24 AM with she expected for nursing ents' with dignity and respect. as her expectation for staff to en they complained of skin as not made unaware of the	F 24	1	
F 315 SS=H	split skin on his peni was informed family 483.25(e)(1)-(3) NO RESTORE BLADDE (e) Incontinence.	s until 01/19/17 when she had concerns. CATHETER, PREVENT UTI,	F 31	5	2/27/17
	receives services an continence unless hi or becomes such that to maintain.  (2)For a resident with on the resident's corrections.	and bowel on admission d assistance to maintain s or her clinical condition is at continence is not possible h urinary incontinence, based nprehensive assessment, the			
	indwelling catheter is resident's clinical cor catheterization was i (ii) A resident who er indwelling catheter of is assessed for remo as possible unless the	ters the facility without an sometimes not catheterized unless the ndition demonstrates that			

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	PLE CONSTRUCTION	` '	ATE SURVEY OMPLETED
		345142	B. WING _		,	C 02/09/2017
NAME OF PR	ROVIDER OR SUPPLIER		<del>_</del>	STREET ADDRESS, CITY, STATE,		32/03/2017
				9200 GLENWATER DRIVE		
UNIVERSI	TY PLACE NURSING	AND REHABILITATION CENTER		CHARLOTTE, NC 28262		
(X4) ID PREFIX TAG	(EACH DEFICIE	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE CROSS-REFERENCED	N OF CORRECTION E ACTION SHOULD BE O TO THE APPROPRIATE CIENCY)	(X5) COMPLETION DATE
F 315	Continued From pa	nge 15	F3	15		
	receives appropria	is incontinent of bladder te treatment and services to ct infections and to restore extent possible.				
	on the resident's confacility must ensure incontinent of bower treatment and service bowel function as properties. This REQUIREME by:  Based on observation physician and staff assess the progression and staff assess the progression indwelling urination the resident experies over a month and of the form a surgical procession of the suprapubic catheter abdomen into the surgical procession of the su	tions, record reviews, resident, interviews the facility failed to sion of erosion of skin around ry catheter, which resulted in encing pain and discomfort for was subsequently scheduled edure for insertion of a fact (a tube place through the bladder to drain urine into a dents sampled with indwelling		An appointment was s Resident #1with the un 1/18/17. On 1/18/17, R seen by the urologist a completed. The urolog Resident #1 was with a and meatus. The urolo recommendation was p pubic catheter. On 1/19 nurse assessed Reside and scrotal areas and i with barrier cream. On treatment nurse notifier responsible party of Re	ology specialist for desident #1 was and an exam y report indicates a fileting of urethrate ogist solacement of supra 19/17, the treatment ent s #1 spenile initiated treatment 1/19/17, the dthe physician and	
	11/14/16 with diagr disease, diabetes, disease, prostate of of the most recent (MDS) dated 12/11 cognitively intact for required extensive hygiene and had a	dmitted to the facility on noses which included heart urinary tract infections, kidney ancer and a stroke. A review 30 day minimum data set /16 indicated Resident #1 was or daily decision making, assistance with toileting and in indwelling urinary catheter.		base penile shaft split. treatment nurse compleassessment of Resider catheter. On 1/22/17, to placed a note in the docommunication book re #1 complaining of penil Resident #1 was sent of catheter placement and the facility.	On 1/20/17, the eted an nt #1 s Foley he hall nurse octor elated to Resident le pain. On 1/27/17, out for supra pubic	

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	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′		CONSTRUCTION	(X3) DATE COMP	SURVEY PLETED
			A. BOILDII			Ι ,	С
		345142	B. WING _			l	09/2017
NAME OF PI	ROVIDER OR SUPPLIER			ST	TREET ADDRESS, CITY, STATE, ZIP CODE		
LININGERO	TV DI ACE NUDCINO AN	ID DELIA DII ITATIONI CENTED		92	00 GLENWATER DRIVE		
UNIVERSI	IT PLACE NURSING AF	ID REHABILITATION CENTER		C	HARLOTTE, NC 28262		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFII TAG	x	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 315		5 PM indicated Resident #1	F	315	On 1/27/17, the Minimum data Set (ME	<b>)</b> S)	
	urinary catheter in pla	skin assessments had no			Coordinator and the MDS nurses assessed 100% of residents with catheters for any new abnormalities at insertion site. There were no negative	the	
	Resident #1's skin ar	ound his urinary catheter.  an's history and physical			findings. On 2/9/17, the MDS Coordina MDS nurses, and/or the Quality Improvement (QI) nurse completed a	tor,	
	dated 11/14/16 indica urinary retention with	ated Resident #1 had chronic a history of prostate cancer			head-to-toe assessment on 100% of residents to ensure there were no new		
	and because of nerve an indwelling urinary	e damage was dependent on catheter.			skin abnormalities without MD and/or N notification. There were no negative findings. On 2/22/17, the Corporate	ΙP	
	problem statement fo	an dated 11/28/16 with a or altered pattern of urinary elling urinary catheter			Wound Consultant completed an audit 100% of residents with indwelling catheters. On 2/23/17, the MDS	of	
	indicated Resident # had a history of prost	1 was at risk for infection and tate cancer and required a goals revealed Resident #1			Coordinator, MDS nurses, QI nurse, and/or the Assistant Director of Nursing (ADON) completed a 100% audit of	J	
	would be free from unwould be clean, dry a	rinary tract infections and and free from skin			resident progress notes to ensure physician and/or Nurse Practitioner (NI	P)	
	change indwelling uri orders and/or facility drainage tubing of ca	erventions indicated in part to inary catheter per physician's protocol and ensure theter was secured with the as a leg strap to prevent			notification of new skin abnormalities and/or ineffective pain management. There were no negative findings.		
	tension or accidental also indicated to mor	removal. The interventions nitor for signs or symptoms of s and notify the physician as			On 1/26/17, the staff facilitator (SF) initiated a 100% in-service with RNs ar LPNs, to include the treatment nurse, a nursing assistants regarding:	ind	
	care guide included i indwelling urinary cat tubing was secured v	document labeled resident in part Resident #1 had an theter and ensure drainage with anchoring device such rent tension or accidental			<ul> <li>Indwelling Catheters (Foley) insert sites will be observed by nurses and nurse aides when providing incontinent care, ADL care, and during treatment assessments.</li> <li>Soap and water should be used to clean the meatus and the adjacent catheter daily when providing catheter</li> </ul>	ce	
	A review of a nurse's	note dated 12/30/16 at			care. Hold catheter near meatus. Avoid	i	

Facility ID: 923015

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′		CONSTRUCTION	(X3) DATE	SURVEY PLETED
		345142	B. WING _			1	C / <b>09/2017</b>
NAME OF PR	ROVIDER OR SUPPLIER		<u> </u>	ST	REET ADDRESS, CITY, STATE, ZIP CODE	1 02	00/2011
				920	00 GLENWATER DRIVE		
UNIVERSI	TY PLACE NURSING	AND REHABILITATION CENTER			HARLOTTE, NC 28262		
(X4) ID PREFIX TAG	(EACH DEFICIE	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL DR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	×	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)	3E	(X5) COMPLETION DATE
F 315	Continued From page	age 17	F3	315			
	11:50 PM docume indwelling urinary resident tolerated no assessment do condition of Reside catheter.  A review of a programmer Practitioner	nted by Nurse #4 indicated catheter was changed and procedure well but there was cumented regarding the ent #1's skin around the urinary ress note dated 01/16/17 by the (NP) indicated Resident #1 and had recurrent UTIs and refer			tugging the catheter. Always wash in a direction, away from where the cathete enters the body. Use a clean area of the wash cloth for each stroke or change the wash cloth completely if soiled with fee "Proper positioning of the catheter tubing includes the resident is not sitting or lying on the tubing and there is not tension on the catheter or tubing. Ancidrainage tubing to resident stright to prevent trauma due to pulling out cath	er he ne ces. ng	
	11:33 PM indicated bacterial growth at orders were receive antibiotic) and a un				or drainage tubing.  " It is the responsibility of all nursing staff to ensure that a securing device is place for the catheter tubing. The nursing must be notified immediately if the securing device is not in place. The number replace the securing device	s in e ırse	
	01/17/17 by a Phy Resident #1 had b based on urine cul pain on occasion a	logy Specialists note dated immerysician's Assistant (PA) indicated place securitures and complained of penile and the meatus and urethra had en due to saw effect from chronic er. immerysician's satisfactory immersion immerysician's security immersion imme		immediately when aware that it is not in place. The treatment nurse will assess securing device and document daily of the treatment administration record (Total that the securing device is in place.  " If any skin abnormalities are observed. It is bleeding from site, open areas, spabnormal drainage etc.) the nurse aided	s the n AR) rved olit,		
	NP indicated the n reviewed and Resi related to chronic i including pain and opening and urolog catheter. A section indicated frequent urethra meatus ero A review of a thera Speech Therapist	ress note dated 01/18/17 by the otes from urology were dent #1 was having issues ndwelling urinary catheter some increase in urethral gy suggested a suprapubic in labeled assessment and plan urinary tract infections and osion.  The py note dated 01/19/17 by (ST) #1 indicated Resident #1 to much pain to do anything			will report findings to the nurse immediately.  On 1/26/17, the RN initiated a 100% in-service with license nurses to regarding:  "When the nurse is aware of any s abnormality (ex. Bleeding from site, o areas, split, abnormal drainage etc.) fr a catheter, the nurse will complete an assessment, notify the MD and RP, implement any new orders, complete a Skin Referral form, and document in the	kin pen om	

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	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	(X2) MULTIPLE CONSTRUCTION A. BUILDING		TE SURVEY MPLETED
		345142	B. WING			C
NAME OF D	ROVIDER OR SUPPLIER	040142	1	STREET ADDRESS, CITY, STATE, ZIP CO		2/09/2017
NAME OF FI	ROVIDER OR SUFFLIER				<i>I</i> DE	
UNIVERSI	TY PLACE NURSING	AND REHABILITATION CENTER		9200 GLENWATER DRIVE		
				CHARLOTTE, NC 28262		
(X4) ID PREFIX TAG	(EACH DEFICI	Y STATEMENT OF DEFICIENCIES ENCY MUST BE PRECEDED BY FULL OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIV CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETION DATE
F 315	Continued From p	age 18	F 3	15		
	·	s penis was split down the		medical records.		
		atheter and treatments would		" The Treatment Nurse w	vill review the	
	resume the followi			skin referral and ensure that		
	Tesume the following	ing day.		appropriate treatment is initi		
	During an intervie	w on 01/24/17 at 2:52 PM with		" The Treatment Nurse w		
	_	ed she worked first and second		catheter insertion sites at m		
		vided care to Resident #1. She		weekly and document the as		
		ad approached her recently and		a Flow Sheet of Non-Ulcer S		
		sked her if she had seen		" Any abnormal changes		
		ate area and she stated she		the treatment nurse will be a	assessed and	
	told them she had	not and had not received any		reported to the MD immedia	tely. The	
	report from other r	nurses regarding any problem		resident□s responsible part	y (RP) will also	
	with the skin in his	s private areas.		be notified.		
				" Following physician ord	ers and	
	_	w on 01/24/17 at 3:28 PM with		documenting on the MAR/T/	AR.	
		s also the second shift Nursing				
		lained he changed Resident		All above in-services will be	•	
		2/30/16 because the NP		2/27/17. No RN, LPN, or CN		
		ange it because she wanted a		allowed to work without com	. •	
		nen for a urinalysis and culture		in-services. All newly hired f		
	· ·	e stated when he changed		and CNAs will receive the in	•	
		neter he noticed there was a slit		the staff facilitator and/or DO	N during	
		underside of his penis. He lid not know the length of the		orientation.		
		how long the slit in the skin had				
	· ·	treatment nurse should know		On 2/20/17   2/21/17, the c	ornorate	
		ad been there. He also stated		wound specialist audited 10	•	
	_	ed it to anyone because he		residents with Foley cathete		
	•	d occurred because of long		catheters and suprapubic ca	•	
		ary catheter. He further stated		QI: Foley Catheter Audit too		
		ed any reports from staff		document the audit.		
		dition of Resident #1's skin				
	around his urinary			The treatment nurse will obs	serve catheter	
				insertion sites at a minimum	of weekly	
	_	w on 01/24/17 at 3:55 PM with		and documents the assessn	nent on a	
		1 she stated she had been		Flow Sheet of Non-Ulcer Sk	in Condition	
		or Resident #1 and Nurse #4		on an ongoing basis.		
		assist him when he changed				
	Resident #1's cath	neter on 12/30/16. She stated		The DON and/or ADON will	audit the	1

Facility ID: 923015

	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTI A. BUILDIN		ONSTRUCTION	` ′	(X3) DATE SURVEY COMPLETED	
		345142	B. WING _				09/ <b>2017</b>	
NAME OF P	ROVIDER OR SUPPLIER		<u> </u>	STR	REET ADDRESS, CITY, STATE, ZIP CODE	1 021	09/2017	
				920	0 GLENWATER DRIVE			
UNIVERSI	TY PLACE NURSING AN	D REHABILITATION CENTER			ARLOTTE, NC 28262			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BI CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE	
F 315	Continued From page	e 19	F 3	15				
F 315	she didn't notice the shut Nurse #4 mention catheter. She further more about it and did anyone since Nurse #4  During an interview of the treatment nurse shas admitted she was nurse who completed assessment and she had an area that look insertion site and it as scar. She explained with him for a visit to a 01/18/17 and they sat during that visit. She to the facility Residen what had happened a Resident #1's room o Nursing (DON) because why the skin on his perpogressed. She furth open skin on Resident that when he was adrobserved 2 small ope she thought was exceexplained she put bar was not aware of the had reported it to her know how the skin ha catheter could have despecially when he put was movement of the stated the NP had justice.	ed it when he changed the stated she didn't think any not report anything to 44 was already aware.  In 01/24/17 at 4:00 PM with the stated when Resident #1 is in his room with another his admission nursing thad observed Resident #1 ied like a slit at the catheter opeared to her to be an old Resident #1's family went a Urologist office prior to we the open skin on his penis stated when he came back at #1's family wanted to know and she was called to no 01/19/17 by the Director of se family wanted to know	F 3		Foley catheters, condom catheters, and suprapubic catheters weekly for any abnormalities for 12 weeks then every-other-week for 12 weeks using the QI: Foley Catheter Audit Tool.  The monthly QI Committee will review results of the QI: Foley Catheter Audit Tool monthly for 6 months for identification of trends, actions taken, and to determite need for and/or frequency of continued monitoring, and make recommendations for monitoring for continued compliance. The administrational and/or DON will present the findings are recommendations of the monthly QI Committee to the Quarterly QAA Committee for further recommendation and oversight.	ne the tion ine tor		

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	(X2) MULTIPLE CONSTRUCTION  A. BUILDING		(3) DATE SURVEY COMPLETED
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		345142	B. WING _			02/09/2017
	ROVIDER OR SUPPLIER  TY PLACE NURSING	AND REHABILITATION CENTER	•	STREET ADDRESS, CITY, STATE, ZIP CODE 9200 GLENWATER DRIVE CHARLOTTE, NC 28262	Ē	
(X4) ID PREFIX TAG	(EACH DEFICIE	STATEMENT OF DEFICIENCIES INCY MUST BE PRECEDED BY FULL OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COF (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
F 315	at 4:52 PM Reside wheelchair in his ro side to another. He comfortably in his word problems related to explained he could sitting in his wheelchair and the only time he is in bed. He stock him seriously him and the opening that time. He explained to see his hurting in his private Associate who was last week and was split from the end owent in down to his have a new cathete 01/27/17. He states had been like that happened over the listened to him who wrong. He explain medication for bace decrease his pain and his wheelchair.  During a telephone AM with Nurse #1 on weekends from had only been assionce or twice. She assigned to care for sitting and the correct the listened to care for the site of the correct the listened.	nt #1 was seated in a com and was shifting from one e stated he could not sit wheelchair because he had to his urinary catheter. He is not get comfortable when chair because it caused to the split skin on his penis ne was comfortable was when cated he had told staff he was uring the last month but nobody and he felt they had ignored no of skin had increased during ained he had told his family he curologist because he was the areas and he saw an as a PA in the Urologist office told the skin on his penis had of his penis where the catheter is scrotum and he would have to be inserted in his stomach on the told him it had a last month but nobody en he told them something was ed he took routine pain k pain and that helped	F3	315		

	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDI		CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
		345142	B. WING _				C <b>09/2017</b>
	ROVIDER OR SUPPLIER  TY PLACE NURSING AN	ID REHABILITATION CENTER		920	REET ADDRESS, CITY, STATE, ZIP CODE  00 GLENWATER DRIVE  HARLOTTE, NC 28262	,	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG	PREFIX (EACH CORRECTIVE ACTION SHO			(X5) COMPLETION DATE
F 315	Continued From page	e 21	F:	315			
	to secure Resident # had not assessed his on his penis and no c skin to her.  On 01/25/17 at 10:42	e the leg strap was in place 1's urinary catheter but she skin around his catheter or one had reported any open  AM an attempt was made					
		d been assigned to care for was no answer or option to					
	at 11:00 AM a wound nurse were in Reside was lying in bed and his penis was split op where the urinary cat his scrotum. The wo the urinary catheter h and Resident #1 was	placed through his abdomen					
	dated 01/25/17 indica and evaluated today (underside) split of his days duration due to the wound size was 4 width and depth was further indicated Resi surgical procedure to placed on Friday 01/2	care specialist evaluation ated Resident #1 was seen for a wound of the inferior spenis of greater than 10 an indwelling catheter and a centimeters (cm) x 1.5 cm not measurable. The notes ident #1 was scheduled for a have a suprapubic catheter 27/17. The notes also try protective dressing daily					
	Resident #1's physici	n 01/25/17 at 1:05 PM with an who was also the facility explained fissuring occurred					

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDII	TIPLE CONSTRUCTION  NG	(X3	B) DATE SURVEY COMPLETED
		345142	B. WING _			C <b>02/09/2017</b>
	ROVIDER OR SUPPLIER  TY PLACE NURSING AN	ID REHABILITATION CENTER		STREET ADDRESS, CITY, STATE, 9200 GLENWATER DRIVE CHARLOTTE, NC 28262	ZIP CODE	02/03/2017
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG	X (EACH CORRECTIVI CROSS-REFERENCED	IN OF CORRECTION E ACTION SHOULD BE D TO THE APPROPRIATE CIENCY)	(X5) COMPLETION DATE
F 315	at the end of the pen catheter use and ever was hard to keep mo erosion. He stated hoursing staff regarding Resident #1's penist indirectly but could not the further stated he him or his NP or the othere was increased skin and there were staff to call and report had in their condition.  During an interview of the NP she confirmed numerous times for comade a referral for his had read the notes from She stated she had resident #1's penist or referred him for the weight when the skin had spends and every should be referred him for the weight when the skin had spends and every should be referred him for the weight when the skin had spends and every should be referred him for the weight when the skin had spends and every should be referred him for the weight when the skin had spends and every should be referred him for the weight when the skin had spends and every should be referred him for the weight when the skin had spends and every should be referred him for the weight when the skin had spends and every should be referred him for the weight when the skin had spends and every should be referred him for the weight when the skin had spends and every should be referred him for the weight when the skin had spends and every should be referred him for the weight when the skin had spends and every should be referred him for the weight when the skin had spends and every should be referred him for the weight when the skin had spends and every should be referred him for the weight when the skin had spends and every should be referred him for the weight when the skin had spends and every should be referred him for the weight when the skin had spends and every should be referred him for the weight when the skin had spends and every should be referred him for the weight when the skin had spends and every should be referred him for the weight when the skin had spends and every should be referred him for the weight when the skin had spends and every should be referred him for the weight when the skin had spends and every should	is with long term urinary in with use of a leg strap it vement from causing some is had not received calls from ing the erosion of the skin on but had heard about it out recall who had reported it. expected for staff to keep con-call physician notified if erosion or splitting of the on call providers available for it any changes a resident in 01/25/17 at 2:36 PM with it is she had seen Resident #1 is she had seen his Urologist and om his visit on 01/17/17. Into teen the open skin on until 01/24/17 and she had	F	315		
	that Resident #1's sk She stated she only I was problem and she when a resident had She further stated sh in the communication call physician if a res condition or if they ha issues. During a telephone in PM with the PA from	nade rounds in the facility in had split on his penis. ooked at his catheter if there e relied on staff to inform her open areas of their skin. e expected for staff to write a book or call her or the on ident had a change in ad concerns about skin  hterview on 01/25/17 at 3:11 Resident #1's Urologist e saw Resident #1 on				

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
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		345142	B. WING				09/2017
	ROVIDER OR SUPPLIER  TY PLACE NURSING	AND REHABILITATION CENTER	•	92	TREET ADDRESS, CITY, STATE, ZIP CODE 200 GLENWATER DRIVE HARLOTTE, NC 28262		
(X4) ID PREFIX TAG	(EACH DEFICIE	'STATEMENT OF DEFICIENCIES ENCY MUST BE PRECEDED BY FULL OR LSC IDENTIFYING INFORMATION)	ID PREFI TAG	x	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 315	catheter use and varound the catheter friction by the catheter friction began at the open inserted and then the stated he had I chart to see when could not confirm vexplained when the Resident #1's pant move and caused and if he was move the risk of pulling of erosion and tearing to see the extent of penis before he exexam he observed urethra where the underside of his pet they encouraged swas a change in the order to prevent in now since the skin was to insert a supexplained the Urol detailed examination was under anesther suprapubic catheter assess for any skin that examination in painful for him.	dent #1 had long term urinary was at risk for erosion of skin er due to chronic rubbing or eter in his pants. He explained around a catheter usually ing where the catheter was over time the skin split open. ooked back in Resident #1's the erosion had started but he when it had begun. He e catheter was down in its leg it caused the catheter to friction and tearing of the skin ed around by staff it increased on the catheter which caused g. He stated he did not expect of tearing on Resident #1's tamined him but during the latheter was inserted down the catheter was inserted down the enis to his scrotum. He stated staff to let them know if there he skin around his catheter in fection or complications and had opened the only option or apubic catheter. He ogist would be able do a more on of his skin while Resident #1 esia during the procedure for er insertion on 01/27/17 to in damage but they could not do low because it would be too	F	315			
	the Social Worker #1's family came to told him Resident	w on 01/25/17 at 3:23 PM with (SW) he explained Resident to his office on 01/19/17 and #1 was having pain, discomfort to catheter and he reported the					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	IPLE CONSTRUCTION			(X3) DATE SURVEY COMPLETED	
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NAME OF PI	ROVIDER OR SUPPLIER		<u>'</u>	STREET ADDRESS, CITY, STATE, ZIF	, CODE	, 02,00	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
UNIVERSI	TY PLACE NURSING AL	ND REHABILITATION CENTER		9200 GLENWATER DRIVE				
CHIVEIO	TTT LAGE NOROMO A	TO REMADILITATION SERVER		CHARLOTTE, NC 28262				
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACCROSS-REFERENCED TO	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE	
F 315	Continued From pag	e 24	F3	315				
	conversation to the to DON. He stated no about concerns prior He confirmed family an Urologist appointment of the appointment o	reatment nurse and to the one had told him anything to his family mentioning it. had gone with Resident #1 to ment and saw the open skin ent and they seemed to be at it looked like.  PM an attempt was made to be as signed to care for e was no answer.  On 01/25/17 at 4:51 PM with explained last Thursday 7 after second shift started for the DON because had questions. She eviewed Resident #1's hen talked to the treatment to Resident #1's room. She Resident #1's family and 1's skin and then they came what his skin looked like and d heard of it.  On 01/26/17 at 8:30 AM with the had routinely provide esident #1 but on 01/19/17 was in too much pain is split on his penis. He asked one of the nurses I he was in a lot of pain but the was in pain and he could						
	Nurse #5 she explair and had been assign	on 01/26/17 at 12:24 PM with ned she worked the day shift ned to care for Resident #1 in she recalled she had looked						

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ` '	LE CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
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	ROVIDER OR SUPPLIER	AND REHABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 9200 GLENWATER DRIVE CHARLOTTE, NC 28262		1210312017		
(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 COI (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE		
F 315	with the treatment r slit at the catheter is scar and the treatmeye on it and if it sta let her know. She s reported any open scatheter to her.  On 01/26/17 at 1:52 call NA #4 who had Resident #1 but the leave a message.  On 01/26/17 at 1:53 call NA #5 who had Resident #1 but the During a telephone PM with Nurse #6 scare for Resident # catheter and his sk and he had no skin Resident #1 had co pulling when he sto the leg strap higher more complaints to  During an interview Nurse #7 he stated	is catheter about 5 weeks ago nurse and there was a small insertion site that looked like a pent nurse told her to keep an arted draining or changed to stated since then no one had skin around Resident #1's  2 PM an attempt was made to been assigned to care for ere was no answer or option to a pen assigned to care for ere was no answer.  3 PM an attempt was made to been assigned to care for ere was no answer.  4 Interview on 01/26/17 at 2:01 and had assessed his in approximately 2 months ago breakdown. She explained implained his catheter was not up and she had adjusted to up on his thigh and he had no	F 31	,				
	but he did not see a that time.  During an interview Nurse #8 she state Resident #1 last Fri	sident #1 over a month ago any erosion or open skin at on 01/26/17 at 2:39 PM with d she was assigned to care for iday on 01/20/17 on first shift ally work on the hall where						

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
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	ROVIDER OR SUPPLIER  TY PLACE NURSING AN	ID REHABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP C 9200 GLENWATER DRIVE CHARLOTTE, NC 28262		210312011	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENCE	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETION DATE	
F 315	Resident #1 lived and resident's. She state from the night shift in Resident #1's cathete skin because she did at his catheter or his stated the Nurse Aide any problems or cond his catheter.  During a follow up int PM with Nurse #4 he changed Resident #1 skin was split under to the underside of his precall the exact lengt not measure it at the thumb and forefinger approximately one ar length. He explained to not fasten Resider when the brief was facatheter to pull again the skin to tear. He se #1 had a chronic skir but he thought almost	d was unfamiliar with the d she received no report urse about open skin around er and she did not look at his not have any reason to look skin during her shift. She es (NAs) did not report to her cerns with open skin around erview on 01/26/17 at 2:55 confirmed when he 's catheter on 12/30/16 the he catheter insertion site on penis. He stated he did not in of the split because he did time but then held up his to indicate the slit was and a half to two inches in the had reminded the NAs at #1's brief because he felt	F3	315	54)		
	stated Resident #1 w hardly ever complain had pain or discomfo yes or no.  During a follow up int PM with Nurse #3 sh changed Resident #1 assessed the skin are was assigned to care the NAs had not repo	as alert and oriented but ed but if he was asked if he rt Resident #1 would state erview on 01/26/17 at 3:12					

	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		PLE CONSTRUCTION  G		E SURVEY MPLETED
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	ROVIDER OR SUPPLIER  TY PLACE NURSING AN	ID REHABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 9200 GLENWATER DRIVE CHARLOTTE, NC 28262		2/03/2011
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACTION SHO	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	
F 315	5 Continued From page 27		F3	15		
	was in place. She expreported any skin corlooked at his skin to e	cerns to her she would have				
	Nurse #9 she stated scare for Resident #1 and had received no problems related to h stated the NAs had n	n 01/26/17 at 3:41 PM with she had been assigned to in the past on second shift reports of open skin or is urinary catheter. She ot reported any problems kin around the catheter so d it.				
	DON stated the asse- around his urinary ca assessed on admissi- confirmed she could regarding the open sl insertion site until it w when Resident went: 01/17/17. She stated NAs to report any ski the nurse was expect resident. She explair expected to see nurs open skin was a char She stated it was her assess a resident any reported to them. 483.70 EFFECTIVE	It it was her expectation for in issues to the nurse and sed to go and assess the ned she would have ing assessments even if the nige with a chronic condition. expectation for nurses to /time something was	F 4	90		2/27/17
SS=H	483.70 Administration A facility must be adn enables it to use its re efficiently to attain or	ninistered in a manner that esources effectively and				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	(X2) MULTIPLE CONSTRUCTION  A. BUILDING			(X3) DATE SURVEY COMPLETED	
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		345142	B. WING				09/2017	
NAME OF PI	ROVIDER OR SUPPLIER			S	TREET ADDRESS, CITY, STATE, ZIP CODE	<u> </u>	00/2011	
				9:	200 GLENWATER DRIVE			
UNIVERSI	TY PLACE NURSING A	ND REHABILITATION CENTER		С	HARLOTTE, NC 28262			
(V4) ID	SLIMMARYS	TATEMENT OF DEFICIENCIES	ID		PROVIDER'S PLAN OF CORRECTION		(X5)	
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F 490	Continued From pag	ne 28	F.	490				
	well-being of each re							
	_	IT is not met as evidenced						
	by:	The flot met de evidenced						
	I -	ons, record review and staff			On 2/16/2017 the facility QI Committed	е		
		y's administration failed to			held a meeting. The Medical Director,			
		care for a resident when			Administrator, Director of Nursing (DOI	N),		
		do ongoing assessments of			Assistant Director of Nursing (ADON),	•		
	the progression of e	rosion of skin around an			Minimum Data Set (MDS) Nurse,			
	indwelling urinary ca	atheter, which resulted in the			Maintenance Supervisor, Dietary Mana	iger		
	resident experiencin	g pain and discomfort for			and Housekeeping Supervisor will atte			
		as subsequently scheduled			QI Meetings on an ongoing basis and v	vill		
		dure for insertion of a			assign additional team members as			
	suprapubic catheter (a tube placed through the abdomen into the bladder to drain urine into a				appropriate.			
					0.0/04/47 //			
		lents sampled with indwelling			On 2/24/17, the administrator made a			
		esident #1). The facility also			schedule and directed the administrative	-		
		sources effectively to			nurse team that they will be responsible			
		ain plans of correction which ions of expired medications in			for daily monitoring and completion of Expired Medications Audit Tool. When			
		ring 4 federal surveys of			director of nursing is not in the facility t			
		deficiency in the area of			assistant director of nursing will be			
	medication storage.	denoted by in the died of			responsible for the daily monitoring of	he		
	modication storage.				completion of the Expired Medications			
	Findings included:				Audit Tool by the administrative nurse			
					team. On Saturday and Sunday the			
	Cross refer to F 315	: Based on observations,			weekend RN supervisor will be			
		dent, physician and staff			responsible for the daily monitoring and	Ł		
	interviews the facility	y failed to assess the			completion of the audit tool with			
	progression of erosi	on of skin around an			assistance from the administrator, if			
	,	atheter, which resulted in the			needed. The completed Expired			
		g pain and discomfort for			Medication Audit Tools will be kept labe			
		as subsequently scheduled			binders in the administrator □s office fo			
		dure for insertion of a			final review of 1. What medication carts			
		(a tube placed through the			were audited, 2. If there were any expi			
		adder to drain urine into a			medications on the cart, 3. If all vials o	i		
	• · · ·	lents sampled with indwelling			medication were labeled, dated, and			
	urinary catheters (R	esident #1).			stored correctly, 4. What medication			
	0 ( 5 121	. Daniel an about 15			rooms were audited, 5. If there were an	ıy		
	Lucoss refer to F 431	: Based on observations.			expired medication in the medication			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	PLE CONSTRUCTION IG	(X3	(X3) DATE SURVEY COMPLETED	
		345142	B. WING			C <b>02/09/2017</b>	
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CO	DE	02/09/2017	
				9200 GLENWATER DRIVE			
UNIVERS	TY PLACE NURSING	AND REHABILITATION CENTER		CHARLOTTE, NC 28262			
(X4) ID PREFIX TAG	(EACH DEFICIE	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE IE APPROPRIATE	(X5) COMPLETION DATE	
F 490	failed to discard 2 prepared for admir Novolog FlexPen a undated multi-dose medication carts (1 cart which was use	age 29 staff interviews the facility medications in unlabeled cups histration, remove an expired and discard an opened, e vial of normal saline in 2 of 7 00 hall medication cart and a ed for 300, 500 and 700 halls).	F 4	room, 6. If all vials of medica dated, labeled, and stored of 7. What corrections were may unlabeled, undated, or emedications.  On 2/27/2017 the Corporate Director in-serviced the facili Administrator, ADON, MDS	orrectly, and ade to correct expired  Clinical ity		
	discard 2 medication for administration, insulin FlexPen and multi-dose vial of n medication carts.  F 431 was originall	ons in unlabeled cups prepared remove an expired Novolog d discard an opened, undated ormal saline in 2 of 7  y cited on the annual ey on 02/04/16 for failure to		Nurse, Maintenance Supervi Manager and Housekeeping related to appropriate function Committee and the purpose committee to include identified related to quality assessment assurance activities as need developing and implementing	isor, Dietary  y Supervisor  pning of the Q  of the  ed issues  nt and  led and		
	discard an expired failed to ensure 2 thinner) were dated cited again during survey conducted or remove expired pa on a Revisit/Follow failure to remove e F 431 was subsequent remove to discard 2 prepared for admir	vial of Humalog (insulin) and pottles of Heparin (blood d when opened. F 431 was the annual recertification on 11/03/16 for failure to in medication and was recited up survey on 12/29/16 for xpired medications from use. Luently recited again on the ow up survey of 02/09/17 for medications in unlabeled cups histration, remove an expired		plans of action for identified include F431 Pharmacy, F49 Administration, F520 Quality and Assurance Committee a Catheter, Prevent UTI, Restorate Committee (including administrator, assistant direct nursing, AP, AR, admissions maintenance, dietary, MDS work) to perform an in-service cause analysis of why there	concerns, to 90 Effective / Assessment and F315 No ore Bladder. or worked with the ctor of 6, nurses, social ce and root are	n	
		exPen and discard an opened, e vial of normal saline.		medications on the medication unlabeled, undated, and/or erroot cause analysis process asking questions, brainstorm direct observations of nurses the medication carts, direct of nurses performing audits, audit results, fishbone diagra of asking 5 Whys:  1. Why does the QI Action to	expired. The included ning, review or working on observations review of am, and use	f	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	PLE CONSTRUCTION  IG	(X3) DATE SURVEY COMPLETED		
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UNIVERSI	IY PLACE NURSING AN	ID REHABILITATION CENTER		CHARLOTTE, NC 28262			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT ( (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETION DATE	
F 490	Continued From page	÷ 30	F 4	finding expired medications? Bee expired medications are on the medication carts?  2. Why are there expired medicat the medication carts? Because the medications were not dated?  3. Why were the medications not (Resist the temptation to blame the nurses/a nurse and really think all perhaps include including hall nur this QI Committee meeting) Becano-one dated the medication.  4. Why did no one date the medication was on the cart? Because the nurse did the medication was on the cart? (because the medication on the cashould have been dated prior to go the cart. OR, because the medication was not seen prior to getting on the Corder for the medication was disconding the medication was disconding the medication was disconding the medication was disconting the medication was discon	tions on he dated? he bout why-rses in ause cation on not know (OR, art getting on ation he cart, e cause the continued e on the e cart, nued? as not cause in or nittee oot her "5		

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION (DENTIFICATION NUMBER:			PLE CONSTRUCTION  G	(X3) DATE SURVEY COMPLETED	
		345142	B. WING		C
NAME OF P	ROVIDER OR SUPPLIER	040142		STREET ADDRESS, CITY, STATE, ZIP CODE	02/09/2017
				9200 GLENWATER DRIVE	
UNIVERSI	TY PLACE NURSING AN	D REHABILITATION CENTER		CHARLOTTE, NC 28262	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	JLD BE COMPLETION
F 490 F 520 SS=H	(g) Quality assessment (1) A facility must main and assurance community must main the director of nurses.	i)(ii)(h)(i) QAA ERS/MEET nt and assurance. ntain a quality assessment ittee consisting at a	F 4	Committee and F315 No Catheter, Prevent UTI, Restore Bladder.  The Committee will continue to me minimum of monthly. The QI Commincluding the Medical Director, will monthly complied QI Report for information, review trends, and rev corrective actions taken and date's completion. The QI Committee will validate the facility's progress or ide concerns. The Administrator will be responsible for ensuring the Commiconcerns are addressed through futraining and other interventions. The Administrator or her designee will repart to the Executive QI Committee the next scheduled meeting. The Corporate Clinical Director will part in the monthly QI Committee meeting and quarterly Executive QI Commitmeetings for a period of six months ensure QI practices in-serviced are followed.	et a mittee review iew il entified e nittee's urther he report ee at ticipate ings ttee is to

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		345142	B. WING		C 02/09/2017		
	ROVIDER OR SUPPLIER	ND REHABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 9200 GLENWATER DRIVE CHARLOTTE, NC 28262	02/03/2017		
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL : LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD I CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE COMPLETION		
F 520	staff, at least one of administrator, owner individual in a leader (g)(2) The quality as committee must:  (i) Meet at least qual coordinate and evaluate identifying issues with assessment and assessmen	ther members of the facility's who must be the crown as the profession of the facility's who must be the crown as the respect to which quality surance activities are surance activitie	F 520	On 2/15/2017 the facility QI Committee held a meeting. The Medical Director Administrator, Director of Nursing, Qu Improvement Nurse (QI), Minimum Daset (MDS) Nurse, Treatment Nurse, Set Facilitator, Maintenance Supervisor and Housekeeping Supervisor will attend Committee Meetings on an ongoing by and will assign additional team membrates.	ality ality staff ad QI asis		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
		345142	B. WING _			C 02/09/2017	
NAME OF PE	ROVIDER OR SUPPLIER			ST	FREET ADDRESS, CITY, STATE, ZIP CODE	1 02/	09/2017
	10 115211 011 001 1 2.2.11				200 GLENWATER DRIVE		
UNIVERSI	TY PLACE NURSING A	AND REHABILITATION CENTER			HARLOTTE, NC 28262		
				-	<u> </u>		
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL R 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 520	Continued From page	ge 33	F 5	520			
	Recertification surve	ev. The facility was			as appropriate.		
		on the Revisit/Follow up			30 app. op. 1810.		
		and again on the current			On 2/24/17, the administrator made a		
	-	urvey. The deficiencies were			schedule and directed the administrative	/e	
		ctive Administration and drug			nurse team that they will be responsible		
	storage. The contin	nued failure of the facility			for daily monitoring and completion of t	he	
	during 4 federal sur	veys of record show a pattern			Expired Medications Audit Tool. When	the	
	of the facilities inabi	ility to sustain an effective			director of nursing is not in the facility t	he	
	Quality Assurance F	Program.			assistant director of nursing will be		
					responsible for the daily monitoring of t	he	
	Findings included:				completion of the Expired Medications		
					Audit Tool by the administrative nurse		
	This tag is cross ref	rerred to:			team. On Saturday and Sunday the		
	1 - F 400 Adminis	tration. Deced on			weekend RN supervisor will be		
	1. a. F 490 Adminis	d review and staff interviews			responsible for the daily monitoring and	ג	
		stration failed to provide			completion of the audit tool with assistance from the administrator, if		
	_	r a resident when facility staff			needed. The completed Expired		
	~	assessments of the			Medication Audit Tools will be kept labe	eled	
		ion of skin around an			binders in the administrator □s office fo		
	-	atheter, which resulted in the			final review of 1. What medication carts		
		ng pain and discomfort for			were audited, 2. If there were any expire		
	•	as subsequently scheduled			medications on the cart, 3. If all vials of		
	for a surgical proceed	dure for insertion of a			medication were labeled, dated, and		
		r (a tube placed through the			stored correctly, 4. What medication		
		ladder to drain urine into a			rooms were audited, 5. If there were ar	ıy	
	bag), for 1 of 3 resid	dents sampled with indwelling			expired medication in the medication		
	•	Resident #1). The facility			room, 6. If all vials of medication were		
		failed to utilize its resources			dated, labeled, and stored correctly, ar		
	-	nent and sustain plans of			7. What corrections were made to corre	ect	
		sulted in observations of			any unlabeled, undated, or expired		
	· · · · · · · · · · · · · · · · · · ·	s in medication carts during 4			medications.		
	in the area of medic	ecord for a repeat deficiency			On 2/27/17 the cornerate elipical direct	tor	
	in the area of medic	alion storage.			On 2/27/17, the corporate clinical direct worked with the QI committee (including		
	During the recertific	ation survey of February 2016			the administrator, assistant director of	Э	
		d for failure to discard an			nursing, AP, AR, admissions,		
	_	alog (insulin) and failed to			maintenance, dietary, MDS nurses, so	cial	
	•	Heparin (blood thinner) was			work) to perform an in-service and roo		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		I DENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING			(X3) DATE SURVEY COMPLETED	
		345142	B. WING _			C <b>02/09/2017</b>		
NAME OF PR	ROVIDER OR SUPPLIER	<u> </u>	<u> </u>	S	TREET ADDRESS, CITY, STATE, ZIP CODE	1 02/	03/2017	
					200 GLENWATER DRIVE			
UNIVERSI	TY PLACE NURSING AN	ID REHABILITATION CENTER			CHARLOTTE, NC 28262			
040.15	CLIMMADY CT	TATEMENT OF DEFICIENCIES			PROVIDER'S PLAN OF CORRECTION		(VE)	
(X4) ID PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI) TAG	X	(EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE	
F 520	Continued From page	e 34	F 5	520				
	dated when opened.	On the annual			cause analysis of why there are			
		November 2016 the facility			medications on the medication carts			
	· ·	illure to remove expired			unlabeled, undated, and/or expired. The	ne		
	_	e on medication carts and in			root cause analysis process included			
		ooms. On the Revisit/Follow			asking questions, brainstorming, review	v of		
	•	2016 the facility was cited			direct observations of nurses working of			
	again for failure to rea	-			the medication carts, direct observation			
	_	ications carts and on the			of nurses performing audits, review of			
		up survey the facility was			audit results, fishbone diagram, and us	e		
cited again for failure to discard 2 medications in				of asking 5 Whys:				
	unlabeled cups prepa	ared for administration,			1. Why does the QI Action team keep			
	remove an expired N	ovolog Flex pen and discard			finding expired medications? Because			
	an opened, undated i	multi-dose vial of normal			expired medications are on the			
	saline in medication of	carts.	medication carts?					
					2. Why are there expired medications of	on		
	b. F 431 Drug storag	je: Based on observations,			the medication carts? Because the			
	record review and sta	aff interviews the facility			medications were not dated?			
		edications in unlabeled cups			Why were the medications not dated	1?		
		tration, remove an expired			(Resist the temptation to blame the			
	Novolog FlexPen and				nurses/a nurse and really think about w	-		
		ial of normal saline in 2 of 7			perhaps include including hall nurses in	า		
	•	) hall medication cart and a			this QI Committee meeting) Because			
	cart which was used	for 300, 500 and 700 halls).			no-one dated the medication.			
					4. Why did no one date the medication			
		ed for F 431 for failure to			the cart? Because the nurse did not kr	low		
		s in unlabeled cups prepared			the medication was on the cart? (OR,			
		move an expired Novolog			because the medication on the cart			
		discard an opened, undated			should have been dated prior to getting	j on		
	multi-dose vial of nor	mai saline in 2 of 7			the cart. OR, because the medication	-4		
	medication carts.				was not seen prior to getting on the cal	ι,		
	E 424 was originally a	oited on the annual			OR &)			
	F 431 was originally or	on 02/04/16 for failure to			5. Why did the nurse not know the medication was on the cart? Because	the		
	_	al of Humalog (insulin) and			order for the medication was discontinu			
	-	tles of Heparin (blood			and the medication should not be on the			
		hen opened. F 431 was			cart.			
		e annual recertification			6. Why was the medication on the cart,	ĺ		
		11/03/16 for failure to			after the medication was discontinued?			
	_	medication and F 431 was			The Pink Slip Review process was not			

Facility ID: 923015

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING			(X3) DATE SURVEY COMPLETED	
						(	0
		345142	B. WING _			02/	09/2017
NAME OF P	ROVIDER OR SUPPLIER		1	S	TREET ADDRESS, CITY, STATE, ZIP CODE	•	
				9:	200 GLENWATER DRIVE		
UNIVERSI	TY PLACE NURSING AN	ID REHABILITATION CENTER			CHARLOTTE, NC 28262		
(X4) ID		ATEMENT OF DEFICIENCIES	ID				(X5)
PREFIX TAG	(EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		PREFIX TAG	PREFIX (EACH CORRECTIVE ACTION SHOUL TAG CROSS-REFERENCED TO THE APPROI DEFICIENCY)			COMPLETION DATE
F 520	Continued From page 35		F 5	520			
		ollow up survey on 12/29/16			followed.		
	for failure to remove 6	expired medications from					
	use. F 431 was subs	equently recited again on			Starting 2/27/17, the administrator		
	the current Revisit/Fo	llow up survey of 02/09/17			continued meeting with QI Committee		
	for failure to discard 2	2 medications in unlabeled			Members further discussing the root		
	cups prepared for adr	ministration, remove an			cause analysis and identifying other "5		
		lin FlexPen and discard an			Whys" paths related to process		
	opened, undated mul	ti-dose vial of normal saline.			development in the areas of F431		
					Pharmacy, F490 Effective Administration		
	_	n 01/25/17 at 4:51 PM with			F520 Quality Assessment and Assuran	ce	
		explained she was unaware			Committee and F315 No Catheter,		
	-	esident #1's penis until the			Prevent UTI, Restore Bladder.		
	Director of Nursing (D	OON) and treatment nurse					
		's room on 01/19/17 and			As of 2/27/2017, after the Corporate		
	assessed his skin and				Clinical Director in-service, the facility (	וג	
	reported to her what h	his skin looked like and that			Committee will begin identifying other		
	was first she had hea	rd of it. She further stated it			areas of quality concern through the Q		
	was her expectation f	or nurses to do a skin			process using root cause analysis, for		
	referral to the treatme	ent nurse when a resident			example: review rounds tools, review		
	had a change in their	skin condition and she			work orders, review Point Click Care		
	expected for the treat	ment nurse to assess the			(Electronic Medical Record), resident		
	resident's skin. She	explained the Quality			council minutes, resident concern logs,		
	Assurance and Asses	ssment Committee met on a			pharmacy reports and regional facility		
	_	e Pharmacist attended the			consultant recommendations.		
		rly basis. She stated the					
		oped the plans of correction			The Facility QI Committee will meet a		
		they had last met in January			minimum of Quarterly to identify issues		
	2017. She explained	they had in-serviced			related to quality assessment and		
		ter the last Revisit/Follow up			assurance activities as needed and wil		
	_	cation carts and discard all			develop and implement appropriate pla		
	expired medications a				of action for identified facility concerns.		
	_	tion cart were expected to					
		pired medications. She			Corrective action has been taken for		
		ninistrative nurses which			identified concerns related to F241 Dig	•	
		ssistant Director of Nursing			and Respect of Individuality, F431 Drug	9	
	and Nursing Supervis				Records, Label/Store Drugs, F490		
	monitor medication ca				Administration, F520 Quality Assessme		
		oired medications. She			and Assurance Committee and F315 N		
	stated she had also c	hecked for expired			Catheter, Prevent UTI, Restore Bladde	r.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	l ` ′	PLE CONSTRUCTION  G	(X3	(X3) DATE SURVEY COMPLETED	
		345142	B. WING			C <b>02/09/2017</b>	
NAME OF PI	ROVIDER OR SUPPLIER	<u> </u>	<u> </u>	STREET ADDRESS, CITY, STATE, ZIP COD	<b>I</b> )E	02/09/2017	
				9200 GLENWATER DRIVE			
UNIVERSITY PLACE NURSING AND REHABILITATION CENTER		ND REHABILITATION CENTER		CHARLOTTE, NC 28262			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE APPROPRIATE	(X5) COMPLETION DATE	
F 520	expired medications. not know why the plateverything had looke thought with multiple would be no expired carts. She explained another plan to ensure not left on medication.	Pharmacist had audited for She further stated she did ans had failed because d good to her and she layers of observations there medications in medication I they would have to develop re expired medications were n carts or in medication n-servicing of nursing staff	F 5	The Committee will continue minimum of monthly. The Ex Committee including the Med will review the monthly compi information, review trends, an corrective actions taken and tompletion. The Executive Will validate the facility's progromerction of deficient practice concerns. The Administrator responsible for ensuring Commoncerns are addressed throut raining or other interventions. Administrator or her designed back to the Executive QI Committee the next scheduled meeting. Corporate Clinical Director with in the monthly QI Committee and quarterly Executive QI Commeetings for a period of six mensure QI practices in-service followed.	recutive QI lical Director filed QI report and review the dates of all Committee ress in the se or identify will be a mittee the will report the mittee at the ill participate the meetings to mittee the months to		

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	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIF	PLE CONSTRUCTION  G	(X3) DATE SURVEY COMPLETED	
		345142	B. WING		R-C	
	ROVIDER OR SUPPLIER  TY PLACE NURSING A	ND REHABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 9200 GLENWATER DRIVE CHARLOTTE, NC 28262	02/09/2017	
(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		
F 000	INITIAL COMMENTS	S	F 00	00		
{F 431} SS=D	Regulation, Nursing Certification Section the deficiencies cited complaint survey on corrected on the reviremains out of comp Following the survey 01/26/17 the State A Quality of Care at tag ID# ZJ3X11) which rextended survey be 02/09/17. The survey 02/09/17. (Event ID# 483.60(b), (d), (e) DI LABEL/STORE DRUTHE facility must empalicensed pharmacis of records of receipt controlled drugs in saccurate reconciliation records are in order controlled drugs is more controlled.  Drugs and biological labeled in accordance professional principle appropriate accesso instructions, and the applicable.  In accordance with Sfacility must store all	d's original exit date of gency identified Substandard gs F-241 and F-315 (Event necessitated an onsite conducted at the facility on y's exit date was extended to £ 123513) RUG RECORDS, JGS & BIOLOGICALS  ploy or obtain the services of st who establishes a system and disposition of all ufficient detail to enable an on; and determines that drug and that an account of all naintained and periodically  s used in the facility must be se with currently accepted es, and include the	{F 43	1}	2/27/17	
_ABORATORY	DIRECTOR'S OR PROVIDER	/SUPPLIER REPRESENTATIVE'S SIGNATUR	 RE	TITLE	(X6) DATE	

Electronically Signed 02/27/2017

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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	IDENTIFICATION NUMBER:  A. BUILDING		· /	(X3) DATE SURVEY COMPLETED	
		345142				R-C 2/09/2017	
	ROVIDER OR SUPPLIER	S AND REHABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP CO 9200 GLENWATER DRIVE CHARLOTTE, NC 28262	•	210312011	
(X4) ID PREFIX TAG	(EACH DEFICI	Y STATEMENT OF DEFICIENCIES ENCY MUST BE PRECEDED BY FULL OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF ( (EACH CORRECTIVE ACTI CROSS-REFERENCED TO TI DEFICIENC'	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETION DATE	
{F 431}	have access to the The facility must permanently affixed controlled drugs ling Comprehensive E Control Act of 197 abuse, except when package drug dist	orit only authorized personnel to e keys.  provide separately locked, ed compartments for storage of sted in Schedule II of the prug Abuse Prevention and 16 and other drugs subject to en the facility uses single unit ribution systems in which the minimal and a missing dose can	{F 43	:1}			
	by: Based on observinterviews the factor medications in unadministration, reference and discomulti-dose vial of medication carts (cart which was used in the cart which was used in the	n on 01/24/17 at 1:30 PM of the on cart revealed a pink pill in an		University Place Nursing a Rehabilitation Center acknown receipt of the Statement of and proposes this Plan of Center extent that the summary factually correct and in order compliance with applicable provisions of quality of care. The Plan of Correction is survitten allegation of compliance University Place Nursing and Rehabilitation Center is reserved.	owledges Deficiencies Correction to y of findings is er to maintain rules and e of residents. ubmitted as a ance.		
	unlabeled medicir unlabeled medica the medication ca for Resident #260 Record review revadmitted on 10/07 included dementia	ne cup and a white pill in an tion cup in the top left drawer of rt. The medication was intended and Resident #67.  realed Resident #260 was r/16 with diagnoses which a and Alzheimer's disease.  gram (mg) by mouth twice daily		Statement of Deficiencies of denote agreement with the Deficiencies nor does it con admission that any deficien Further, University Place Note Rehabilitation Center reservefute any of the deficiencies Statement of Deficiencies the Informal Dispute Resolution	loes not Statement of Institute an Institute		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	' '	PLE CONSTRUCTION  G		(X3) DATE SURVEY COMPLETED	
		345142	B. WING			R-C	
NAME OF D	ROVIDER OR SUPPLIER	343142	B: ****** _	STREET ADDRESS, CITY, STATE, ZIP COD	•	2/09/2017	
NAME OF P	ROVIDER OR SUPPLIER			, , ,	' <b>-</b>		
UNIVERSI	TY PLACE NURSING	AND REHABILITATION CENTER		9200 GLENWATER DRIVE			
				CHARLOTTE, NC 28262			
(X4) ID PREFIX TAG	(EACH DEFICIE	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE APPROPRIATE	(X5) COMPLETION DATE	
{F 431}	Continued From pa	age 2	{F 43	13			
,	-	/09/16 to be administered at	, ,	appeal procedure and/or any	other		
		PM. Nurse #2 identified that		administrative or legal procee			
		cup in the cart was Klonopin.		administrative or legal proces	dirig.		
		bup in the cart was raonopin.					
	Record review reve	ealed Resident #67 was					
		08 with diagnoses which		On 1/25/17 the expired Flexp	en for		
		's vascular dementia and		resident #245 was discarded			
	depression. Trama	adol 50 milligrams (mg) by		Director of Nursing (DON) and	d ordered		
	mouth twice daily for	or pain was ordered on		from pharmacy. The medicat	ion that was		
		ninistered at 9:30 AM and 9:30		stored in resident #67, #260 v			
		tified that the white pill in the		destroyed by the Charge Nurs			
	cup in the cart was	Tramadol.		another Charge Nurse as a w	vitness.		
	An interview on 01	/24/17 at 2:53 PM with Nurse		A 100% audit was completed	on Friday		
	#2, who was respo	nsible for the 100 hall		1/27/17 by the DON, Adminis			
	medication cart, re	vealed she intended to waste		Quality Improvement (QI) Nui	rse, Staff		
	the medications be	cause both residents were		Facilitator (SF)and Minimum	Data Set		
	sleeping.			(MDS) Nurses to ensure all m			
				to include Insulin Flexpen, we			
		/25/17 at 4:10 PM with the		stored, dated, and labeled. Al			
		(DON) revealed she expected		areas of concern were immed	diately		
		er medications to the right		corrected on 1/27/2017.			
		nt time and in the right manner.					
		edications could not be		An in-service was initiated by			
		e time it was prepared the		with 100% of nurses, to include			
		be wasted following policy and		regarding dating of and expira			
		ated it was not acceptable to		medications including Insulin			
		in the cups in the drawer of the expectation both medications		and discarding a medication r immediately. The in-service v	•		
		wasted and witnessed with		completed by 2/27/2017. All			
	another nurse.	wasted and withessed with		nurses will be in-serviced dur	•		
	anomor naroc.			employee orientation regarding	•		
	An follow up intervi	iew on 01/26/17 at 9:16 AM		and expiration of medication	•		
		aled she expected the nurse		discarding of a medication that			
		d the medications at the time		given immediately.			
		as not going to give the		,			
		she had to lock the medication		On 2/17/17, the corporate fac	ility		
	cart, take the Medi	cation Administration Record		consultants began routinely v	isiting the		
	and medication and	d go to another nurse and		facility and performing medica			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	_ ` ´	PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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	345142	B. WING		02/09/2017	
NAME OF PROVIDER OR SUPPLIER  UNIVERSITY PLACE NURSING	AND REHABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE  9200 GLENWATER DRIVE  CHARLOTTE, NC 28262		
PREFIX (EACH DEFICIENT	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		
2. Resident #245 w diagnoses that included agnoses is less times were 7:30 AM order also indicated after opening and in the expiration date.  An observation on the expiration of the medication card Novolog insulin Fleopened 12/20/16 and days after the expiration doses of the Medication of the insulined agnoses of the medication of the medication of the insulin storage nurses station indicated agnoses that included agnoses of the medication of the insulin storage nurses station indicated agnoses that included agnoses that included agnoses the medication of the insulin storage nurses station indicated agnoses that included agnoses the included agnoses that included agnoses that included agnoses th	y. She verified the 2 arcotics.  as admitted on 10/17/16 with uded Diabetes type 2.  an's order on 10/17/16 for nilliliter FlexPen. Inject 4 units minutes before meals. Hold if its than 120. Administration 1, 11:30 am and 4:30 PM. The Ithe insulin expired 28 days included instructions to check of 1/24/17 at 1:40 PM of the 100 arevealed Resident #245's expen label indicated it was not had expired 01/18/17, 30 attion date.  dication Administration Record sident #245 had received the expired Novolog FlexPen: 1/24/17 at 1:30 AM and 4:30 PM. 01/19/17 at and 4:30 PM. 01/19/17 at and 4:30 PM. 01/20/17 at AM. 01/23/17 at 7:30 AM and 7 at 7:30 AM.	{F 43	and/or medication room audits. During the audits, it was determined that some nurses were uncertain of medication expiration dates. Arrangements were made for the pharmacy consultant to present a different type of in-service.  On 2/16/17, the pharmacy consultant provided an in-service for the nurses which covered categories of medicatio and their expiration dates. The pharmacist also provided to the nurses reference tool titled Medication Discard Dates.  On 2/17/17, the administrator directed copy of the Medication Discard Dates reference sheet be placed in the front each medication administration record (MAR) binder for easy reference by the nurses.  On 2/17/17, the pharmacy consultant, corporate facility consultants, and/or the corporate clinical director began the practice of performing a medication paraudit on a monthly basis for six months. The audit includes looking for any unlabeled cups prepared for administration, expired insulin pens, undated or expired vials of 0.9% normal saline, or other expired medications or medical supplies. The audit will be documente monthly on the Medication Pass Audit tool. Any expired medications will be immediately removed. The completed Medication Pass Audit tool will be forw	ns sa d e e ss s.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
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NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE	1 \	7270372017	
				9200 GLENWATER DRIVE			
UNIVERSI	TY PLACE NURSING	AND REHABILITATION CENTER		CHARLOTTE, NC 28262			
(X4) ID PREFIX TAG	(EACH DEFICI	Y STATEMENT OF DEFICIENCIES ENCY MUST BE PRECEDED BY FULL OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORI (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE	
{F 431}	Continued From p  An interview on 01 Director of Nursing the nurses to chec anytime during the medications. She nurses checked the day which include Nursing, the DON Supervisors. The Novolog Flex pendate of 01/16/17 in 3. An observation 300/500/700 hall ropened, undated, vial of 0.9% normal An interview on 01 #1, who was responsed to 1 should be discarded. An interview with 1 on 01/24/17 at 12:	age 4  I/26/17 at 9:16 AM with the g (DON) revealed she expected sk for expired medications daily e shift as they gave explained the administrative he carts daily anytime during the dithe Assistant Director of and Registered Nurse DON indicated the label on the should have had an expiration instead of 01/18/17.  I on 01/24/17 at 11:38 AM of the medication cart revealed an preservative-free multi-dose al saline.  I/24/17 at 11:40 AM with Nurse onsible for the 300/500/700 hall evealed the vial of normal saline one dated when opened and ed 30 days after it was opened.  The Director of Nursing (DON) 33 PM revealed the vial should when opened and discarded 30	{F 43 <sup>2</sup>	DEFICIENCY)	nade a inistrative sponsible etion of the . When the facility the I be oring of the ications e nurse y the oring and h tor, if d cept labeled office for ion carts any expired I vials of d, and cation were any cation on were ectly, and e to correct	DATE	
				The DON, Assistant Director of (ADON), Unit Manager, QI Nur Supervisor, MDS Nurses, and Facilitator will use the Expired Medications Audit Tool to check medication carts and medication	se, RN the Staff k all		

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING			(X3) DATE SURVEY COMPLETED	
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		345142	B. WING _			02/	/09/2017
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				920	0 GLENWATER DRIVE		
UNIVERSITY PLACE NURSING AND REHABILITATION CENTER		D REHABILITATION CENTER		CH	ARLOTTE, NC 28262		
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A facility menables it is efficiently to practicable well-being.  This REQUEST.	FECTIVE RATION/R ust be adm o use its re o attain or physical, i of each res	ESIDENT WELL-BEING  ninistered in a manner that esources effectively and maintain the highest mental, and psychosocial	{F 4:		daily x 30 days, then 3 x weekly x 30 days, then 1 x weekly x 120 days to ensure each cart and medication room including medication refrigerators are fifrom expired medications to include Insulin Flexpens. Audits will include ensuring vials are properly dated and stored. The Expired Medication Audit will be used to document the audits. A identified areas of concern will be immediately corrected.  The monthly QI Committee will review results of the Expired Medication Audit Tool and Medication Pass Audit tools monthly for 6 months for identification of tends, actions taken, and to determine need for and/or frequency of continued monitoring, and make recommendation for monitoring for continued compliance. The Administrator and/or DON will present the findings and recommendations of the monthly QI committee to the quarterly of and A committee for further recommendations and oversight.	Fool II the of the as e. sent ne QA	2/27/17

#### DEPARTMENT OF HEALTH AND HUMAN SERVICES

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CENTER	S FOR MEDICARE &	MEDICAID SERVICES				OMR MC	). 0938-0391
	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	I ` ′		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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		345142	B. WING _			02/	09/2017
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IINIVEDQI	TV DI ACE NUDSING AN	ID REHABILITATION CENTER		92	200 GLENWATER DRIVE		
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{F 490}	Continued From page	n 6	(	001			
{IF 490}	Continued From page		{F 4	90}			
	-	s administration failed to			held a meeting. The Medical Director,	. 15	
	·	care for a resident when			Administrator, Director of Nursing (DOI	N),	
		do ongoing assessments of			Assistant Director of Nursing (ADON),		
		osion of skin around an			Minimum Data Set (MDS) Nurse,	aar	
		heter, which resulted in the			Maintenance Supervisor, Dietary Mana and Housekeeping Supervisor will atte		
		g pain and discomfort for s subsequently scheduled			QI Meetings on an ongoing basis and v		
	for a surgical procedu				assign additional team members as	VIII	
		a tube placed through the			appropriate.		
	' '	dder to drain urine into a			арргорнато.		
		ents sampled with indwelling			On 2/24/17, the administrator made a		
		sident #1). The facility also			schedule and directed the administrativ	/e	
	failed to utilize its res	· · · · · · · · · · · · · · · · · · ·			nurse team that they will be responsible		
		in plans of correction which			for daily monitoring and completion of t		
		ons of expired medications in			Expired Medications Audit Tool. When		
		ng 4 federal surveys of			director of nursing is not in the facility t		
	record for a repeat de	eficiency in the area of			assistant director of nursing will be		
	medication storage.				responsible for the daily monitoring of to completion of the Expired Medications	he	
	Findings included:				Audit Tool by the administrative nurse team. On Saturday and Sunday the		
	Cross refer to F 315:	Based on observations,			weekend RN supervisor will be		
	record reviews, reside	ent, physician and staff			responsible for the daily monitoring and	d	
	interviews the facility	failed to assess the			completion of the audit tool with		
	progression of erosio	n of skin around an			assistance from the administrator, if		
		heter, which resulted in the			needed. The completed Expired		
		pain and discomfort for			Medication Audit Tools will be kept labe	eled	
		s subsequently scheduled			binders in the administrator □s office fo	r	
	for a surgical procedu				final review of 1. What medication carts		
		a tube placed through the			were audited, 2. If there were any expir		
		dder to drain urine into a			medications on the cart, 3. If all vials of	t	
		ents sampled with indwelling			medication were labeled, dated, and		
	urinary catheters (Re	sident #1).			stored correctly, 4. What medication		
	Cross refer to E 404:	Daned on about officers			rooms were audited, 5. If there were an	ıy	
		Based on observations,			expired medication in the medication		
		aff interviews the facility			room, 6. If all vials of medication were	vd.	
		edications in unlabeled cups			dated, labeled, and stored correctly, ar		
	Novolog FlexPen and	tration, remove an expired			<ol><li>What corrections were made to correany unlabeled, undated, or expired</li></ol>	<del>5</del> 01	
	I NOVOIDY I TEXT EIT AITO	a discard an opened,			arry urriancicu, urrualcu, ur expireu		1

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
			A. BOILDII	<b>'</b> '-		l R	-C
		345142	B. WING _				09/2017
	ROVIDER OR SUPPLIER  TY PLACE NURSING	AND REHABILITATION CENTER		92	REET ADDRESS, CITY, STATE, ZIP CODE 00 GLENWATER DRIVE HARLOTTE, NC 28262		
(X4) ID PREFIX TAG	(EACH DEFICIE	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL OR LSC IDENTIFYING INFORMATION)	ID PREFI) TAG	<	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
{F 490}	medication carts (1 cart which was used The facility was red discard 2 medication for administration, insulin FlexPen and multi-dose vial of medication carts.  F 431 was originally recertification surved discard an expired failed to ensure 2 to thinner) were dated cited again during survey conducted are move expired particular to remove expired particular to remove expired particular to discard 2 prepared for admir Novolog insulin Flexible.	e vial of normal saline in 2 of 7 100 hall medication cart and a ed for 300, 500 and 700 halls). Cited for F 431 for failure to cons in unlabeled cups prepared remove an expired Novolog discard an opened, undated formal saline in 2 of 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	{F 4	90}	medications.  On 2/27/2017 the Corporate Clinical Director in-serviced the facility Administrator, ADON, MDS Nurse, QI Nurse, Maintenance Supervisor, Dietar Manager and Housekeeping Supervisor related to appropriate functioning of the Committee and the purpose of the committee to include identified issues related to quality assessment and assurance activities as needed and developing and implementing appropria plans of action for identified concerns, include F431 Pharmacy, F490 Effective Administration, F520 Quality Assessment and Assurance Committee and F315 N Catheter, Prevent UTI, Restore Bladded The corporate clinical director worked with the QI committee (including the administrator, assistant director of nursing, AP, AR, admissions, maintenance, dietary, MDS nurses, sowork) to perform an in-service and rook cause analysis of why there are medications on the medication carts unlabeled, undated, and/or expired. The root cause analysis process included asking questions, brainstorming, review direct observations of nurses working of the medication carts, direct observation of nurses performing audits, review of audit results, fishbone diagram, and us of asking 5 Whys:  1. Why does the QI Action team keep finding expired medications? Because expired medications? Because expired medication carts?	ate to e ent lo r. with cial t on ns e	

AND DIAN OF CORRECTION INTERPRETATION NUMBERS		1 ' '	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		345142	B. WING		R-C	
NAME OF D	ROVIDER OR SUPPLIER	345142	B. WING	STREET ADDRESS, CITY, STATE, ZIP CODE	02/09/2017	
		ND REHABILITATION CENTER		9200 GLENWATER DRIVE CHARLOTTE, NC 28262		
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(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)	DATE	
{F 490}	Continued From page	e 8	{F 490	the medication carts? Because the medications were not dated?  3. Why were the medications not dated (Resist the temptation to blame the nurses/a nurse and really think about we perhaps include including hall nurses in this QI Committee meeting) Because no-one dated the medication.  4. Why did no one date the medication the cart? Because the nurse did not keep the medication was on the cart? (OR, because the medication on the cart should have been dated prior to getting the cart. OR, because the medication was not seen prior to getting on the cart OR &)  5. Why did the nurse not know the medication was on the cart? Because order for the medication was discontinuand the medication should not be on the cart.  6. Why was the medication on the cart after the medication was discontinued? The Pink Slip Review process was not followed may be part of the root cause this scenario.  Starting 2/27/17, the administrator continued meeting with QI Committee Members further discussing the root cause analysis and identifying other "5 Whys" paths related to process development in the areas of F431 Pharmacy, F490 Effective Administrating F520 Quality Assessment and Assurant Committee and F315 No Catheter, Prevent UTI, Restore Bladder.  The Committee will continue to meet as	why- n  on now  g on  rt,  the ued ne , ? in	

l` '		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	TEICATION NI IMBED:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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	ROVIDER OR SUPPLIER	ID REHABILITATION CENTER		92	TREET ADDRESS, CITY, STATE, ZIP CODE 200 GLENWATER DRIVE HARLOTTE, NC 28262	1 027	09/2017
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{F 490} {F 520} SS=H	COMMITTEE-MEMB QUARTERLY/PLANS  A facility must maintal assurance committee nursing services; a pl facility; and at least 3 facility's staff.  The quality assessment committee meets at least assurance activity develops and implements.	ERS/MEET in a quality assessment and e consisting of the director of hysician designated by the other members of the	{F 4		minimum of monthly. The QI Committee including the Medical Director, will revie monthly complied QI Report for information, review trends, and review corrective actions taken and date's completion. The QI Committee will validate the facility's progress or identificancerns. The Administrator will be responsible for ensuring the Committee concerns are addressed through further training and other interventions. The Administrator or her designee will report back to the Executive QI Committee at the next scheduled meeting. The Corporate Clinical Director will participate in the monthly QI Committee meetings and quarterly Executive QI Committee meetings for a period of six months to ensure QI practices in-serviced are followed.	ied e's er rt ate	2/27/17

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		L IDENTIFICATION NUMBER:		PLE CONSTRUCTION  G		(X3) DATE SURVEY COMPLETED	
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UNIVERSI	TY PLACE NURSING AN	ND REHABILITATION CENTER		CHARLOTTE, NC 28262			
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{F 520}	Continued From page		{F 52	20}			
		ords of such committee the disclosure is related to the committee with the					
		by the committee to identify eficiencies will not be used as					
	by: Based on observation interviews the facilities Assurance Committee implemented procedulater interventions that the December of 2016. The deficiencies which we represent the facilities which we recited again in the Recertification survey subsequently cited or survey on 12/29/16 at Revisit/Follow up sur in the areas of effect is storage. The continuation of the facilities inability Quality Assurance Procedular Findings included:  This tag is cross referenced.	ures and monitor these committee put into place in this was for 2 recited ere originally cited in a Recertification survey and November of 2016 on a y. The facility was in the Revisit/Follow up again on the current vey. The deficiencies were ve Administration and drug led failure of the facility eys of record show a pattern that to sustain an effective ogram.		On 2/15/2017 the facility QI On held a meeting. The Medical Administrator, Director of Nursel Improvement Nurse (QI), Minis Set (MDS) Nurse, Treatment Facilitator, Maintenance Super Housekeeping Supervisor will Committee Meetings on an or and will assign additional tear as appropriate.  On 2/24/17, the administrator schedule and directed the administrator schedule and directed the administred Medications Audit Too director of nursing is not in the assistant director of nursing were ponsible for the daily monicompletion of the Expired Medications Audit Tool by the administrative team. On Saturday and Sunday weekend RN supervisor will be	Director, sing, Quality imum Data Nurse, Staff ervisor and lattend QIngoing basis members  made a ministrative esponsible eletion of the bl. When the efacility the vill be toring of the dications we nurse ay the		
		ation: Based on review and staff interviews ration failed to provide		responsible for the daily monicompletion of the audit tool will assistance from the administration.	ith		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	I ` ′	(X2) MULTIPLE CONSTRUCTION  A. BUILDING			(X3) DATE SURVEY COMPLETED	
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				С	CHARLOTTE, NC 28262			
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{F 520}	Continued From pag	ge 11	{F 5	20}				
, ,		a resident when facility staff		,	needed. The completed Expired			
	failed to do ongoing				Medication Audit Tools will be kept labe	aled		
	progression of erosi				binders in the administrator □s office for			
		atheter, which resulted in the			final review of 1. What medication carts			
		g pain and discomfort for			were audited, 2. If there were any expi			
		as subsequently scheduled			medications on the cart, 3. If all vials of			
		lure for insertion of a			medication were labeled, dated, and			
		(a tube placed through the			stored correctly, 4. What medication			
		adder to drain urine into a			rooms were audited, 5. If there were a	ny		
	bag), for 1 of 3 residents sampled with indwelling				expired medication in the medication			
	urinary catheters (Resident #1). The facility				room, 6. If all vials of medication were			
	administration also failed to utilize its resources				dated, labeled, and stored correctly, ar	ıd		
	effectively to implement and sustain plans of				7. What corrections were made to corr	ect		
	correction which res			any unlabeled, undated, or expired				
		in medication carts during 4			medications.			
	_	ecord for a repeat deficiency						
	in the area of medical	ation storage.			On 2/27/17, the corporate clinical direct			
	During at the area antifica	ation our of Fahruary 2010			worked with the QI committee (including	g		
		ation survey of February 2016			the administrator, assistant director of			
	_	for failure to discard an alog (insulin) and failed to			nursing, AP, AR, admissions, maintenance, dietary, MDS nurses, so	oial		
	-	Heparin (blood thinner) was			work) to perform an in-service and roc			
	dated when opened				cause analysis of why there are			
		November 2016 the facility			medications on the medication carts			
	_	failure to remove expired			unlabeled, undated, and/or expired. The	ne		
	_	e on medication carts and in			root cause analysis process included	-		
		rooms. On the Revisit/Follow			asking questions, brainstorming, review	v of		
	_	2016 the facility was cited			direct observations of nurses working of			
	again for failure to re	-			the medication carts, direct observation			
	medication from me	dications carts and on the			of nurses performing audits, review of			
	current Revisit/Follo	w up survey the facility was			audit results, fishbone diagram, and us	е		
	_	e to discard 2 medications in			of asking 5 Whys:			
		pared for administration,			Why does the QI Action team keep			
	-	Novolog FlexPen and discard			finding expired medications? Because			
	T	multi-dose vial of normal			expired medications are on the			
	saline in medication	carts.			medication carts?			
					2. Why are there expired medications	on		
		ge: Based on observations, taff interviews the facility			the medication carts? Because the medications were not dated?			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	IPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
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NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CC	•			
				9200 GLENWATER DRIVE				
UNIVERSI	ITY PLACE NURSING	AND REHABILITATION CENTER		CHARLOTTE, NC 28262				
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{F 520}	Continued From p	page 12	{F 52	20}				
,		medications in unlabeled cups	, 0.	3. Why were the medication	s not dated?			
		nistration, remove an expired		(Resist the temptation to bla				
		and discard an opened,		nurses/a nurse and really th				
	undated multi-dose vial of normal saline in 2 of 7			perhaps include including ha	•			
		100 hall medication cart and a		this QI Committee meeting)				
		ed for 300, 500 and 700 halls).		no-one dated the medication				
		,		4. Why did no one date the	medication on			
	The facility was recited for F 431 for failure to			the cart? Because the nurse	e did not know			
	discard 2 medications in unlabeled cups prepared			the medication was on the c				
	for administration, remove an expired Novolog			because the medication on t				
	insulin FlexPen and discard an opened, undated			should have been dated pric				
	multi-dose vial of normal saline in 2 of 7			the cart. OR, because the n				
	medication carts.			was not seen prior to getting OR &)	on the cart,			
	F 431 was origina	lly cited on the annual		5. Why did the nurse not known	ow the			
	_	vey on 02/04/16 for failure to		medication was on the cart?				
		vial of Humalog (insulin) and		order for the medication was	s discontinued			
	failed to ensure 2	bottles of Heparin (blood		and the medication should n	ot be on the			
	thinner) was dated	d when opened. F 431 was		cart.				
		the annual recertification		6. Why was the medication of				
		on 11/03/16 for failure to		after the medication was dis				
		ain medication and F 431 was		The Pink Slip Review proces	ss was not			
		sit/Follow up survey on 12/29/16		followed.				
		ve expired medications from		Starting 2/27/17 the admini	atratar			
	use. F 431 was subsequently recited again on			Starting 2/27/17, the administration with OLC				
	the current Revisit/Follow up survey of 02/09/17 for failure to discard 2 medications in unlabeled			continued meeting with QI Committee  Members further discussing the root				
	cups prepared for administration, remove an			cause analysis and identifying				
	expired Novolog insulin FlexPen and discard an			Whys" paths related to process				
		multi-dose vial of normal saline.		development in the areas of				
				Pharmacy, F490 Effective A				
	During an intervie	w on 01/25/17 at 4:51 PM with		F520 Quality Assessment ar	nd Assurance			
	the Administrator	she explained she was unaware		Committee and F315 No Ca	itheter,			
		Resident #1's penis until the		Prevent UTI, Restore Bladde	er.			
		g (DON) and treatment nurse						
		s #1's room on 01/19/17 and		As of 2/27/2017, after the Co				
		and then they came and		Clinical Director in-service, t	•			
		nat his skin looked like and that		Committee will begin identify				
	was first she had	heard of it. She further stated it	1	areas of quality concern thro	ough the QI			

OLIVILIV	OT OIL WILDIO, WE G	MEDIO/ (ID OLITATOLO				<u> </u>	7. 0000 0001
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING		(X3) DATE SURVEY COMPLETED		
						l R	-C
		345142	B. WING				09/2017
NAME OF P	ROVIDER OR SUPPLIER			S <sup>-</sup>	TREET ADDRESS, CITY, STATE, ZIP CODE		
UNIVERSITY PLACE NURSING AND REHABILITATION CENTER				92	200 GLENWATER DRIVE		
UNIVERSI	IT PLACE NURSING AN	ID REHABILITATION CENTER		С	HARLOTTE, NC 28262		
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID		PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX TAG	,	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFI TAG		(EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		COMPLETION DATE
{F 520}	Continued From page	e 13	{F 5	520}			
, ,		for nurses to do a skin	, ,	,	process using root cause analysis, for		
		ent nurse when a resident			example: review rounds tools, review		
		skin condition and she			work orders, review Point Click Care		
	_	tment nurse to assess the			(Electronic Medical Record), resident		
	resident's skin. She				council minutes, resident concern logs	,	
	Assurance and Asses	ssment Committee met on a			pharmacy reports and regional facility		
		e Pharmacist attended the			consultant recommendations.		
		rly basis. She stated the					
	committee had developed the plans of correction				The Facility QI Committee will meet a		
	for drug storage and they had last met in January				minimum of Quarterly to identify issues	<b>;</b>	
	2017. She explained they had in-serviced				related to quality assessment and		
	nursing staff again after the last Revisit/Follow up				assurance activities as needed and wil		
	survey to check medication carts and discard all expired medications and nurses who were				develop and implement appropriate pla of action for identified facility concerns.		
		ition cart were expected to			of action for identified facility concerns.		
	_	pired medications. She			Corrective action has been taken for		
		ninistrative nurses which			identified concerns related to F241 Dig	nity	
	•	ssistant Director of Nursing			and Respect of Individuality, F431 Drug	•	
		sors were expected to			Records, Label/Store Drugs, F490		
	monitor medication ca	arts and medications			Administration, F520 Quality Assessme	ent	
		pired medications. She			and Assurance Committee and F315 N	lo	
	stated she had also o				Catheter, Prevent UTI, Restore Bladde	er.	
		Pharmacist had audited for					
		She further stated she did			The Committee will continue to meet a		
		ns had failed because			minimum of monthly. The Executive Q		
		d good to her and she layers of observations there			Committee including the Medical Direc will review the monthly compiled QI rep		
		medications in medication			information, review trends, and review	JOIL	
		they would have to develop			corrective actions taken and the dates	of	
		re expired medications were			completion. The Executive QI Commit		
	-	carts or in medication			will validate the facility's progress in		
		-servicing of nursing staff			correction of deficient practices or iden	tify	
	would have to be don				concerns. The Administrator will be	•	
		-			responsible for ensuring Committee		
					concerns are addressed through furthe	er	
					training or other interventions. The		
					Administrator or her designee will repo		
					back to the Executive QI Committee at		
					the next scheduled meeting. The		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X:	1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		PLE CONSTRUCTION  G	(X3	(X3) DATE SURVEY COMPLETED	
	245442	B. WING			R-C	
	345142	B. WING _			02/09/2017	
NAME OF PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE			
UNIVERSITY PLACE NURSING AND F	REHABILITATION CENTER		9200 GLENWATER DRIVE			
			CHARLOTTE, NC 28262			
PREFIX (EACH DEFICIENCY M	MENT OF DEFICIENCIES UST BE PRECEDED BY FULL IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE	
{F 520} Continued From page 14	4	{F 52		neetings mmittee onths to		