PRINTED: 06/13/2018 FORM APPROVED OMB NO. 0938-0391

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	(X2) MULTIPLE CONSTRUCTION  A. BUILDING			(X3) DATE SURVEY COMPLETED	
		345183	B. WING _			0.5	C 5/11/2018	
	ROVIDER OR SUPPLIER  AL HEALTH CARE & RE	НАВ		STREET ADDRESS, CITY, STATE, ZIP CODE 430 BROOKWOOD AVENUE NE CONCORD, NC 28025		1 00		
(X4) ID PREFIX TAG	(EACH DEFICIENC	IATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	X	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE	
F 000	INITIAL COMMENTS	3	FC	000				
	A complaint investig from 5/8/18 through Jeopardy was identif							
	CFR 483.25 at tag F (J)	689 at a scope and severity						
	Care. Immediate Jeopardy	ituted Substandard Quality of began on 5/6/18 and was						
F 000	conducted.	An extended survey was	5.0	200			5/40/40	
F 689 SS=J	CFR(s): 483.25(d)(1)	cards/Supervision/Devices (2)	FC	689			5/12/18	
	supervision and assi accidents.	esident receives adequate stance devices to prevent  T is not met as evidenced						
	interviews, the facility for to prevent a cogn	view, observations and staff y failed to provide supervision itively impaired resident from			The creation and submission of this pl of correction does not constitute an admission by this provider of any			
	exiting the facility (Re residents reviewed for exited the facility whi	or supervision. Resident #1			conclusion set forth by the survey team of any violation of regulation. It is solely created to demonstrate our good faith			
	the sidewalk and fell	neelchair 29 feet to the end of to the asphalt pavement of hining a fractured nose,			attempt to continue to provide a quality life for all our residents.	of		
	abrasions to her face	e, hands and knees and a forehead, as well as bruising			On 5/6/18 at approximately 11:15a.m.			
LABORATORY	DIRECTOR'S OR PROVIDER	SUPPLIER REPRESENTATIVE'S SIGNATUR	RE		TITLE		(X6) DATE	

Electronically Signed 05/23/2018

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.

CENTER	3 FOR MEDICARE &	WEDICAID SERVICES			ONB	NO. 0936-0391
	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	LE CONSTRUCTION		TE SURVEY MPLETED
						С
		345183	B. WING		c	5/11/2018
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE	Ξ	
UNIVERSA	AL HEALTH CARE & RE	HAB		430 BROOKWOOD AVENUE NE		
				CONCORD, NC 28025		
(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 COF (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
E 690	Continued Frame non	- 1	F 00			
F 689	Continued From page	ет	F 68			
	to her face.			Resident # 1 exited the facility		
	luana adiata ia an andu.			facility main entrance door. Re		
		began on 5/6/2018 when ne facility through two sets of		observed by another resident's member (family member #1) e		
		rised and self-propelled her		facility. Family member #1 not		
	· ·	the end of the sidewalk and		Activity Assistant (Activity Assi		
		ement of the parking lot,		immediately that resident was		
		d nose, abrasions to her		Activity Assistant who was wor		
	_	es and a laceration to her left		capacity of Receptionist (Rece	•	
	forehead, as well as	bruising to her face. The		was informed at 11:15 a.m.		
	Immediate Jeopardy	was removed on 5/9/2018				
		rided and implemented an		On 5/9/2018 Interim Director of	_	
	· ·	allegation of immediate		(DON) contacted family memb		
	1	ne facility remains out of		phone, family member #1 state		
		er scope and severity of D		witnessed resident #1 exiting t	-	
		al harm with potential for arm that is not immediate		through the front door. Reside		
		e education and ensure		observed by family member # 5/6/2018 at 11:15am on the gr		
	•   •   •   •   •   •   •   •   •   •	out into place are effective		outside the front door. Resider		
		n to prevent accidents.		sustained a nose fracture and		
				discoloration above the eye th		
	Findings included:			medical intervention at the loc	•	
				emergency department.	·	
		nitted to the facility on				
		nitted on 3/27/2018 with		ROOT CAUSE ANALYSIS 🗆 T		
	_	Alzheimer 's disease, high		PROCESSES THAT LEAD TO		
	blood pressure, weal	_		ALLEGED DEFICIENCY CITE	∃D	
	communication disor	der.		Family many band 44 yellow and		
	An elonement rick as	sessment was completed on		Family member #1 who was vi 5/6/18 notified the Activity Ass	•	
	· ·	ent #1 was assessed to be		(Activity Assistant #1) immedia		
		with potential risk factors		resident #1 was outside. Activ		
		e impairment and poor		who was working in the capac	•	
		s, a diagnosis of Alzheimer '		Receptionist (Receptionist #1)		
		sion problems, wandering		informed that resident #1 was		
		elchair and changes in the		11:15 a.m.		
	resident status (illnes	_				
				Resident #1 was exercising he		
	The physician orders	were reviewed and revealed		go outside the facility. The fac	ility did not	

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	(X2) MULTIPLE CONSTRUCTION  A. BUILDING		(X3) DATE SURVEY COMPLETED	
		345183	B. WING _			C <b>5/11/2018</b>	
NAME OF P	ROVIDER OR SUPPLIER	L	1	STREET ADDRESS, CITY, STATE, ZIP CODE		0/11/2010	
				430 BROOKWOOD AVENUE NE			
UNIVERSA	AL HEALTH CARE & RE	HAB		CONCORD, NC 28025			
(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 COP (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE	
F 689	Continued From pag	e 2	F 6	89			
	an order written on 3	3/27/2018 for "wanderguard to		provide supervision for resider	nt #1 while		
		ck every shift." There was no		outside the facility on 5/6/2018			
	time stamp on the or			recent Minimum Data set MDS			
				assessment for resident #1 co	mpleted on		
		cian order dated 3/27/2018		4/3/2018 indicates resident ca	n make		
		stated, "Resident not in need		self-understood and usually ur			
	•	is time. DC (discontinue)		others. Resident #1 is not dee			
		rd orders." There was no		incompetent, and when asked			
	time stamp on the or	der.		Registered nurse #1 on 5/6/20	•		
	The medication adm	injetration record (MAD) was		stated she wanted to sit outsid			
		inistration record (MAR) was and April 2018. An order was		with the Interim Director of Nu conducted on 5/9/2018 by the	•		
		Check for function and		Chief Clinical officer indicates			
		ion of wanderguard daily"		resident is able to choose her			
	· ·	l a discontinue date of		wear, time to be up or go back			
	4/9/2018. Nurse 's in	nitials on the MAR for		her where about, even though			
	3/8-3/31/2018 and 4/	/1-9/2018 indicated this task		has episodes of behaviors as			
	was completed.			Resident #1 stated she wante	d to go		
				outside for a short while. Elope	ement risk		
	-	ndering behaviors dated		assessment completed on 05/			
		wed. The care plan specified		indicates resident was not at r	-		
		sident when out of bed to		elopement hence, the facility r			
		uts, redirection of the		resident#1 rights to come and	•		
		lerguard to right lower		pleased based on the assessr			
	•	the wanderguard device for		per resident is bill of rights, he facility did not monitor residen			
		ent per facility protocol. The andering stated, "resident will		outside the facility. Resident #			
		phout building with direction		recent elopement risk assessr			
		review". The care plan was		completed on 5/4/2018 indicat			
		8 with the handwritten		#1 was not at risk for elopeme			
	•	tinue) WG (wanderguard) no		conclusion was set forth based			
		care plan was again updated		resident history of wandering s	safely in the		
		the quarterly review and the		facility since the last assessme			
		nt read "WG has been d/c '		to such attempts before the pr			
	d".			assessment. On 5/6/2018 at 1			
				receptionist #1 who was on du	•		
		ssessment dated 3/30/2018		away from the front desk to ob			
		esident #1 was assessed to		for another resident. Reception			
	not be at risk for war	ndering and interventions		the unlocked front door unatte	nded that		

Facility ID: 923114

	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	l ` ′	(X2) MULTIPLE CONSTRUCTION  A. BUILDING		(X3) DATE SURVEY COMPLETED	
		345183	B. WING _			C 95/11/2018	
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE		13/11/2010	
				430 BROOKWOOD AVENUE NE			
UNIVERSA	AL HEALTH CARE & RE	HAB		CONCORD, NC 28025			
	OLUMANA DV. OT	CATEMENT OF DEFICIENCIES			ADEOTION!	0.50	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE	
F 689	Continued From page	e 3	F 6	89			
	included frequent mo	onitoring. Resident #1 was		resulted in resident #1 exiting	the facility.		
		t risk for elopement with		Based on the location of where	•		
		identified as cognitive		was observed in relation to the	location of		
	impairment and poor	decision-making skills, a		wheel chair it is concluded tha	t resident		
	diagnosis of Alzheim	er 's disease, and changes		slid out of the wheel chair to th	e ground		
	in the resident status	(illness).		while on the front porch. Rece	ptionist #1		
				will contact a licensed nurse w	ho cares for		
		rterly Minimum Data Set		and is familiar with the residen			
		lated 4/3/2018 assessed the		requesting to go outside to val			
		ly cognitively impaired with		whether resident is safe to go			
	the need for extensiv			not. If resident is not safe to go			
		ressing, toileting, hygiene		alone Receptionist #1 will not a			
		ident was unable to maintain		resident to go outside unsuper			
	-	uired the assistance of staff.  d a wheelchair for mobility.		resident desires to be outside, will provide necessary supervise.	-		
	The resident required	a wheelchair for mobility.		prevent an accident while outs			
	A nursing note writter	n hy Nurse #4 dated		allow resident #1 to exercise h			
		ed behaviors (undressing in		effective 5/9/2018.	or riginto		
		ess towards staff) by the		0.100.110 0.70720101			
	resident.	, , , , , ,		THE PROCEDURE FOR			
				IMPLEMENTING THE ACCEP	TABLE		
	A nursing note dated	5/1/2018 written by Nurse		PLAN OF CORRECTION			
	#4 documented Resi	dent #1 wandering into other		Staff on duty was alerted by A	ctivity		
	resident rooms.			Assistant #1 via overhead cod	e green		
				announcement that resident #			
		sessment completed by		the facility via the main entrand			
		2018 was reviewed and		was noted on the ground. Res			
		essed to be not at risk for		head to toe assessment was o			
		did not specify if Resident		by Registered nurse #1, Licens			
		y wandering or exit-seeking		#1, & Licensed Nurse #2 while			
	behaviors.			facility on 5/6/2018. Resident #		<b> </b>	
	Λ nureing note dated	5/6/2018 at 11:23 AM		to the emergency room on 5/6 approximately 11:15am for an		<b> </b>	
	_	5/6/2018 at 11:33 AM  ff were called to the front		and treatment via the County E		<b> </b>	
		y 11:15 AM. The resident		Medical Services. The attendir			
		e the facility, face down on		was notified on 5/6/2017 at 11			
		e wheelchair was on the		Responsible Party was also no			
	· · · · · · · · · · · · · · · · · · ·	nt was bleeding from her		5/6/2017 at 11:35AM.			
		nurse documented she		Resident returned to the facility	v on		

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	PLE CONSTRUCTION  IG		(X3) DATE SURVEY COMPLETED	
			D. MANO			С	
		345183	B. WING _			5/11/2018	
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP COL	DE		
IINIVEDS	AL HEALTH CARE & R	EHAR		430 BROOKWOOD AVENUE NE			
ONIVERSA	AL IILALIII CANL & N	LIAD		CONCORD, NC 28025			
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETION DATE	
F 689	Continued From pa	ge 4	F 6	89			
		cy medical services (EMS) er, as well as the Director of		5/6/2018 at 7:25pm.			
	· ·	Administrator and the on-call		The intervention implemented #1 included placement of a w control bracelet, care plan re	/ander		
	resident was found	t dated 5/6/2018 noted the by staff outside of the facility		include intervention such as I in common areas as appropr	iate.		
		halt of the driveway. The		Resident #1 care plan also in			
		out of her wheelchair and had		intervention for staff to be ob			
	_	The incident report noted		notify the nurse when they se			
		I System (EMS) was called as transported to the hospital.		pushing on the door or verba she wanted to go home or ex other exit seeking behaviors.	thibiting any		
	The hospital emero	ency room history and		care plan also includes the in			
		2018 was reviewed. Resident		that staff and/or family memb			
		and treated for a fractured		supervise the resident while t			
		aceration, right hand contusion		is exercising her rights to be			
	and bilateral knee o			effective 5/9/2018, and monit	oring the		
	(computed tomogra	phy) scan revealed acute		front door by a designated sta	aff member		
	bilateral nasal bone	fractures with soft tissue		while the front door is unlock	ed during the		
	injury. An x-ray of R	Resident #1 hands and knees		hours from 8:00AM to 5:00pn	n, effective		
	were negative for fr			5/9/2018 and indefinitely. If t member assigned to monitor			
	Resident #1 was ob	oserved on 5/8/2018 at 6:58		door is not available for any r			
		g in her wheelchair and had		for any duration of time the d			
	_	, sutures above her left eye		locked. 6 of 7 other exit doors			
	_	er bilateral knees and face. A		with the keypad that requires			
	wanderguard was o	on her right ankle.		to open the door. Facility plan	nt operation		
	Resident #1 was int	terviewed on 5/8/2018 at 6:58		proper closure and functionin			
		sed and was unable to relate		pads on 5/6/2018. All doors a			
	how she received h			functioning properly. Facility operation coordinator will cha	plant		
	   Nurse #1 was inten	viewed on 5/8/2018 at 9:18		codes for all exit doors month	•		
		ed she was very familiar with		seven exit doors had codes of			
		d been assigned to her on the		an anonymous code, only kn	•		
		se #1 reported Resident #1		Administrator, and Facility Pla			
	_	in her wheelchair beside the		coordinator, on 5/9/2017.	5 p 5 . 3 . 10 . 1		
		5/6/2018. She reported that					

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	(X2) MULTIPLE CONSTRUCTION  A. BUILDING		(X3) DATE SURVEY COMPLETED		
				_			c l	
		345183	B. WING _			1	/11/2018	
NAME OF P	ROVIDER OR SUPPLIER		<u> </u>	S	TREET ADDRESS, CITY, STATE, ZIP CODE	1 00	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
					30 BROOKWOOD AVENUE NE			
UNIVERSA	AL HEALTH CARE & R	EHAB			ONCORD, NC 28025			
(X4) ID	SUMMARY S	STATEMENT OF DEFICIENCIES	ID		PROVIDER'S PLAN OF CORRECTION		(X5)	
PREFIX TAG	(EACH DEFICIEN	ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	PREFI) TAG	X	(EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		COMPLETION DATE	
F 689	Continued From page	ge 5	F 6	689				
	Resident #1 require	ed staff to keep track of her			IDENTIFICATION OF OTHER			
		urse #1 had not noticed			RESIDENTS WITH A POTENTIAL TO I	3E		
		ment behaviors. Nurse #1			AFFECTED			
		ft the medication cart to			100% of Elopement risk assessments	for		
		d stopped to speak to the			all current residents were completed of			
		on her way back to the cart.			05/09/2018 by the Interim Director of			
	Nurse #1 guessed s	she was gone for no more			Nursing, Unit Coordinator #1, Licensed	ł		
	than 10 minutes. No	urse #1 went on to describe			nurse #3 and Licensed nurse #1 to			
	receiving an overhe	ad page calling for nursing			identify any other residents who might	be		
	staff to the front doo	ors. She and the nursing			at risk for exit seeking behaviors. Seve	n		
		t the front doors to see			other residents who were previously			
		ground outside the facility.			identified to be at risk for elopement,			
		elchair was sitting on the			re-identified during this assessment, a			
		ent #1 was face down on the			one new resident was also identified to			
		pavement. Nurse #1 reported			at risk. Elopement books were revised			
		the building to call EMS, the			and placed at the front desk, and at ea			
		ator, the family member and			nurse s station by Unit Coordinator #2			
		arrived and transported			5/9/2018. These books contain a list of			
	Resident #1 to the h	nospital for evaluation.			residents with exit seeking behaviors,			
					their pictures and resident □s description			
		doors and the outside			These Elopement books were reviewe			
		erved on 5/9/2018 at 3:37 PM.			by the facility Regional nurse Consulta	nt		
		the area on the pavement of			#2 on 5/09/2018 to validate all noted			
		g lot where Resident #1 was and the location of her			residents who are at risk are included. The Elopement books are located in a			
		idewalk. The Maintenance			place accessible to all staff for easy			
		the distance of 29 feet from			identification of elopement risk residen	te		
		vement where Resident #1			(at the front desk, and at each nurse			
	had fallen outside o				station). Unit coordinator #2 will review			
	unsupervised.	Tale lacinty wille			and revise elopement books at least	•		
					monthly and as needed, such as when	а		
	Nursing assistant (N	NA) #1 was interviewed on			new resident is added or removed fron			
		A. She reported she had been			elopement management program.			
		nt #1 had fallen, but was not						
		A #1 was not assigned to			Effective 5/9/2018, if a resident expres	sed		
		as familiar with Resident #1			a desire to go outside to receptionist #			
		er wanderguard prior to the			any other employee, the receptionist			
		arch 2018. NA #1 reported she			and/or the employee will contact a			
		ilding looking for her because			licensed nurse who cares for and is			

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NAME OF PI	ROVIDER OR SUPPLIER			ST	REET ADDRESS, CITY, STATE, ZIP CODE	·	
				43	0 BROOKWOOD AVENUE NE		
UNIVERSA	AL HEALTH CARE &	REHAB		C	ONCORD, NC 28025		
(X4) ID	SUMMARY	STATEMENT OF DEFICIENCIES	ID		PROVIDER'S PLAN OF CORRECTION		(X5)
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F 689	Continued From p	age 6	F 6	889			
	she was not told w	=			familiar with the resident who is		
	one was not told in				requesting to go outside to validate		
	The Medical Reco	rds staff was interviewed on			whether resident is safe to go outside of	or	
	5/9/2018 at 9:47 A	.M. She reported she was			not. If the resident is not safe to go		
		18 and was in the front			outside alone Receptionist #1 will not		
	conference room.	The Medical Records staff			allow the resident to go outside		
	reported she hear	d the overhead page for staff to			unsupervised. If resident desire to be		
		and she went to the lobby and			outside, the facility will provide necessa	ary	
		t #1 outside on the parking lot			supervision to prevent accidents while		
	·	al Records reported that			outside and allow the resident to exerc	ise	
		ttempted to open doors in the			their rights effective 5/9/2018.		
		tements that she wanted to go			100% of all exit doors were audited by	tne	
		I not shown those types of ne was readmitted from the			facility Plant operation Coordinator on 5/9/2018 to validate all exit doors are		
	hospital in March 2				secured properly. All exit doors are		
		2010.			functioning properly. Findings of this au	ıdit	
	The Activity Aide (	AA) was interviewed on			are documented on the facility floor pla		
		.M. The AA reported that she			titled exit doors audit form located in th		
	had been assigned	d to the receptionist area which nt doors in the facility on			facility Compliance binder		
		reported a resident had			IDENTIFICATION OF OTHER RESIDE	ENT	
		sking for a snack and she took			WITH A POTENTIAL TO BE AFFECTE	.D	
	the resident back t	to the activities room and			Effective 5/9/2018, and moving forward	l,	
		a snack and turned on the TV			licensed nurses will complete elopeme	nt	
		ne AA guessed she was gone			risk assessments for all residents on		
		for less than 10 minutes. The			admission/re-admission, quarterly, with	1	
		as she headed towards the front			any significant changes of resident□s		
		ne into the building and said a			condition, and/or whenever a resident i	S	
		outside. The AA reported she			noted to exhibit exit seeking		
		call staff to the front STAT			behaviors/attempts. Any noted concern	IS	
		d went around the corner where resident on the ground outside			will be addressed and corrected by licensed nurses immediately;		
		visitor was beside Resident #1.			interventions will be implemented and		] ]
		nat staff arrived very quickly to			resident⊡s care plan will be revised an	d	
	•	building. The AA concluded by			updated immediately by licensed nurse		
		not seen Resident #1 in the hall			Direct care staff will be notified of new		] ]
		y when the AA left the front			interventions put forth by a licensed nu	rse	
		ns were sounding when she			through resident⊡s care guide which a		
	returned to the fro				located in the electronic nursing aide		

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			A. BOILDI	_		١,	С	
		345183	B. WING			l	/11/2018	
NAME OF P	ROVIDER OR SUPPLIER	0.0.00		S	TREET ADDRESS, CITY, STATE, ZIP CODE	05/	11/2010	
TVAINE OF T	NOVIDER OR OUT FIER				30 BROOKWOOD AVENUE NE			
UNIVERSA	AL HEALTH CARE & REI	HAB						
				·	ONCORD, NC 28025			
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F 689	Continued From page	e 7	F	689				
					documentation software at each unit.			
		ewed on 5/9/2018 at 11:55			Appropriate intervention to ensure			
	-	e completed the elopement			residents who are cognitively impaired			
		residents and specifically			receive necessary supervision to preve			
		lesident #1 completed on			accidents while outside the facility will a			
		eported that she had not			be included in the residents□ care plan	1		
	-	behaviors from Resident#1 rted that Resident #1 was			effective 5/9/2018.			
	exhibiting any wande				Effective 5/9/2018, the center assigned	an		
	, ,	on 5/4/2018 the nursing staff			employee to monitor the front door whi			
	had determined the re				the front door is unlocked during the ho			
	elopement risk.	ooldone was not an			from 8:00am to 5:00pm daily	·u·o		
					continuously. If the employee is not			
	The acting Director of	f Nursing (DON) was			available to monitor the front door for a	ny		
	interviewed on 5/9/20	• ,			reason, or any duration of time the fron	-		
	reported the nursing	staff had discussed the			door will be locked by the Receptionist			
	wanderguard placem	ent on Resident #1 when			designated person using a key code			
	she returned from the	e hospital on 3/27/2018.			effective 5/9/2018. Visitors will ring a be	ell		
	They decided to place	-			to be assisted by staff on duty to open			
		she had a wanderguard			door. Receptionist #1 or designated sta			
	and exit-seeking beha				member who monitor the front door wil			
		ree days later another			contact a licensed nurse who is familia			
		sment was completed and			with the resident requesting to go outsi			
		getting out of bed, so the			to validate whether the resident is safe	to		
	l	vanderguard. The DON			go outside or not, if the resident is not			
		that a chart audit had been			safe to go outside alone, Receptionist			
	1	18 and staff found the			or designated staff member who monitors the front door will not allow the residen			
	another order had be	t been discontinued, so			go outside unsupervised. If any resider			
		scontinued. The DON			who is cognitively impaired desire to be			
	_	spectation that wandering			outside, the facility will provide necessar			
	behaviors were repor				supervision to prevent accident while	~· y		
	I -	d addressed with risk			outside and allow the resident to exerc	se		
	_	staff at the front door			their rights effective 5/9/2018.	- =		
		and reported elopement			J			
		ing management staff.			Effective 5/9/2018, the center			
					interdisciplinary team, which includes			
	An interview with Nur	rse #3 was conducted on			Interim Director of Nursing, MDS nurse			
		She reported she had			#1. Unit coordinator #1. Unit Coordinat			

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	(X2) MULTIPLE CONSTRUCTION  A. BUILDING		(X3) DATE SURVEY COMPLETED	
			A. BOILDI	_		) ا	C
		345183	B. WING				11/2018
NAME OF PI	ROVIDER OR SUPPLIER			S	TREET ADDRESS, CITY, STATE, ZIP CODE	1 00/	11/2010
				4:	30 BROOKWOOD AVENUE NE		
UNIVERSA	AL HEALTH CARE & REI	HAB			ONCORD, NC 28025		
(V4) ID	SLIMMARY ST.	ATEMENT OF DEFICIENCIES	ID		PROVIDER'S PLAN OF CORRECTION		(X5)
(X4) ID PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFI TAG	X	(EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		COMPLETION DATE
F 689	Continued From page	e 8	F	689			
	· -	nent risk assessment dated			#2, Social worker #1, and Activity		
		ed Resident #1 was refusing			Coordinator #1, initiated a process for		
		at time. Nurse #3 reported			reviewing all new		
		elopement behaviors prior			admission/re-admissions, Monday		
		n 3/27/2018 and would ask			through Friday for any prior history of		
	for a ride home and w	vandered the facility in her			aggressive behaviors, elopement,		
		further reported that she			physical aggression and/or attempts to		
	-	opement risk assessment			exit the facility. Any identified issues wi		
	on 5/1/2018 and she				be addressed promptly and plan of car	е	
		ng in the facility or had			developed as appropriate to include		
	combative behaviors.				supervision necessary to prevent		
	NA #2 was intonvious	ed on 5/9/2018 at 2:01 PM.			accidents while resident is outside the		
		as a restorative aide and			facility.		
	•	hecking the wanderguards			Effective 5/9/2018, The Weekend RN		
		orted that Resident #1 had a			supervisor and/or designated licensed		
		ast, but it was removed			nurse will review all new		
		the hospital and when she			admission/re-admissions every Saturda	ay	
	returned on 3/27/2018	8. NA #2 had asked Nurse			& Sunday for any prior history of	-	
	#2 if Resident #1 wou	ıld have a wanderguard			aggressive behaviors, elopement,		
		told no and as far as she			physical aggression and/or attempts to		
	was aware, Resident				exit the facility. Any identified issues wi		
	_	she was readmitted on			be addressed promptly and plan of car	е	
	3/27/2018.				developed as appropriate.		
	An interview was con	ducted with NA #4 on			The Director of Nursing will review and		
	5/9/2018 at 2:26 PM	and she reported she had to			sign for accuracy, the elopement books	3	
	"track down" the resid	dent in the past, and had			daily (Monday through Friday) and the		
		ng office. NA #4 was not			Weekend RN supervisor on Saturday a		
		the incident or if it was			Sundays, the Administrator will review		
		spitalization, and could not			sign weekly for the previous week for the		
		nursing staff the resident			next 6 months. The review will validate		
	was wandering.				presence of resident s profile, pictures		
	The weather on 5/6/2	018 per accuweather.com			appropriate intervention and accessibil of the wander guard books. Any negati	•	
		nout rain and a high of 82			findings will be addressed immediately		
		was dressed in socks,			and reported to the monthly QAPI		
	_	e and a sweater, per an			committee meeting by the Director of		
	T	#1 on 5/9/2018 at 2:28 PM.			Nursing.		

	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	PLE CONSTRUCTION  G	(X3)	(X3) DATE SURVEY COMPLETED	
		345183	B. WING			C <b>05/11/2018</b>	
NAME OF PI	ROVIDER OR SUPPLIER	l		STREET ADDRESS, CITY, STATE, ZIP CODE		00/11/2010	
				430 BROOKWOOD AVENUE NE			
UNIVERSA	AL HEALTH CARE & REI	HAB		CONCORD, NC 28025			
	OLIMANA DV OT	ATEMENT OF REFIGIENCIES			OTION	0.75	
(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 CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETION DATE	
F 689	Continued From page	9	F 68	39			
	NA #1 was interviewe	ed again on 5/9/2018 at 2:22		Effective 5/9/2018 Residents at r	isk for		
		it on Thursday 5/3/2018 she		elopement will be identified using			
		1 attempting to open the		elopement books located at the f	•		
	front doors. NA #1 rep			and at each nurse s station. Elo			
		11 and called the nursing		Books, contain pictures and deta			
	office to report to Nur	•		descriptions of all residents listed			
	•			elopement risks.			
	The Administrator, DO	ON and facility consultant		·			
	were notified of Imme	ediate Jeopardy on 5/9/2018					
	at 5:20 PM.			Effective 5/9/2018 Interim Director			
				Nursing, Unit coordinator #1, Uni			
	Date: 05/09/2018			Coordinator #2, or designated st			
	PROBLEM IDENTIFI	ED:		review and update the Elopemer			
	Decident #4 evited th	a facility on E/C/2010 at		with changes as they are identified			
		e facility on 5/6/2018 at AM through the front door of		for elopement via risk assessment Elopement books are in a location			
		as observed by another		accessible to all staff for easy	111		
		per #1 who was visiting the		identification of elopement risk re	esidents		
		er #1 notified the facility		identification of dioperficing flow re	7010011to.		
		on 5/6/2018 at 11:15am, who		On 5/9/2018, The Executive Dire	ctor		
	,	apacity of the receptionist		educated Receptionist #1 regard			
	_	/6/2018, immediately after		leaving the desk unattended while			
	observing the residen	nt outside the front door. On		door is unlocked during the dayti	me hours		
	5/9/2018 Interim Dire	ctor of Nursing (DON)		of 8AM to 5PM. Receptionist #1	was also		
	contacted family men	nber #1 via phone, family		educated to lock the front door if			
		ne witnessed resident #1		receptionist leaves the front desk			
	, ,	ough the front door. Resident		a relief for any reason, effective			
	#1 was observed by f			A sign in/out sheet was impleme	-		
		on the ground outside the		the Regional Clinical Consultant			
		#1 sustained a nose fracture		ensure the reception desk is atte	naea		
		ove the eye that required		when doors are unlocked	+1 or		
	medical intervention a emergency departme			(8:00am-5:00pm). Receptionist # designated staff member who me			
	cinergency departine	iii.		front door will contact a licensed			
	ROOT CAUSE ANAL	YSIS - THE PROCESSES		who is familiar with the resident	nui 3 <del>C</del>		
		ALLEGED DEFICIENCY		requesting to go outside to valida	ate		
	CITED	, LLLOLD DLI IOILITOI		whether the resident is safe to go			
				or not. If resident is not safe to go			

	OF DEFICIENCIES CORRECTION	IDENTIFICATION NUMBER			CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
			A. BUILDI	NG _		Ι,	_
		345183	B. WING				C 11/2018
NAME OF PI	ROVIDER OR SUPPLIER	_		S	TREET ADDRESS, CITY, STATE, ZIP CODE		
			430 BROOKWOOD AVENUE NE		30 BROOKWOOD AVENUE NE		
UNIVERSA	AL HEALTH CARE & R	REHAB		С	ONCORD, NC 28025		
(X4) ID	SUMMARY	STATEMENT OF DEFICIENCIES	ID		PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX TAG	(EACH DEFICIE)	NCY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	PREFI TAG		(EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		COMPLETION DATE
F 689	Continued From pa	ae 10	F	689			
	-	notified the facility Activity		000	alone Recentionist #1 or designated at	off	
		/2018 at 11:15am, who was			alone Receptionist #1 or designated st member who monitor the front door wil		
		acity of the receptionist on			not allow the resident to go outside		
		ely after observing the			unsupervised. If any resident who is		
		e front door. Resident #1			cognitively impaired desire to be outside	<b>A</b>	
		rough the front door, family			the facility will provide necessary	С,	
		sed resident #1 exiting the			supervision to prevent accident while		
		facility main entrance door,			outside and allow the resident to exerc	se	
	, ,	cility on 5/6/2018 at 11:15AM.			their rights effective 5/9/2018.		
	_	kercising her rights to go			Executive Director, and/or Interim Director	ctor	
		The facility did not provide			of Nursing, conducted re-education for		
		dent #1 while outside the			current scheduled staff, full time, part ti		
	1	. Most recent Minimum Data			and as needed employees for all		
	1	sment for resident #1			departments on 5/9/2018, this education	n	
	completed on 4/3/2	018 indicates resident can			included checking Wander Control		
	make self-understo	od and usually understand			Transponder (bracelet) placement ever	y	
	others. Resident #1	is not deemed incompetent,			shift, how to respond to exit door alarm	s,	
	and when asked by	Registered nurse #1 on			identification of residents who are at ris	k	
	5/6/2018, resident s	stated she wanted to sit			for elopement, and locking of the front		
	outside. Interview v	vith the Interim Director of			door while the receptionist is away fron	1	
	Nursing conducted	on 5/9/2018 by the Company			the front desk. This education also		
	Chief Clinical office	r indicates that resident is able			included how to identify residents who	are	
		es to wear, time to be up or go			safe to go outside unsupervised by		
		r where about, even though			contacting the licensed nurse who is		
		des of behaviors as well.			familiar with the resident requesting to	-	
		she wanted to go outside for a			outside and validate whether the reside		
	1	nent risk assessment			is safe to go outside or not, the educati		
	1	4/2018 indicates resident was			emphasized that, if resident is not safe	to	
		ment hence, the facility			go outside alone Receptionist #1 or	·ho	
		t#1 rights to go and come as			designated staff member who monitor		
	-	ed on the assessment and per			front door will not allow the resident to outside unsupervised.	30	
	· ·	ghts, however the facility did			·		
		It #1 while outside the facility.  ecent elopement risk			Any staff not re-educated by 5/9/18 will not be allowed to work until educated of		
		eted on 5/4/2018. The			this requirement.	11	
		es, resident #1 was not at risk			and requirement.		
		conclusion was set forth			Effective 5/9/2018 Education on the	ĺ	
	-	nistory of wandering safely in			facility elopement policy and procedure		
		e last assessment, contrary to			and responding to door alarms is adde		

OL: TILIT	O I OIT INLEDIO ITE G	WEDIO/ ND CEITTICE	_			<u> </u>	<del>2. 0000 0001</del>
	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′		CONSTRUCTION	(X3) DATE COMF	SURVEY
				_			С
		345183	B. WING			l	/11/2018
NAME OF P	ROVIDER OR SUPPLIER			S	TREET ADDRESS, CITY, STATE, ZIP CODE		
I INIVEDS	AL HEALTH CARE & REI	JAB		4:	30 BROOKWOOD AVENUE NE		
UNIVERSA	AL HEALTH CARE & REI	TAB		С	ONCORD, NC 28025		
(X4) ID		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 APPROPRI DEFICIENCY)		COMPLETION DATE
F 689	Continued From page	e 11	F	689			
	· -	the previous assessment.		000	on new hires orientation education for	ااد	
		am the receptionist #1 who			new facility employees. This education		
		away from the front desk to			also be provided annually for all staff.	vviii	
		sident. Receptionist #1 left			also be provided armidally for all stair.		
		or unattended that resulted			THE MONITORING PROCEDURE TO		
	resident #1 exiting the	e facility. Based on the			ENSURE THAT THE PLAN OF		
		dent was observed in			CORRECTION IS EFFECTIVE		
	relation to the location	n of wheel chair it is			Effective 5/09/2018 Business office		
	concluded that reside	ent slid out of the wheel chair			Manager will monitor the compliance w	rith	
	to the ground while or	n the front porch.			the receptionist monitoring of the front		
		ontact a licensed nurse who			door by validating sign in log Monday		
	care and familiar with				through Friday for ten days then weekl	y	
		ide to validate whether			for four weeks than monthly for three		
	_	outside or not, if resident is			months or until the pattern of complian	ce	
	_	e alone Receptionist #1 will			is maintained.		
		to go outside unsupervised.			Effective F/0/2019 Facility Executive		
		e outside, the facility will			Effective 5/9/2018, Facility Executive		
	provide necessary su	e and allow resident #1 to			Director will monitor compliance with checking of the exit doors conducted b	.,	
	exercise her rights eff				the facility Plant operation coordinator	-	
	CACICISC HEI HIGHES CH	10011VC 3/9/2010.			designated staff Monday through Frida		
	THE PROCEDURE F	OR IMPLEMENTION THE			for ten days then weekly for four weeks		
	ACCEPTABLE PLAN				than monthly for three months or until t		
					pattern of compliance is maintained.		
	Staff on duty was ale	rted by Activity Assistant #1					
	_	reen" announcement that			Effective 5/09/2018 the Interim Directo	r of	
	resident #1 had exited	d the facility via the front			Nursing will monitor the accuracy of the	Э	
		on the ground. Resident #1			elopement books,completion of		
		ent was completed by			elopement risk assessment on admiss	on,	
	_	Licensed Nurse #1, &			re-admission and quarterly Monday		
		hile outside the facility on			through Friday for seven days then we	ekly	
		1 was sent to the emergency			for four weeks than monthly for three		
		approximately 11:15am for			months or until the pattern of complian	ce	
		atment via the County			is maintained.		
		Services. Resident returned			Effective F/0/2019 Eventing Director		
	to the facility on 5/6/2				Effective 5/9/2018, Executive Director		
	-	nted for resident #1 included er control bracelet, care plan			and/or Interim Director of Nursing will report findings of this monitoring proce		
	· ·	ervention such as keep			to the facility Quality Assurance and	33	
	. Stiolon to moldae mit	or roution odon do Noop	1		is the facility duality / toourance and		1

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		IDENTIFICATION NUMBED:		) MULTIPLE CONSTRUCTION BUILDING		(X3) DATE SURVEY COMPLETED	
				_		(	c
		345183	B. WING _			05/	11/2018
NAME OF PI	ROVIDER OR SUPPLIER			S	TREET ADDRESS, CITY, STATE, ZIP CODE	<u>,                                    </u>	
				43	30 BROOKWOOD AVENUE NE		
UNIVERSAL HEALTH CARE & REHAB			С	ONCORD, NC 28025			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL 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 689	Resident #1 care pla for staff to be observed when they see resident werbalizing that she we exhibiting any other of Resident #1 care pla intervention for staff a supervise the resider exercising her rights 5/9/2018, and monitodesignated staff men unlocked during the b 5:00pm, effective 5/9 staff member who me available for any reastime the door will be physician was notifie and Responsible Part 5/6/2017 at 11:35AM 6 of 7 other exit door keypad that requires door. Facility plant of all exit doors for proposition for the key pads on 5/6/2 functioning properly. Coordinator change to monthly. Four of seven changed to an anony the Administrator, and coordinator, on 5/9/2 IDENTIFICATION OF WITH A POTENTIAL	areas as appropriate. In also included intervention ant and notify the nurse ent #1 pushing on the door or wanted to go home or exit seeking behaviors. In also include the and/or family member will int while the resident is to be outside effective oring the front door by a inber while the front door is hours from 8:00AM to 1/2018 and indefinitely. If the conitor the front door is not son, and for any duration of locked. The attending d on 5/6/2017 at 11:50AM ty was also notified on  1. Is are secured with the secret code to open the coeration coordinator checked over closure and functioning of 2018. All doors are Facility plant operation the codes for all exit doors en exit doors, had codes armous code, only known to d Facility Plant operation 017.  FOTHER RESIDENTS	F	689	Performance Improvement Committee any additional monitoring or modification of this plan monthly for three months, until the pattern of compliance is maintained. The QAPI committee can modify this plan to ensure the facility remains in substantial compliance.  THE TITLE OF THE PERSON OF THE PERSON RESPONSIBLE FOR THE IMPLEMENTATION OF ACCEPTABLE PLAN OF CORRECTION Effective 5/9/2018 the facility Executive Director and the interim Director of Nursing will be ultimately responsible the implementation of this plan of correction to ensure the facility attains maintains substantial compliance.  Compliance Date 5/09/2018	on or E	
	current residents con	nsk assessments for all npleted on 05/09/2018, by of Nursing, Unit Coordinator					

	OF DEFICIENCIES CORRECTION						
			A. BOILD	_		(	2
		345183	B. WING			05/	11/2018
	ROVIDER OR SUPPLIER  AL HEALTH CARE & F	EEHAB		4	TREET ADDRESS, CITY, STATE, ZIP CODE  30 BROOKWOOD AVENUE NE CONCORD, NC 28025		
(X4) ID PREFIX TAG	(EACH DEFICIE	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL IR LSC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE
F 689	identify any other refor exit seeking bet who were previous elopement, re-iden and one new residerisk. "Elopement is the front desk, and Unit Coordinator #2 contain a list of res behaviors, their pid descriptions. These reviewed by the fact Consultant #2 on 5 residents who are a Elopement books a accessible to all state elopement risk residents and revise each nurse 's stati review and revise emonthly and as near esident is added of management programment programment ground is familiar with to go outside or no outside alone Receresident to go outside or no outside and allow the rights effective 5/9/2018, desire to be outside and allow the resident to go outside or no outside and allow the rights effective 5/9/2018, desire to be outside and allow the rights effective 5/9/2018, desire to be outside and allow the rights effective 5/9/2018, desire to be outside and allow the rights effective 5/9/2018, desire to be outside and allow the rights effective 5/9/2018, desire to be outside and allow the rights effective 5/9/2018, desire to be outside and allow the rights effective 5/9/2018, desire to be outside and allow the rights effective 5/9/2018, desire to be outside and allow the rights effective 5/9/2018, desire to be outside and allow the rights effective 5/9/2018.	#3 and Licensed nurse #1 to esidents who might be at risk naviors. Seven other residents by identified to be at risk for tified during this assessment, ent was also identified to be at cooks" revised and placed at at each nurse 's station by 2 on 5/9/2018. These books idents with exit seeking tures and resident 's e"Elopement" books were cility Regional Nurse //09/2018 to validate all noted at risk are included. The literal located in a place aff for easy identification of dents (at the front desk, and at con). Unit coordinator #2 will elopement books at least eded, such as when a new removed from elopement am.  If a resident expressed a est to the receptionist #1 or any expression expressions and/or the lact a licensed nurse who cares the resident who is requesting idate whether resident is safe to go eptionist #1 will not allow the de unsupervised. If resident expressed. If resident expressed in to prevent accident while the resident to exercise their	F	689			

	OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X2) MULTIPLE CONSTRUCTION (X2) MULTIPLE CONSTRUCTION (X3) MULTIPLE CONSTRUCTION (X4) MULTIPLE CONSTRUCTION (X5) MULTIPLE CONSTRUCTION (X6) MULTIPLE CONSTRUCTION (X6) MULTIPLE CONSTRUCTION (X7)		COMPLETED		
		345183	B. WING		C <b>05/11/2018</b>
	ROVIDER OR SUPPLIER  AL HEALTH CARE & R			STREET ADDRESS, CITY, STATE, ZIP CODE  430 BROOKWOOD AVENUE NE  CONCORD, NC 28025	09/11/2016
(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 CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE COMPLETION
F 689	validate all exit door exit doors are function this audit is documed "exit doors audit for "Compliance binder" IDENTIFICATION OWITH A POTENTIAL Effective 5/9/2018, nurses will complete for all residents on a quarterly, with any sold 's condition, and/or to exhibit exit seeking noted concerns will by licensed nurses be implemented and revised and updated nurses. Direct care interventions put for through resident 's in electronic nursing at each unit. Appropriesidents who are concessary supervisioutside the facility vivial residents 'care plate Effective 5/9/2018, employee to monited door is unlocked du 5:00pm daily contining available to monitor or any duration of till locked by the Receivers.	ordinator on 5/9/2018 to ordinator on 5/9/2018 to rs are secured properly. All ioning properly. Findings of ented on facility floor plan titled m" located in the facility	F 68		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	PLE CONSTRUCTION	, ,	(X3) DATE SURVEY COMPLETED	
		345183	B. WING			C <b>05/11/2018</b>	
NAME OF PROVIDER OR SUPPLIER  UNIVERSAL HEALTH CARE & REHAB		STREET ADDRESS, CITY, STATE, ZIP CODE  430 BROOKWOOD AVENUE NE  CONCORD, NC 28025			05/11/2016		
(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 ACTIO CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETION DATE	
F 689	licensed nurse who is requesting to go outside the safe to go outside designated staff mendoor or will not allow unsupervised. If any impaired desire to be provide necessary su accident while outside exercise their rights of the same with team, which includes MDS nurse #1, United Coordinator #2, Soci Coordinator #1, initial all new admission/rethrough Friday for any behaviors, elopement attempts to exit the fawill be addressed prodeveloped as appropried as appropried to the facility.  Effective 5/9/2018, which is a supposed to the signated license admission/re-addition outside the facility.  Effective 5/9/2018, which is a supposed to exit the facility.  Effective 5/9/2018, which is a supposed to exit the facility of the supposed to	r the front door will contact a s familiar with the resident side to validate whether the outside or not, if resident is alone Receptionist #1 or other who monitor the front the resident to go outside resident who is cognitively to outside, the facility will appervision to prevent and allow the resident to effective 5/9/2018.  The center interdisciplinary allowing and hor accident who is cognitively to outside, the facility will appervision to prevent and allow the resident to effective 5/9/2018.  The center interdisciplinary allowing and worker #1, and Activity the day process for reviewing and approach and approach and approach and plan of care of the process of the proc	F 68	39			

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIP A. BUILDING	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		345183	B. WING		C 05/11/2018	
NAME OF PROVIDER OR SUPPLIER  UNIVERSAL HEALTH CARE & REHAB  (X4) ID SUMMARY STATEMENT OF DEFICIENCIES				STREET ADDRESS, CITY, STATE, ZIP CODE 430 BROOKWOOD AVENUE NE CONCORD, NC 28025	03/11/2010	
(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 CORRECTI (EACH CORRECTIVE ACTION SHOUI CROSS-REFERENCED TO THE APPRO DEFICIENCY)	_D BE COMPLETION	
F 689	Continued From page 16 Saturday and Sundays, the Administrator will review and sign weekly for the previous week for next 6 months. The review will validate the presence of resident's profile, pictures, appropriate intervention and accessibility of the wander guard books. Any negative findings will be addressed immediately and reported to the monthly QAPI committee meeting by the Director of Nursing.  Effective 5/9/2018 Residents at risk for elopement will be identified using elopement books located at the front desk and at each nurse 's station. Elopement Books, contain pictures and detailed descriptions of all residents listed as elopement risks.  Effective 5/9/2018 Interim Director of Nursing, Unit coordinator #1, Unit Coordinator #2, or designated staff will review and update the Elopement books with changes as they are		F 68	9		
	Elopement books are all staff for easy iden residents.  On 5/9/2018, The Ex the Receptionist #1 runattended while the daytime hours of 8AI also educated to lock receptionist leaves the for any reason, effect sheet was implement Consultant #2 to enstattended when doors (8:00am-5:00pm). Restaff member who miccontact a licensed nuteridents.	door is unlocked during the M to 5PM. Receptionist was the front door if the ne front desk without a relief tive 5/9/2018. A sign in/out ted by the Regional Clinical ure the reception desk is				

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F 689	if resident is not safe Receptionist #1 or do monitor the front dorresident to go outside resident who is cogroutside, the facility via supervision to preveallow the resident to 5/9/2018.  Executive Director, and Nursing, conducted scheduled staff, full needed employee for 5/9/2018, this education also incluresident who are safe by contacting the lice with the resident receptionist is an education also incluresident who are safe by contacting the lice with the resident reception is not safe to go outside designated staff med door or will not allow unsupervised the.  Any staff not re-education allowed to work untirequirement.  Effective 5/9/2018 Eleopement policy and to door alarms is additional contaction.	t is safe to go outside or not, a to go outside alone esignated staff member who or or will not allow the le unsupervised. If any nitively impaired desire to be will provide necessary int accident while outside and exercise their rights effective and/or Interim Director of re-education for current time, part time and as or all departments on tion included checking insponder (bracelet) ft, how to respond to exit door in of resident who are at risk ocking of the front door while way from the front desk. The ded on how to identify fe to go outside unsupervised ensed nurse who is familiar questing to go outside and resident is safe to go outside in emphasized that, if resident is ide alone Receptionist #1 or imber who monitor the front of the resident to go outside coated by 5/9/18 will not be	F	689		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULT A. BUILDIN	IPLE CONSTRUCTION  IG		(X3) DATE SURVEY COMPLETED	
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F 689	staff.  THE MONITORING THAT THE PLAN OF EFFECTIVE  Effective 5/09/2018 E monitor the complian monitoring of the fror log Monday through weekly for four week	e provided annually for all PROCEDURE TO ENSURE	Fé	89		
	monitor compliance of doors conducted by the coordinator or design Friday for ten days the than monthly for three of compliance is main.  Effective 5/09/2018 the Nursing will monitor the elopement books, and risk assessment on a quarterly Monday through the weekly for four then weekly for four months or until the paraintained.  Effective 5/9/2018, Elinterim Director of No.	the Interim Director of the accuracy of the dompletion of elopement admission, re-admission and ough Friday for seven days weeks than monthly for three attern of compliance is executive Director and/or ursing will report findings of				
	Assurance and Performent Committee for any acmodification of this p	ess to the facility Quality ormance Improvement dditional monitoring or lan monthly for three nattern of compliance is				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULT A. BUILDIN	IPLE CONSTRUCTION  NG		(X3) DATE SURVEY COMPLETED	
		345183	B. WING _			C <b>05/11/2018</b>
	ROVIDER OR SUPPLIER	НАВ		STREET ADDRESS, CITY, STATE, ZIP COD 430 BROOKWOOD AVENUE NE CONCORD, NC 28025	•	33/11/2010
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F 689	Continued From pag	e 19	F 6	589		
		PI committee can modify this cility remains in substantial				
		PERSON RESPONSIBLE NTATION OF ACCEPTABLE FION				
	and the interim Direct ultimately responsible	e for the implementation of n to ensure the facility attains				
	_	on of Immediate Jeopardy eted by the facility on //.				
	5/10/2018 and 5/11/2 Assessments were of present in the facility and licensed staff, and	plan was verified on 2018. Elopement Risk ompleted on all residents on 5/9/2018 by the DON, and seven resident who were one new resident were ent risks.				
	front desk and includ	residents currently identified				
	reviewed and include elopement, the elope the receptionist desk week, 8:00 AM to 5:0 be locked at 5:00 PM be left unattended du	conducted 5/9-10/2018 were ed: the facility policy on ement book and the location, to be staffed 7 days per 00 PM and the front doors will 1. The front doors were not to uring the day from 8:00 AM to lance records confirmed that				

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	NAME OF PROVIDER OR SUPPLIER  UNIVERSAL HEALTH CARE & REHAB			STREET ADDRESS, CITY, STATE, ZIP COD 430 BROOKWOOD AVENUE NE CONCORD, NC 28025	•	03/11/2016
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F 689	all staff had been in-s Random staff intervie 5/10/2018 starting at 1 PM, and on 5/11/2018 ending at 10:32 AM. describe the topics co on elopement.  The daily Exit door fur from January 2018 to and complete. The fur observed on 5/10/201 demonstration.  The DON was intervie AM. She reported tha elopement risk assess 5/10/2018 and one re behaviors similar to R wanderguard had bee	ws were conducted on 2:00 PM and ending at 4:30 8 starting at 4:45 AM and All staff members could overed during the in-service onctioning monitoring records 5/10/2018 were reviewed on all exits were 8, as well as a wanderguard ewed on 5/11/2018 at 10:52 t all residents had an ament completed on sident was identified with esident #1 and a en applied for the resident 's residents were reviewed and	F6	589		