

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>345291</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>11/16/2018</b>
NAME OF PROVIDER OR SUPPLIER  <b>UNIVERSAL HEALTH CARE / OXFORD</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>500 PROSPECT AVENUE</b> <b>OXFORD, NC 27565</b>		
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F 000	INITIAL COMMENTS	F 000			
F 658 SS=D	<p>There was no deficiency cited as result of CI, Event ID ALG511, on 11/13-16/18.</p> <p>Services Provided Meet Professional Standards CFR(s): 483.21(b)(3)(i)</p> <p>§483.21(b)(3) Comprehensive Care Plans The services provided or arranged by the facility, as outlined by the comprehensive care plan, must-</p> <p>(i) Meet professional standards of quality. This REQUIREMENT is not met as evidenced by:</p> <p>Based on observations, record review and staff interviews the facility failed to 1) change the dressing of a peripherally inserted central catheter (PICC) as ordered by the physician for 2 of 2 Residents and failed to have physicians order to discontinue PICC line for 1 of 1 Resident. (Residents 130 and 118).</p> <p>The findings included: A record review of the facility's undated policy titled "Catheter Insertion and care, central venous access devices, including peripherally inserted central catheter (PICC)." The policy, read in part, "if gauze dressing is necessary, it will be changed every 48 hours." "Measure the upper arm circumference on admission, with each dressing change and as clinically." The policy also read, "A physician order is required to remove a central venous access device." And "verify physician order for removal. Apply petroleum-based ointment to exit site, cover with gauze and transparent semipermeable membrane TSM dressing for at least 24 hours." With documentation the policy read, "Documentation is legible and contain accurate, complete, chronological objective information."</p>	F 658	<p>F658 Immediate Action Resident 118 on 11-16-2018 the PICC line site was assessed no signs and systems of infection, resident afebrile. PICC line dressing was changed on 11-16-2018 and an occlusive dressing was applied. On 11-17-2018 received Physician order to discontinued IV antibiotics and was changed to PO antibiotics and DC PICC line. Upon removal of PICC line a petroleum- based ointment was applied exit site and covered with gauze dressing times 24 hours. Resident 130 received a verbal order to d/c the PICC line on 11/15/2018 and PICC line was DC. On 11/16/18 received a clarification order for discontinuation of PICC line on 11/15/2018. On 11/16/2018 the nurse receiving the verbal order for the removal of the PICC was re-education regarding the process for obtaining and verifying a written order prior to the removal of a PICC. Patient 118 and patient 130 care</p>	12/5/18	

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

TITLE

(X6) DATE

Electronically Signed

12/05/2018

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.

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F 658	<p>Continued From page 1</p> <p>1. A. Resident 118 was admitted on 7/20/18 with diagnosis of neurogenic bladder, paraplegia, pressure ulcers and infection. A review of quarterly Minimal Data Set (MDS) assessment dated 10/19/18 revealed the Resident cognition was intact, he needed supervision of one person to perform the following activities: movement in bed, transfers, dressing, eating. He needed limited assistance for toilet use and personal hygiene. Resident had urinary catheter and an ostomy.</p> <p>Record review revealed physician's order for Resident #118 dated 10/29/18 to change PICC line dressing every 7 days on Tuesdays and as needed.</p> <p>On 11/13/18 at 10:13 am, during the observation, Resident #118 was sitting up in his wheelchair. His PICC located on his right upper arm was intact, with the insertion site covered with gauze. The date on the dressing was 11/6/18.</p> <p>An observation on 11/16/18 @ 10:00 am the PICC line dressing on Resident #118 had date of 11/13/18 with gauze over insertion site in place.</p> <p>b. The Treatment Administration Record for the month of November 2018 showed the PICC line dressing was changed on 11/4/18 and on 11/11/18 for Resident #130.</p> <p>On 11/15/18 @ 4:20 pm and on 11/16/18 @ 7:35 am, review of physician's order for November 2018 for Resident # 130 did not reveal the order to discontinue the PICC line.</p> <p>On 11/16/18 @ 1:56 pm, review of physician's order for November 2018 for Resident # 130 revealed the order to discontinue the PICC line.</p> <p>During an observation on Resident #130 at 11/14/18 @ 8:10 am, the PICC line dressing on the upper right arm was loose and exposing insertion site. No date was observed on dressing.</p>	F 658	<p>plans were individualized to be specific to their needs by the IDT on 11/16/18</p> <p>Identification of others</p> <p>Any resident with a treatment has the potential to be affected. No other PICC lines identified in the facility except residents 118 and 130. A 100% audit on 11/16/2018 was completed to ensure all resident treatments had physicians' orders and were completed per physicians' orders. On 11/16/18 the nursing staff was in serviced by the DON and ADON on following the physicians orders as it pertains to PICC line dressing changes, verification of DC order prior to removal of PICC lines and care of site upon removal of PICC line. After 12/5/18 no nursing staff will be allowed to work until in-service completed and competency verified. A 100% audit was completed by IDT team to identify resident's needs to ensure they were reflected on the care plans. This occurred and was completed on 11/16/18. An in-service was held with the IDT team by the DON and ADON on 11/15/18 and 11/16/18 to ensure the care plan is developed on admission using the information from the admission paperwork and nursing assessment. Updating care plans will be completed with resident changes and completion of MDS assessments.</p> <p>Systemic Changes</p> <p>The care plan process will be reviewed with staff during orientation and at least</p>		

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F 658	<p>Continued From page 2</p> <p>On 11/15/18 @2:00 pm the Resident 130's PICC line dressing was loose and exposing insertion site with no date on the dressing. During an observation on 11/15/18 at 4:10 pm, there was no PICC line in place and no dressing over the insertion site on the right arm for Resident # 130.</p> <p>An interview was conducted with Resident #130 on 11/14/18 @ 8:10 am and she stated that her PICC line dressing was loose and that she had reported it to nurse.</p> <p>During an interview with Resident #130 on 11/15/18 @ 8:30 am, she stated that her PICC line dressing was still loose and no one had changed it.</p> <p>On 11/15/18 @ 4:10 pm, during an interview with Resident #130 stated that her PICC line had been taken out by the nurse. Resident stated that she had finished all of her antibiotics and she was being discharged this weekend.</p> <p>In an interview with nurse #6 on 11/15/18 @ 8:50 am, regarding Residents #118 &amp;130, she stated that she does not change the PICC, but the nurses on the floor were responsible for the dressing changes.</p> <p>During an interview on 11/16/18 @ 9:45 am with nurse #7, she stated that the charge nurses change the PICC line dressings once a week on Tuesday. She also stated that the registered nurse (RN) will remove the PICC line when it is discontinued.</p> <p>In an interview with nurse #5, on 11/16/18 @ 10:48 am, she stated that PICC lines dressing are changed once a week on Tuesday. She also stated that the floor nurses do the dressing change. She does not know if the License Practical Nurses (LPNs) can removed a PICC line, but she does know if they can change the dressing. Nurse #5 stated that there needed to</p>	F 658	<p>yearly and/or PRN thereafter. Systems will be reviewed weekly in Standards of Care Meeting by IDT team for care-planning and updates</p> <p>Monitoring</p> <p>The treatment administration record will be audited to ensure treatment completed per physician order three times for four weeks, then weekly for four weeks, then monthly times three months by Nursing Admin other than treatment nurse. Three charts will be reviewed by IDT to review care plan, address resident holistically and update as needed daily Monday through Friday times four weeks, then weekly times four weeks then monthly times three. All new admissions will have care plans initiated within 48 hours of entering facility. Care- plans will be developed and or updated according to the residents needs. The finding will be reported monthly in the QAPI Meeting for recommendation and or modifications until a pattern of substantial compliance is achieved.</p>		

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F 658	Continued From page 3 be a discontinue order for the PICC line before removal.  While interviewing the Director of Nursing (DON) on 11/16/18 @ 10:55 am, she states that the LPNs can change the dressing on a PICC line if they have been checked off on these skills. She also stated that the LPNs can remove the PICC line once they have been checked off for that skill. The DON stated that there needs to be an order from the physician to remove the PICC line.	F 658			
F 761 SS=D	Label/Store Drugs and Biologicals CFR(s): 483.45(g)(h)(1)(2)  §483.45(g) Labeling of Drugs and Biologicals Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable.  §483.45(h) Storage of Drugs and Biologicals  §483.45(h)(1) In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys.  §483.45(h)(2) The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can	F 761		12/5/18	

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F 761	<p>Continued From page 4</p> <p>be readily detected.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observations and staff interviews the facility failed to remove one expired plastic container of Magic Mouthwash from one of five medication storage rooms; failed to remove expired insulin injector and insulin multi dose vial from one of five medication carts; failed to proper label insulin injectors on one of six medication carts.</p> <p>Findings Included:</p> <p>1. On 11/15/18 at 11:20 AM, during the observation of the medication storage room on 300 hall with Nurse # 4, in the refrigerator, there was opened plastic container of Magic Mouthwash, 300 ml (milliliter), expired on 6/20/18.</p> <p>On 11/15/18 at 11:25 AM, during an interview, Nurse #4 indicated that third shift staff checked the expiration date while restocking the medication storage rooms. She mentioned that all the nurses should check the expiration date on medications in the storage room.</p> <p>2. On 11/15/18 at 11:35 AM, during the observation of the medication cart on 300 hall, with Nurse #3, there were:</p> <p>a. Expired Novolog FlexPen (insulin injector), 3 ml, opened on 10/13/18 and expired, half-empty Novolin 70/30 (insulin) multi dose vial, 100 units/ml, 10 ml, opened on 10/15/18.</p> <p>b. Lantus (insulin) injector, 100 units/ml, 3 ml, opened with no name/date on it. Levemir FlexTouch (insulin), 100 units/ml, 3 ml, opened with no name/date on it.</p>	F 761	<p>F 761</p> <p>Immediate Action</p> <p>There were no named residents for this deficiency. There were 4 expired insulin pens removed from the medication cart as well as one magic mouthwash from the medication room on 11/14/2018</p> <p>Identification of others</p> <p>A 100% audit was completed of all medication carts and medication rooms to ensure proper storage of medication as well as expiration dates on 11/14/2018 by the DON, ADON, RN Supervisors. All licensed nurses and medication aides were inserviced on expiration dates, stocking insulin and stock medications in carts and medication rooms and proper labeling when opening. These inservices were initiated on 11/13/18 and to be completed by 12/5/18 by the DON, ADON, and the RN Supervisors. After 12/5/18 no nursing staff will be allowed to work until in-service completed.</p> <p>Systemic Changes</p> <p>A list of medications and their expiration dates were placed in the front of each medication book. Medication storage will be reviewed in orientation of new licensed nurses at time of hire and annually and as needed.</p> <p>Monitoring</p> <p>Medication carts will be monitored daily by third shift and reviewed daily times two weeks, then weekly for four weeks then monthly for two months. Any negative finding from audits will result in one on</p>		

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F 761	Continued From page 5 On 11/15/18 at 11:40 AM, during an interview, Nurse #3 indicated that all the nurses were responsible to check the expiration date on medications and proper label it.  On 11/15/18 at 11:50 AM, during an interview, the Director of Nursing indicated that all the nurses were responsible to check medications and label it appropriately. Her expectation was no expired items be left in the medication carts or in medication storage rooms.	F 761	one inservicing. The finding will be reported monthly in the QAPI Meeting for recommendation and or modifications until a pattern of substantial compliance is achieved.		
F 925 SS=D	Maintains Effective Pest Control Program CFR(s): 483.90(i)(4)  §483.90(i)(4) Maintain an effective pest control program so that the facility is free of pests and rodents. This REQUIREMENT is not met as evidenced by: Based on observations, record review and interviews facility failed to maintain an effective pest control program to prevent flies from entering 2 of 7 resident rooms (Resident # 102, Resident # 95) and on one of the 5 hallways (200 hallway).  Finding included:  Review of the contracted pest control service invoices revealed treatment for rodents, ants, roaches and spiders had been completed on 8/21/18, 9/17/18 and 10/17/18. Record review also revealed on 9/18/18 and 10/17/18 pest control for bed bugs were completed. The pest control invoices did not indicate the facility was serviced for flies during these recent service visits. No concerns with hallway 200 exit door were noted on the invoices.	F 925	F925 Immediate Action The exterminator treated the rooms for resident's #95 and #102. In addition, their rooms were deep cleaned removing excess trash and food. The exterminator also sprayed the outside of the facility and added additional fly light throughout the facility. The exterminator also serviced the existing fly light replacing the lights. Identification of Others All resident has the potential to be affected by this practice therefore the exterminator in addition to treated the named rooms also service the facility at that time. The staff was inserviced on trash disposal, removing soiled linens and trays from room timely and was completed on 11-16-18.	12/5/18	

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F 925	<p>Continued From page 6</p> <p>During a continuous observation of hallway 200 on 11/13/18 from 09:40 AM - 10:00 AM, revealed multiple flies in this hallway. Observation also revealed some disoriented, well-groomed residents sitting in the hallway with multiple flies on their clothes and bodies.</p> <p>During an interview on 11/13/18 at 10:00 AM, Nurse # 1 indicated there were flies in the hallway and maintenance was aware of that. Nurse# 1 also indicated maintenance staff were responsible for pests control and had seen pest control come to facility once a month.</p> <p>During an observation and interview with Resident's #102 on 11/13/18 at 01:33 PM, observation of the resident's room revealed flies on the side table and near the bed. Resident # 102 indicated there was a fly problem and had a fly swatter in the room to avoid them.</p> <p>During an observation and interview with Resident's # 95 on 11/14/18 at 10:02 AM, observation of the resident's room revealed flies were observed near the side table and near the bed. The resident indicated there were flies in the room and was not sure how to take care of this issue.</p> <p>During an interview on 11/14/18 at 10:35 AM, NA # 5 stated some flies were noticed in the resident's room and that the facility was taking care of the fly issue.</p> <p>During an observation and interview on 11/15/18 at 09:12 AM, observation at the nursing station on 200 Hallway revealed few flies near the nursing station. Nurse # 4 indicated the hallway had some</p>	F 925	<p>Systemic Changes The exterminator will keep the fly lights and the outside of the facility serviced each month and the maintenance will also conduct periodic spraying and cleaning in areas if any flies are noted in the audits. Monitoring The administrative team including the maintenance director, housekeeping supervisor, Administrator, DON and ADON will evaluate the prevalence of flies on rounds daily Monday through Friday for four weeks then weekly for four weeks then monthly for two months. If any noted flies the maintenance director will treat the areas. The finding will be reported monthly in the QAPI Meeting for recommendation and or modifications until a pattern of substantial compliance is achieved.</p>		

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CENTERS FOR MEDICARE & MEDICAID SERVICES

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F 925	<p>Continued From page 7</p> <p>flies due to the exit doors being frequently used. Nurse # 4 indicated the facility had fly traps in the hallway and maintenance staff were aware about the issue.</p> <p>During an interview on 11/15/18 at 11:00 AM, the maintenance director stated they had changed the pest control services from one company to other some months ago. The maintenance director stated as a part of the contract with pest control service the company would provide treatment for all pests including flies. The maintenance director indicated all hallways in the facility had electrical fly trap devices and the lights fixtures in the fly trap were recently replaced. Maintenance director acknowledged the facility had some flies as the exit doors were constantly opened. Maintenance director indicated the pest control service comes every month to assist with the pest control in the facility.</p> <p>During an interview on 11/15/18 at 04:08 PM, NA # 6 stated there was a fly issue in the 200 hallway. NA # 6 stated the administration was aware of it.</p> <p>During an interview on 11/15/18 at 04:15 PM, Nurse # 2 stated there were some flies in the 200 hallway. Nurse # 2 also indicated there were fly traps in the hallway and this should be taking care of the issue.</p> <p>During an interview on 11/16/18 at 09:03 AM, the Administrator indicated the facility did have a contact with pest control service company and the pest control service comes in every month to spray around the building to prevent flies entering the building. The administrator also stated that the hallways had fly trap devices and the</p>	F 925			



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F 925	Continued From page 8 resident's rooms were sprayed as needed to prevent flies. The administrator stated it was his expectation that any insect problem be communicated to maintenance staff so that the problem could be relayed to the pest control company to address the issue.	F 925		