

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345561	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 04/05/2021
NAME OF PROVIDER OR SUPPLIER UNIVERSAL HEALTH CARE/FUQUAY-VARINA			STREET ADDRESS, CITY, STATE, ZIP CODE 410 S JUDD PARKWAY SE FUQUAY VARINA, NC 27526		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 000	INITIAL COMMENTS The survey team entered the facility on 3/31/21 to conduct a complaint investigation. Additional information was obtained offsite 4/1/21 and 4/5/21. Therefore, the exit date was 4/5/21. Event ID#5CX911. 1 of the 3 complaint allegations was substantiated.	F 000			
F 727 SS=E	RN 8 Hrs/7 days/Wk, Full Time DON CFR(s): 483.35(b)(1)-(3) §483.35(b) Registered nurse §483.35(b)(1) Except when waived under paragraph (e) or (f) of this section, the facility must use the services of a registered nurse for at least 8 consecutive hours a day, 7 days a week. §483.35(b)(2) Except when waived under paragraph (e) or (f) of this section, the facility must designate a registered nurse to serve as the director of nursing on a full time basis. §483.35(b)(3) The director of nursing may serve as a charge nurse only when the facility has an average daily occupancy of 60 or fewer residents. This REQUIREMENT is not met as evidenced by: Based on record review and staff interviews, the facility failed to provide Registered Nurse (RN) coverage for 8 consecutive hours in a 24-hour period during 3 of the 3 months reviewed (1/2021, 2/2021, 3/2021). Findings included: Review of the Daily Staffing Sheets revealed: On 1/23/21 the facility census was 86 residents and there were no consecutive RN hours for 8 of the 24-hour day.	F 727	Universal Healthcare of Fuquay-Varina acknowledges receipt of the Statement of Deficiencies and purpose of this Plan of Correction to the extent the summary of findings is factually correct in order to maintain compliance with applicable rules and provisions of quality of care of residents. The Plan of Correction is submitted as written allegation of compliance. Preparation and submission of this Plan of	5/3/21	

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

TITLE

(X6) DATE

Electronically Signed

04/19/2021

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 727	<p>Continued From page 1</p> <p>On 1/24/21 the facility census was 86 residents and there were no consecutive RN hours for 8 of the 24-hour day.</p> <p>On 2/6/21 the facility census was 77 residents and there were only 6 consecutive RN hours for 8 of the 24-hour day.</p> <p>On 2/7/21 the facility census was 76 residents and there were no consecutive RN hours for 8 of the 24-hour day.</p> <p>On 2/9/21 the facility census was 76 residents and there were no consecutive RN hours for 8 of the 24-hour day.</p> <p>On 2/20/21 the facility census was 85 residents and there were no consecutive RN hours for 8 of the 24-hour day.</p> <p>On 2/21/21 the facility census was 85 residents and there were no consecutive RN hours for 8 of the 24-hour day.</p> <p>On 3/6/21 the facility census was 91 residents and there were no consecutive RN hours for 8 of the 24-hour day.</p> <p>On 3/7/21 the facility census was 91 residents and there were no consecutive RN hours for 8 of the 24-hour day.</p> <p>On 3/20/21 the facility census was 94 residents and there were no consecutive RN hours for 8 of the 24-hour day.</p> <p>On 3/21/21 the facility census was 94 residents and there were no consecutive RN hours for 8 of the 24-hour day.</p> <p>During an interview on 3/31/21 at 4:00 PM, the interim Administrator confirmed there was no RN coverage for the listed dates. The Administrator stated one RN on staff works every other weekend and agency staff was used to cover the alternate weekends. He further stated that he used agency nurses, and they could not provide an RN for the weekend, and it was difficult to find</p>	F 727	<p>Correction is in response to the CMS 2567 from the survey conducted on March 31 – April 5, 2021. Universal Healthcare of Fuquay-Varina response to the Statement of Deficiencies and Plan of Correction does not denote agreement with the Statement of Deficiencies nor does it constitute an admission that any deficiency is accurate. Furthermore, Universal Healthcare of Fuquay-Varina reserves the right to refute any deficiency on the Statement of Deficiencies through Informal Dispute Resolution, formal appeal and/or other administrative or legal procedures.</p> <p>F 727</p> <ol style="list-style-type: none"> 1. Facility failed to ensure that proper RN coverage (8 consecutive hours per day) was maintained. Staff schedules were adjusted immediately to ensure proper RN coverage is in place. 2. An audit was completed by Nurse Management on 4/16/21 of the schedule for the last 30 days to ensure that proper RN coverage was maintained. 3. Nurse Management and Staffing Coordinator were educated on 4/15/21 by Administrator on requirement for proper RN coverage. Facility Administration has been and will continue to recruit for additional RN coverage to ensure that proper RN coverage is maintained. Staff schedules will be altered by the Director of Nursing to ensure proper RN 		

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F 727	<p>Continued From page 2 coverage.</p> <p>During a telephone interview on 4/1/21 at 10:45 AM, Licensed Practical Nurse (LPN) #1 reported working night shift every other weekend. He recalled working last weekend short one nurse. He was told a nurse would be called in, but the nurse never came to work. The working nurses were required to split coverage for the additional units.</p> <p>During a telephone interview on 4/1/21 at 2:00 PM, LPN #2 reported working every other weekend with one nurse per hall. She stated the facility had difficulty staffing nurses and sometimes a nurse had to cover one and a half units due to this.</p> <p>During a telephone interview on 4/1/21 at 3:45 PM, the Director of Nursing (DON) stated a RN should be working 8 hours per day, 7 days a week. She further stated they were trying to hire for every other weekend. The DON stated when agency cannot provide RN coverage, it is possible for herself or the Assistant DON to cover. She stated this was the plan moving forward.</p> <p>During a telephone interview on 4/5/21 at 10:20 AM, the Regional Director of Operations stated the requirement was to have RN coverage 8 hours a day. If agency cannot provide RN coverage, then alternate arrangements should be made.</p>	F 727	<p>coverage maintained.</p> <p>Administrator and/or Director of Nursing will audit daily schedules 5 days per week x 12 weeks to ensure proper RN coverage is maintained.</p> <p>4. Data obtained during the audit process will be analyzed for patterns and trends and reported to QAPI by the Director of Nursing monthly x 3 months. At that time, the QAPI committee will evaluate the effectiveness of the interventions to determine if continued auditing is necessary to maintain compliance.</p> <p>5. Person Responsible: Administrator and Director of Nursing</p> <p>6. Date of Compliance: 5/3/2021</p>		