PRINTED: 11/21/2022 FORM APPROVED OMB NO. 0938-0391

	DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	' ·	PLE CONSTRUCTION  G		DATE SURVEY COMPLETED	
		345449	B. WING			C	
	ROVIDER OR SUPPLIER AL HEALTH CARE/KING	J45443		STREET ADDRESS, CITY, STATE, ZIP CODE  115 WHITE ROAD  KING, NC 27021		09/02/2022	
(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 COR (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE	
E 000	Initial Comments		E 00	00			
F 000	conducted on 08/14/2	: ID# LT0D11.	F 00	00			
	survey were conducted 09/02/2022. Event ID: 3 of the 16 complaint substantiated resultin The following intakes NC00184673, NC001 NC00189905, NC001 Immediate Jeopary w	allegations were g in deficiencies. were investigated: 86814, NC00188621, 90659, and NC00191422.					
	J CFR 483.25 at tag F6 J	84 at a Scope and Severity 91 at a Scope and Severity					
	Tag F684 constituted Care.	Substandard Quality of					
	Immediate Jeopardy 1 08/15/2022 and was I Immediate Jeopardy 1	removed on 08/27/2022. for F684 began on removed on 08/27/2022.					
SS=J	CFR(s): 483.10(g)(14	jury/Decline/Room, etc.)	F 58	30		9/20/22 (X6) DATE	

Electronically Signed 09/20/2022

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 (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING			(X3) DATE SURVEY COMPLETED		
		345449	B. WING	R WING		C	
NAME OF D	ROVIDER OR SUPPLIER	343443	5		STREET ADDRESS, CITY, STATE, ZIP CODE	09/	02/2022
	AL HEALTH CARE/KING			1	15 WHITE ROAD  KING, NC 27021		
(X4) ID PREFIX TAG			ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
	S483.10(g)(14) Notifice (i) A facility must immodulate consistent with his or representative(s) when the consistent with his or representative (a) A significant chan mental, or psychosoci deterioration in health status in either life-through the complications (C) A need to alter the aneed to discontinue treatment due to advect the commence and the	cation of Changes. ediately inform the resident; ent's physician; and notify, her authority, the resident en there is- ving the resident which as the potential for requiring a; ge in the resident's physical, ial status (that is, a a, mental, or psychosocial reatening conditions or b; eatment significantly (that is, an existing form of erse consequences, or to m of treatment); or esfer or discharge the		580	DEFICIENCY)	ΠE	DATE
	resident and the resident when there is- (A) A change in room as specified in §483.1 (B) A change in residence State law or regulation (e)(10) of this section (iv) The facility must residence.	ent rights under Federal or ns as specified in paragraph record and periodically mailing and email) and					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING		(X3) DATE SURVEY COMPLETED			
		345449	B. WING		09	C 09/02/2022	
	ROVIDER OR SUPPLIER  AL HEALTH CARE/KING			STREET ADDRESS, CITY, STATE, ZIP CODE  115 WHITE ROAD  KING, NC 27021		<i>NOLI 2022</i>	
(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 CORREI (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETION DATE	
F 580	that is a composite di §483.5) must disclose its physical configuratiocations that compris part, and must specification changes between under §483.15(c)(9). This REQUIREMENT by:  Based on observation Dentist, Nurse Practition interviews the facility the physician when a reported to the facility and the facility staff or redness, during oral conformation of 1 resident reviewer #51 was seen by a difference in 2 - 6 months. schedule the recommer care in 2 - 6 months. schedule the recommer Resident #51 reported (redness and swelling 8/15/2022 (8/8/2022) Resident #51 and two (NA #4 and NA #5) sticlinical staff. Interview (Medical Director and revealed they were mand inflammation durithrough 8/15/2022. Tilling the support of the support	posite distinct part. A facility stinct part (as defined in e in its admission agreement cion, including the various se the composite distinct by the policies that apply to en its different locations  T is not met as evidenced  In, record review, staff, ioner (NP), and Physician failed to immediately inform resident (Resident #51) a staff that he had oral pain beserved a new onset of oral care. This was identified in 1 d for dental care. Resident entist on 10/28/2021 and idation for follow up dental The facility failed to	F 58	· · · · · · · · · · · · · · · · · · ·	on inded in, 14 days, The n 300mg ental mg twice / inistrative visual all 8/25/22. istrative		
	the surveyor and brou The facility then sche 8/17/2022 that resulte	light to the facilities attention.  duled a dental visit on  ed in diagnoses of two  nfection), dental pain and a		24-hour reports for the last 60 day any other concerns that require p notification as of 8/25/22.	ys for		

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	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	l ` ′		CONSTRUCTION	(X3) DATE COMP	SURVEY
			1 20,20			(	С
		345449	B. WING				02/2022
NAME OF P	ROVIDER OR SUPPLIER	•		S	TREET ADDRESS, CITY, STATE, ZIP CODE		
IINIVEDS	AL HEALTH CARE/KING			1	15 WHITE ROAD		
UNIVERSA	AL REALTH CARE/KING			K	ING, NC 27021		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA		(X5) COMPLETION DATE
					DEFICIENCY)		
F 580	Continued From page		F	580			
		the dentist for a full mouth			The Director of Nursing and		
		al of the teeth). Physician			Administrative nurses were educated b	-	
	orders were provided				the Regional Nurse Consultant on 8/26	/22	
	anti-inflammatory pai	n medication and two			on responsibility of physician notification	n	
	antibiotics (Cleocin a	nd Rocephin). The failure to			regarding resident change of condition		
	notify the physician ir	nmediately resulted in			related to dental concerns. The DON o	r	
	prolonged, unresolve			administrative Nurses will be responsib	le		
	was left untreated. Th			for notification of the residents' attendir	ng		
	infection in the mouth			physician of dental recommendations a	•		
		veaken the overall immune			any emergent dental care needs.		
		od infection or sepsis and			, 3		
	can cause severe pa	·			As of 8/26 the Director of Nursing and		
					Administrative Nurses provided educat	ion	
	Immediate Jeopardy			to the licensed nurses and nursing	1011		
		and inflammation was noted			assistants, including the contract nursing	na	
		uth by the surveyor and it			staff, on completing oral cavity	19	
		acility staff had been notified			observations for red swollen gums, fou	ı	
					_	ı	
		ng the week of 8/8/2022			odor, and/or other abnormal teeth	_	
	through 8/15/2022 ar	<del>_</del>			issues on admission, during routin	е	
	1 * *	nediate Jeopardy was			care, and when residents complain of		
	removed on 8/27/202				mouth pain. They were instructed to		
		ole allegation of immediate			report any identified concerns to the		
		he facility will remain out of			attending physician for future treatmen	ţ	
		r scope and severity of D,			orders.		
		n with potential for more					
	than minimal harm th	at is not immediate			Additionally, any identified concerns wi	II	
	jeopardy.				be reported to the Director of Nursing		
					and/or administrative nurses. Employ		
	The findings included	l:			who have not received training from the		
					Director of Nursing, Assistant Director		
		mitted to the facility on			Nursing, or designee will not be permit	ted	
	5/11/2021 with diagno	oses that included a			to work until education has been		
	tracheostomy, aphon	ia (the loss of the ability to			completed. As of 8/26/22, Regional Nu	rse	
	speak through diseas	se or damage to the larynx or			Consultant also completed education v	/ith	
	mouth), protein calori	ie malnutrition, hemiplegia,			Director of Nursing, Assistant Director		
	and a gastrostomy.				Nursing and administrative nurses, rela		
					to their responsibility to review		
	A review of the annua	al Minimum Data Set (MDS)			twenty-four-hour report daily		
		aled Resident #51 was			Monday-Friday during the clinical meet	ing	
			1		, , , ,	_	

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		IDENTIFICATION NUMBED:		) MULTIPLE CONSTRUCTION BUILDING		(X3) DATE SURVEY COMPLETED	
						C	
		345449	B. WING _			09/	02/2022
NAME OF P	ROVIDER OR SUPPLIER			ST	REET ADDRESS, CITY, STATE, ZIP CODE		
				119	5 WHITE ROAD		
UNIVERSA	AL HEALTH CARE/KING			KI	NG, NC 27021		
(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 B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 580	Continued From page assessed to have cog with his teeth, no pair A review of the staffin #51, for the dates of 8 was conducted with t (DON) on 8/25/2022. during the dates were Nurse #10. Phone nu Nurse #4 - #7 and Nu assistants (NA) were Resident during the dwere provided for NA placed to NA#2, NA # and Nurse #9 without interview was conducted and Nurse was conducted and had worked with She stated she did or worked and about two 8/8/2022 through 8/15 to shake his head and clean his mouth. She information to the hall nurse's name because			580		for for llow se ly al ain	
	8/25/2022 at 3:44 p.n worked with Resident added that she swabl care, with a lemon swhe had begun to shak away when she tried asked the Resident if "Yes." She added that	n. and she stated she had the #51 numerous times. She the his mouth, during oral trab. She stated that recently the his head, "No," or pull to clean his mouth and she he had pain and he nodded, t she observed a red area to to outh and reported the					

STREET ADDRESS, CITY, STATE, ZIP CODE  115 WHITE ROAD  KING, NC 27021  D PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)  C 09/02/2022  (X5) COMPLETI DATE
STREET ADDRESS, CITY, STATE, ZIP CODE  115 WHITE ROAD  KING, NC 27021  Description (ACS)  FROVIDER'S PLAN OF CORRECTION (CAS)  (EACH CORRECTIVE ACTION SHOULD BE (CAS)  COMPLETING  CROSS-REFERENCED TO THE APPROPRIATE (CAS)
FIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETI G CROSS-REFERENCED TO THE APPROPRIATE DATE
= 580

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDI	IPLE CONSTRUCTION  NG		(X3) DATE COMP	SURVEY LETED
		345449	B. WING _			C 09/02/2022	
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY	Y, STATE, ZIP CODE	1 00/	OLI LULL
UNIVERSA	AL HEALTH CARE/KING			KING, NC 27021			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	(EACH CO	DER'S PLAN OF CORRECTION RRECTIVE ACTION SHOULD B ERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 580	Continued From page	≥ 6	F t	580			
	inflammation in his m Resident can commu communicated his ga past. The administrati schedule a follow up his pain was assesse medication provided a						
	conducted on 8/25/20 progress note written for the date of 8/16/20 Resident #51 was ass	ng progress notes had been by the ADON on 8/17/2022 D22. The progress note read sessed for oral pain and times with a head shake.					
	8/26/2022 at 3:03 p.m conducted a dental as on 8/17/2022 because practice on 8/16/2022 appointment. He state areas with purulent exsemisolid that has exbecause of injury or in two areas were probedevice) the Resident indicate pain. He add being notified sooner that infection in the mpneumonia due to a boverall immune syste or sepsis and can cau revealed it was his exmedical provider to be that include redness of changes were identificated as a single provider to be changes were identificated as a single provider to be changes were identificated as a single provider to be changes were identificated as a single provider to be changes were identificated as a single provider to be changes were identificated as a single provider to be changes were identificated as a single provider to be changes were identificated as a single provider to be changes were identificated as a single provider to be changes were identificated as a single provider to be changes were identificated as a single provider to be changes were identificated as a single provider to be considered as a single providere	ed the Resident had two xudate (any fluid or uded out of a tissue inflammation) and when the ed (pressed on with a squeezed his hand to ed, the concern with not about the dental pain, was touth could lead to pacterium, weaken the in, lead to a blood infection use severe pain. He expectation for the dentist or en notified of oral changes or pain at the time the ed. He revealed on					
	8/17/2022 he verbally						

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTI A. BUILDIN	PLE CONSTRUCTION  G		(X3) DATE SURVEY COMPLETED	
		345449	B. WING _			C 09/02/2022
	ROVIDER OR SUPPLIER  AL HEALTH CARE/KING			STREET ADDRESS, CITY, STATE, ZIP CODE  115 WHITE ROAD  KING, NC 27021		09/02/2022
(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 CORF (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AF DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE
F 580	F 580 Continued From page 7		F 5	80		
	x 14 days, Acetamino combination with ibup provided a referral to mouth extraction (remains of the provided and the Nurse Frevealed each of her past two months had another health conce conducted an oral ex #51's dental situation 8/25/2022. She reveator the facility staff to that included inflamm Resident reported thi An interview was con 8/25/2022 at 2:54 p.r revealed he had been and had been in to so check on him. He stavisit and he had not of the Resident because for other conditions. It does not communical providers for care. He informed of the Residinflammation during the 8/15/2022.  An interview was comp.m. with the Medical revealed he had not 1/451's oral pain or infla 8/8/2022 through 8/1	ophen for pain in profen intermittently and an oral surgeon for a full moval of teeth).  Iducted on 8/25/2022 at 1:40 Practitioner (NP) and she visits to Resident #51, in the been acute visits related to am. She revealed Resident a had been reported to her on aled it was her expectation report any clinical changes nation or pain at the time the				
	the concern with an a any infection, would I	abscess/dental infection, or be that it can spread to the d to sepsis. He stated the				

	VIDER/SUPPLIER/CLIA TIFICATION NUMBER:	(X2) MULT A. BUILDIN	IPLE CONSTRUCTION		(X3) DATE SU COMPLE	
	345449	B. WING _			C 09/02/2022	
NAME OF PROVIDER OR SUPPLIER  UNIVERSAL HEALTH CARE/KING		,	STREET ADDRESS, CITY, STATE, ZI 115 WHITE ROAD KING, NC 27021	P CODE		-
(X4) ID SUMMARY STATEMENT ( PREFIX (EACH DEFICIENCY MUST BE TAG REGULATORY OR LSC IDENT	PRECEDED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN ( (EACH CORRECTIVE A CROSS-REFERENCED T DEFICIE	ACTION SHOULD BE O THE APPROPRIA	_	(X5) COMPLETION DATE
infection contains bacteria that contributor to the Resident's present preumonia, diagnosed on 8/2 on the date of 8/16/2022, whe expressed, he had pain of a 510, his expectation was for the offered and provided his breat needed medication or the profurther instructions. He added expectation that when the pait was reported to the facility state (physician, nurse practitioner, notified of the change in cond.  An interview was conducted was 8/25/2022 at 10:07 a.m. and shad been present during their administrative team on 8/16/2 She revealed the statement the facility first learned of the need to schedule a follow up a accurate and on the date of 8/25/2022 at 10:42 a.m. and shad written a late entry progressurvey team had exited the fathat stated she had conducted investigation on 8/16/2022. We conducted an oral investigation the Resident had oral pain an stated, "but I did, I promise!"  The Administrator was notified jeopardy on 8/26/2022 at 4:45.  The facility provided a credible immediate jeopardy removal of the facility provided a credible immediate jeopardy removal of the facility provided a credible immediate jeopardy removal of the facility provided a credible immediate jeopardy removal of the facility provided a credible immediate jeopardy removal of the facility provided a credible immediate jeopardy removal of the facility provided a credible immediate jeopardy removal of the facility provided a credible immediate jeopardy removal of the facility provided a credible immediate jeopardy removal of the facility provided a credible immediate jeopardy removal of the facility provided a credible immediate jeopardy removal of the facility provided a credible immediate jeopardy removal of the facility provided a credible immediate jeopardy removal of the facility provided a credible immediate jeopardy removal of the facility provided a credible immediate jeopardy removal of the facility provided a credible immediate jeopardy removal of the facility provided a credible immediate jeopardy removal of the facility pr	possible aspiration 15/2022. He stated on the Resident on a scale of 0 to be Resident to be kthrough, as vider notified for , it was his in and inflammation off, a provider should or dentist) be ition.  With the ADON on the revealed she in the meeting with the 1022 at 4:02 p.m. In this was when for all pain and the pappointment was 16/2022.  With the ADON on the revealed she is note after the cility on 8/17/2022 did an oral of the meeting with the 10 the cility on 8/17/2022 did not all of the meeting with the 10 the cility on 8/17/2022 did not all of the meeting with the 10 the cility on 8/17/2022 did not all of the meeting with the 10 the cility on 8/17/2022 did not all of the meeting did inflammation she allegation of the state of p.m.	F 5	580			

AND BLAN OF CORRECTION INDENTIFICATION NUMBER:		1 ` ′	PLE CONSTRUCTION  G		COMPLETED	
		345449	B. WING			C <b>09/02/2022</b>
	ROVIDER OR SUPPLIER AL HEALTH CARE/KING			STREET ADDRESS, CITY, STATE, ZIP CODE  115 WHITE ROAD  KING, NC 27021	<u> </u>	09/02/2022
(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 CORRE (EACH CORRECTIVE ACTION SHI CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
F 580	are likely to suffer, a because of the non-The facility failed to i physician or dentist withe staff that he had redness that resulted abscesses.  On 8/16/22 the in-hocontacted by the Socresident #51 and the services. The in-housan on-site evaluation plan on 8/17/22. The resident #51 be seer extraction of the rem worked with the Med 8/25, to find a location extractions, due to retracheostomy tube a challenges involved 8/25/22 the facility lo	nts who have suffered, or serious adverse outcome compliance: mmediately inform the when resident #51 reported to pain in his mouth with from two gingival  use dental provider, was said Worker regarding need for emergency dental see dental provider conducted and developed a treatment Dentist recommended that a by oral surgeon for aining teeth. The Facility ical Director from 8/17 until n for resident #51's tooth	F 5	80		
	Dentist who ordered Peridex. The Nurse resident #51 for poss 8/25/2022 and exam Upon examination N 50 mg twice a day as controlled by acetam ordered: 1) Cleocin 3 days for potential as stated this would also and 2) Rocephin 1-g	en on 8/17 by in-house accetaminophen for pain and Practitioner (NP) saw sible pneumonia on ine resident #51's mouth. P wrote orders for Tramadol s needed for pain not inophen, and the NP 800 mg four times a day x 7 biration pneumonia, and to cover a dental infection, ram IV everyday x 7 days for x-ray on 8/26/2022 shows				

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	ROVIDER OR SUPPLIER  AL HEALTH CARE/KING			STREET ADDRESS, CITY, STATE, ZIP CO 115 WHITE ROAD KING, NC 27021	<u> </u>	3/02/2022	
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F 580	visual observation an facility residents to ide that could be having at The DON and adminicompleted an Oral He included the following having any issues with having dental pain 3) eating. Any identified addressed, and dental initiated to ensure resuppropriately utilizing if recommended by the Director of Nursing arcompleted review of 2 days for any other conotification as of 8/26  Specify the action the process or system fair adverse outcome from when the action will be the As of 8/26/22 the Director Administrative Nurses Regional Nurse Constructions. The Director Administrative Nurses notification of the resident o	a. The antibiotic was tal issues.  rector of Nursing and conducted an Oral Health d assessment for all current entify if any other resident(s) any dental issues/concerns. strative nurses also ealth questionnaire, which questions. 1) Are you h your teeth 2) Are you Are you having trouble l issues or concerns will be al consultations will be all consultati	F 5	80			

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		` ′	LE CONSTRUCTION	` '	(X3) DATE SURVEY COMPLETED		
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	ROVIDER OR SUPPLIER  AL HEALTH CARE/KING			STREET ADDRESS, CITY, STATE, ZIP CODE  115 WHITE ROAD  KING, NC 27021	<u> </u>	03/02/2022	
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F 580	licensed nurses and the contract nursing scavity observations for odor, and/or other ab admission, during rouresidents complain or instructed to report a attending physician for Additionally, any ider reported to the Direct administrative nurses 24-hour report. Employer training from the Direct administrative nurses 24-hour report. Employer training from the Direct of Nursing, or permitted to work unt completed. The Staff RN Weekend Supervistaff training for completed education Assistant Director of nurses, related to the twenty-four-hour report during the clinical meter for physician notificated. Alleged Date of IJ results and facility training. Tobservations included residents that identifineed of dental care.	or of Nursing and s provided education to the nursing assistants, including staff, on completing oral or red swollen gums, foul anormal teeth issues on utine care, and when if mouth pain. They were my identified concerns to the for future treatment orders. In the field concerns will be stor of Nursing and/or so, by documenting on the coyees who have not received for of Nursing, Assistant for designee will not be still education has been if Development Nurse and field prize will track and monitor colleteness.  In all Nurse Consultant also with Director of Nursing, Nursing and administrative stir responsibility to review fort daily Monday- Friday setting for any noted concerns cion.  In moval: 8/27/2022	F 58				

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '		CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
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	ROVIDER OR SUPPLIER  AL HEALTH CARE/KING			1	TREET ADDRESS, CITY, STATE, ZIP CODE  15 WHITE ROAD  KING, NC 27021		
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F 580	of physician notification condition and focused facility policies for not dental services were staff. The Resident has	nservice for the responsibility on regarding a change in d on dental concerns. The ification of changes, and reviewed with all clinical ad an oral surgery ed. The immediate jeopardy	F	580			
F 584 SS=D	CFR(s): 483.10(i)(1)-( §483.10(i) Safe Environment The resident has a rig	onment. ght to a safe, clean, elike environment, including civing treatment and	F	584			9/20/22
	homelike environmen use his or her persona possible.  (i) This includes ensureceive care and serve physical layout of the independence and do (ii) The facility shall exthe protection of the ror theft.	clean, comfortable, and t, allowing the resident to al belongings to the extent  ring that the resident can rices safely and that the facility maximizes resident bes not pose a safety risk. xercise reasonable care for esident's property from loss					
	services necessary to and comfortable inter	eeping and maintenance maintain a sanitary, orderly, ior; ed and bath linens that are					
	in good condition; §483.10(i)(4) Private						

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	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		PLE CONSTRUCTION  G		TE SURVEY MPLETED
		345449	B. WING _			C 9/02/2022
NAME OF PI	ROVIDER OR SUPPLIER		<u> </u>	STREET ADDRESS, CITY, STATE, ZIP CODE		0.02.2022
UNIVERSA	AL HEALTH CARE/KING			115 WHITE ROAD KING, NC 27021		
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F 584	Continued From page	÷ 13	F 5	84		
	resident room, as spe	ecified in §483.90 (e)(2)(iv);				
	§483.10(i)(5) Adequal levels in all areas;	te and comfortable lighting				
	levels. Facilities initia	table and safe temperature lly certified after October 1, temperature range of 71 to				
	sound levels.	maintenance of comfortable  is not met as evidenced				
	Based on observation interviews, the facility furniture in good reparts.	ns, resident and staff failed to maintain 1. ir (Room 108A and B) and clean floor in a resident		F 584 Safe/Clean/Comfortable/Homel Environment:	like	
	room for 2 of 8 reside Room 108) and revie	nt rooms (Room 120A wed for environment.		The furniture in room 108A & 1 well as a malfunctioning light w repaired on 8/17/2022. In room	ere	
	The findings included			furnishings were removed, and were thoroughly cleaned	•	
	Room 120A revealed	1 PM, an observation of the floor in the resident 's ppeared dirty and dull. The		and waxed on 8/20/2022.  All residents have the potential	to be	
	area around the toiled large, blackened area room appeared dirty	in the bathroom had a a. The floor of the residents		affected by this alleged deficier The Maintenance Director will a resident rooms for any mainten issues as of 9/9/2022. Any iden	nt practice. audit all ance	
	On 8/14/22 at 12:11 F 120A was interviewed	PM, the resident in Room		repairs or cleaning have been of by 9/19/2022.  Administrator will re-educate the Operations Manager, Maintena	completed e Plant	
	the mop around the r	oom. She stated there was and the dirt would not come		Technician, and Housekeepin Supervisor, and Assistant Hous Supervisor on the facilities police	g sekeeping cies and	
	On 8/17/22, the Hous	ekeeping Director was		procedures for maintaining a clohome like environment as of 9/		

PRINTED: 11/21/2022 FORM APPROVED OMB NO. 0938-0391

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UNIVERSA	AL HEALTH CARE/KIN	G		KING, NC 27021			
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F 584	Continued From pa	ge 14	F 5	584			
	and that is the wors facility doesn ' t hav floors right now; the	ated Room 120 is on the B hall at in the facility. She stated the re anyone on staff to do the air last employee quit. She ne process of hiring someone.		Housekeeping Supervis all Housekeeping emplot facilities polices and pro- maintaining a clean, saf environment as of 9/19/	oyees on the ocedures for fe, home-like		
	On 8/17/22 at approximately 4:00 PM, the Administrator was interviewed. He stated the facility was having a hard time hiring staff but he did expect the resident rooms to be clean, including the floors.			Additionally, the facility facility employees, incluas of 9/19/2022 on the report identified or report and housekeeping conconthe proper procedure identified or third party (families, staff, contractor)	Iding contract staff, need to timely rted maintenance cerns; as well as, e for reporting any (residents,		
	Resident #23's roor The resident was o and looking at a ma bedside nightstand top drawer. An inter Resident #23 at tha couldn't open the di broken and becaus weakness she coult the sides. She state drawer for fear of cometal. The Residen unable to recall to w broken handle. She able to use the top injured.	vas made of room #108, m, on 11/15/2022 at 10:37 AM. beserved lying in her bed alert ligazine. It was observed the had a broken handle on the rview was conducted with lit time. She explained she rawer because the handle was le of her tremor and muscle d not pull the drawer out from led she was scared to use the lutting herself on the broken lit further stated she was whom she had reported the le said it would be nice to be drawer without fear of being		reported concerns.  The maintenance/house order logs will be review through Friday as well a rounds by the plant ope	ekeeping work wed daily Monday as weekly room rations manager eping supervisor or ensure ssues have been riffied issues will be r 72 hours. In rig an outside red as soon as for the service nin 24 hours. This ment change to rig and resolving		
	Director was intervi in position of Mainte months. He further helper two weeks a environmental roun	ewed. He stated he had been enance Director for two stated he had hired a new go. He explained he did daily ds to assess for needed ve missed the broken drawer		The Plant Operations M Housekeeping Supervis summary v taken to resolve reporte resolutions of identified administrator for review	sor will provide a weekly of all actions ad issues including concerns to the		

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			11	REET ADDRESS, CITY, STATE, ZIP CODE 5 WHITE ROAD ING, NC 27021	1 03/	<u> </u>
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F 584	visited, they assessed bedside nightstands a new ones. He revealed tables would be delived. On 08/17/2022 at 2:3 of Resident #23's with he agreed the drawer repaired. He also obstandles to bed A's be malfunctioning fluores going to repair the isse. On 08/17/2022 at 2:4 was interviewed. He sof the environmental room. He explained it facility policies and provercome human errowould be repaired impovercome human errowould be repaired impovercome for the assessment must resident's status. This REQUIREMENT by:  Based on observation interviews the facility Minimum Data Set (Moresident (Resident #5).	splained when Corporate of the need to replace and they had ordered eighty and he did not know when the ered.  5 PM during an observation of the Maintenance Director chandle needed to be erved missing drawer did table and a scent light. He stated he was use immediately.  9 PM Executive Director stated he was made aware concerns in Resident #23's was his expectation that the occdures were sufficient to or. He stated the issues mediately.  ents  of Assessments. It accurately reflect the  is not met as evidenced  on, record review, and staff failed to ensure the IDS) was accurate for 1 of 1  1) reviewed for dental care.	F 5		actions as needed for a period of 3 months.  The administrator will report all findings the QAPI Committee monthly for their review and input, to ensure continucompliance.  F 641 Accuracy of Assessments:  The MDS for resident #51 was revised 8/25/2022 to reflect the correct dental health status of the residents utili both direct observation and a review of the medical records.	ued on lizing	9/20/22
	Resident #51 was add 5/11/2021.	mitted to the facility on			The MDS coordinators and director of		

	ROVIDER/SUPPLIER/CLIA DENTIFICATION NUMBER:	1 ` ′	PLE CONSTRUCTION  IG	(X3	(X3) DATE SURVEY COMPLETED	
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UNIVERSAL HEALTH CARE/KING			KING, NC 27021			
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A review of the facility dentation months revealed Resident comprehensive dental visit Dental progress note docur was missing 16 teeth and here present on tooth 6, 7, 14, 2 heavy plaque and heavy in A review of the annual Minited dated 4/6/2022, revealed the documented Resident #51 broken natural teeth,  An interview was conducted p.m. with the MDS Director reviewed the Resident's dethe 10/28/2021 visit, that do Resident had multiple miss were root tips, and two non surveyor and the MDS Director reviewed the MDS Director Resident #51's bedside for oral cavity. The MDS Director Resident open his mouth for then she stated she observed gums to the top right side with fragments and obvious blactors and obvious blactor	#51 had a on 10/28/2021. The mented the Resident had only root tips 3, 24 and 26 with flammation.  mum Data Set (MDS), he dental assessment had no cavities or  d on 8/16/2022 at 3:20 had the motes from bournented the hing teeth, 7 teeth that restorable teeth. The hotor walked to an observation of his tor requested the for an observation and hed he had inflamed with multiple tooth had multiple tooth had multiple missing had multiple missing hed the oral 8/16/2022 and she of the 4/6/2022 MDS.  d on 8/25/2022 at 3:03 Party (RP) for Resident hesident had issues cility admission on	F 6	nursing conducted an audit of al residents in the facility for their or dental health status utilizing dire observation and a review of the record. MDS and Care Plans we updated with any abnormal findi.  Current resident dental consultate be reviewed at the AM Clinical in the Director of Nursing, MDS Contant and	current ect medical ere ings.  Itions will neeting, by cordinator ensure all p timely. Itential for affect all were S es for ing of rns on  Delete 5 ekly for 4 sessments ersect a		

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F 658 F 658 SS=D	Continued From page Services Provided M. CFR(s): 483.21(b)(3) Comproved The services provide as outlined by the comust- (i) Meet professional This REQUIREMENT by: Based on observation resident and staff into apply a bunny boot a for 1 of 4 residents resident #70).  The findings included Resident #70 was ad 5/12/20.  Review of a physicial read: bunny boot to receive the marked that the marked tha	ee 17 eet Professional Standards (i) rehensive Care Plans d or arranged by the facility, mprehensive care plan, standards of quality. T is not met as evidenced ons, record review and erviews, the facility failed to s ordered by the physician eviewed for pressure ulcers  I: mitted to the facility on  n's order dated 6/16/22 ight foot to use in bed to ng against bed.  for August 2022 revealed the to right foot to use in bed to ng against bed was signed	Fé	F 65 Profe Reside be appointed by the service of th	DEFICIENCY)  58 Services Provided Meet essional Standards:  dent #70's order for bunny boots pplied was reviewed by DON, spor provider and due to refusal by lent, order was discontinued on /2022.  It completed by DON/designee of ent residents with bunny boots to ure they are being applied as order they are being applied as ordered and accurate including contract, on applying my boots as ordered and accurate imenting administration and refus f 9/19/2022.  Judge 1 and 1 a	ered. sing ly als	9/20/22	
	Resident #70 lying in were observed lying there was not a bunn right foot.  An observation on 8/	22 10:45 AM revealed bed. Resident #70 ' s feet flat on the mattress and y boot on Resident #70 ' s 17/22 at 8:30 AM revealed bed. He did not have a		MAR week week ensu orde	I/designee will monitor 5 residents and visually verify three times kly x 4 weeks, twice weekly x 4 ks, and once weekly x 4 weeks to tre bunny boots have been applie red.  DON will bring a summary of find	d as		

PRINTED: 11/21/2022 FORM APPROVED OMB NO. 0938-0391

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	ROVIDER OR SUPPLIER			1	TREET ADDRESS, CITY, STATE, ZIP CODE  15 WHITE ROAD  KING, NC 27021	1 03/	02/2022
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F 676 SS=D	interview with Reside have a bunny boot for never offered to put it  On 8/17/22 at 8:42 Al conducted with Nurse Sunday 8/14/22 and she put on Resident # not. She stated she s 8/17/22 that she appli Resident #70 's right a hurry and signed it it.  On 8/17/22 at 8:28 Al conducted with the Distated when a nurse sthat indicated the task the nurse should not something if she did r Activities Daily Living CFR(s): 483.24(a)(1) §483.24(a) Based on assessment of a resident's needs and provide the necessary ensure that a resident daily living do not dim of the individual's clin that such diminution vincludes the facility er §483.24(a)(1) A resid treatment and service or her ability to carry for the such diminution of the individual to carry for the resident and service or her ability to carry for the such diminution of the ability to carry for the such diminution of the ability to carry for the such diminution of the ability to carry for the such diminution of the ability to carry for the such diminution of the ability to carry for the such diminution of the ability to carry for the such diminution of the ability to carry for the such diminution of the ability to carry for the such diminution of the ability to carry for the such diminution of the ability to carry for the such diminution of the ability to carry for the such diminution of the ability to carry for the such diminution of the ability to carry for the such diminution of the ability to carry for the such diminution of t	o his right foot. During an int #70, he stated he did not in the right foot and the staff in on.  M, an interview was at #1. She stated she worked signed off on the MAR that #70 's bunny boot but did igned on the MAR for ited the bunny boot to foot because she just got in off, but she had not applied  M, an interview was irrector of Nursing. She signs or checks off the MAR of was completed. She stated sign that she complete not.  (ADLs)/Mntn Abilities (b)(1)-(5)(i)-(iii)  the comprehensive dent and consistent with the choices, the facility must y care and services to t's abilities in activities of sinish unless circumstances ical condition demonstrate was unavoidable. This		676	of audits and monitoring to QAPI month to ensure that the process is in place a effective and discuss for further update as warranted.	nd	9/20/22

PRINTED: 11/21/2022 FORM APPROVED OMB NO. 0938-0391

	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDIN		CONSTRUCTION		PLETED
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F 676	accordance with para activities of daily livin \$483.24(b)(1) Hygien grooming, and oral ca \$483.24(b)(2) Mobility including walking, \$483.24(b)(3) Elimina \$483.24(b)(4) Dining-snacks, \$483.24(b)(5) Comm (i) Speech, (ii) Language, (iii) Other functional of This REQUIREMENT by:  Based on observation resident and staff interprovide a communication during in 1 of 1 resident (Recommunication.  The findings included Resident #51 was additional activities of the staff in the provide and staff in the provide a communication during in 1 of 1 resident (Recommunication.	of daily living. ride care and services in agraph (a) for the following g: ae -bathing, dressing, are, y-transfer and ambulation, ation-toileting, eating, including meals and unication, including communication systems. is not met as evidenced an, record review, and erviews the facility failed to ation board to maintain g activity of daily living care sident #51) reviewed for	F	376	F 676 Activities Daily Living (ADLs):  As of 9/9/2022 a communication tool is place for resident #51 for staff utilization to provide effective communication by Director of Nursing. Education given to staff members on communication tools.  An audit completed by DON/designee all current residents that are care plant for a communication to the staff members of the staff are care plant.	on the o s. of ned	
	calorie malnutrition, t	oses that included protein racheostomy, aphonia (an elated to disease or injury to hemiplegia, and			for communication tools to ensure that those residents have the correct tool ir place for effective communication on 8/16/2022.		

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F 676	A review of the quarte (MDS), dated 7/11/20 had no speech, was I request only but unde comprehension. The assistance of two star and total assistance of dressing, eating, toile bathing.  A review of the care pridentified focused are had difficulty expressibeing nonverbal and activity of daily living limited mobility due to accident with left hem gastrostomy tube and speech impairment. The communication board and interview was con 8/15/2022 at 10:27 a. gestures and nodded required lip reading to the had a communication board closet, bedside table,  An interview was con 8/15/2022 at 10:28 a. communication board closet, bedside table,  An interview was con 8/16/2022 at 9:42 a.n. communication for Recauses frustration and	erly Minimum Data Set 22, revealed Resident #51 imited to making concrete erstood speech with clear Resident required extensive if members with bed mobility of one staff member with it use, personal hygiene, and  plan dated 7/11/2022 as that read Resident #51 ing his needs related to required assistance with (ADL) needs related to required assistance with iplegia, the use of a la tracheostomy with ithe interventions included a  ducted with Resident #51 on im. and the Resident used for communication and of understand. When asked if ion board, he shook his  sident #51's room on im. was conducted and a la was not present in the end table or on the walls.  ducted with Nurse #2 on	F	676	Staff will be in-serviced on proper use communication tool and the importance ensuring that it is in place to utilize for effective communication with resident a of 9/19/2022.  DON/designee will monitor the placem of communication tools three times weekly x 4 weeks, twice weekly x 4 weeks, and weekly x 4 weeks.  The DON will bring a summary of finding a summary of audits and monitoring to QAPI month to ensure that the process is in place a effective and discuss for further updates as warranted for 3 months.	e of as ent ngs nly nd	

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F 676	An interview was comp.m. with Nursing Assesident #51. She reassigned to the Residuent and had not utilized on the American and had worked with since his admission. An interview was recommended and the American and the	ducted on 8/16/2022 at 1:52 sistant #1, assigned to evealed she had been dent many times and had not on board for the Resident one during his daily care.  sident #51's room on m. was conducted and a draws not present.  ducted on 8/16/2022 at 2:02 erapist #1 and she revealed Resident #51 intermittently She stated a communication anded, and provided at the ication on 5/12/2021, again July 2022. She revealed the mass of anxiety when the draws not used. She added were provided to the the interdisciplinary team.  Summary team.	F 67	6	
F 684 SS=J	communication. Quality of Care		F 68	.4	9/20/22

PRINTED: 11/21/2022 FORM APPROVED OMB NO. 0938-0391

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F 684	Continued From page CFR(s): 483.25  § 483.25 Quality of car Quality of care is a furth applies to all treatment facility residents. Base assessment of a resident residents receive accordance with professor practice, the comprehactice, the comprehactic the comprehactice, the comprehactice, the comprehactice, the comprehactice, the comp	are Indamental principle that Int and care provided to ed on the comprehensive Ident, the facility must ensure Itreatment and care in ressional standards of rensive person-centered residents' choices. Is not met as evidenced In, record review, staff, rioner (NP), and Physician failed to ensure a resident's riding care and services to res and unresolved dental resident #51) reviewed rent #51 was seen by the and received a rollow up dental care in 2 - 6 realied to schedule the	F 68	DEFICIENCY)	atacted the 151 on mended pain, ily x 14 days, con. The cocin 300mg or dental se 50mg twice d by	
	ordered, breakthrough medication. The reconoral pain and inflamm surveyor and brought The facility then sche 8/17/2022 that resulte gingival abscesses (in	t receive a dose of his h as needed, pain mmended follow up care, ation was identified by the to the facilities attention. duled a dental visit on ed in diagnoses of two nfection), dental pain and a he dentist for a full mouth		observation and assessment current residents in the facility Additionally, the DON and addinurses completed an oral heat questionnaire. Moreover, the administrative nurses reviewe 24-hour reports for the last 60 any other concerns that require notification on 8/25/22.	on 8/25/22. ministrative alth DON and ad the days for	

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F 684 Continued F			F 68	4		
Immediate Junresolved of in Resident # was discover had not beer recommended abscesses, product dental was removed implemented jeopardy remont actual had minimal harm.  The findings  Resident #5-5/11/2021 with tracheostomy through dame calorie malnung gastrostomy.  A review of the months reverse Dentist #1 on Service Proventiate # 1 on Service	eopardy bral pain a #51's modered the form scheduled, that repain, and I extraction at a lower and the diagnorm with part and the diagnorm with a lower and the diagnorm with a lower and the dental and Responsible to the lower and the lower	began on 8/15/2022 when and inflammation was noted by the surveyor and it below up dental appointment led in the timeframe esulted in two gingival a recommendation for a full on. Olmmediate Jeopardy 1/2022 when the facility be allegation of immediate e facility will remain out of a scope and level of D-that is potential for more than not immediate jeopardy.  I mitted to the facility on poses that included a sia (loss of ability to speak see larynx or mouth), protein semiplegia, and a see larynx or mouth), protein semiplegia, and a see larynx or mouth is seen by 1/2021, the facility Dental sident #51 was assessed to (a form of hardened dental flammation. He was missing oot tips, 3 restorations and 2 present. A recommendation sing in 2-6 months and to sams. The 10/28/2021 dental ental visit and he had not		The Director of Nursing and Administrative nurses were educated the Regional Nurse Consultant or 8/26/2022 on responsibility of phy notification regarding a resident of condition related to dental concer DON or administrative Nurses will responsible for notification of the residents' attending physician of crecommendations and any emerging dental care needs.  As of 8/26 the Director of Nursing Administrative Nurses provided eto the licensed nurses and nursin assistants, including the contract staff, on completing oral cavity observations for red swollen gum odor, and/or other abnormal teeth on admission, during routine care when residents complain of mout They were instructed to report an identified concerns to the attendir physician for future treatment ord Additionally, any identified concerns to the reported to the Director of Nurand/or administrative nurses, by documenting the 24-hour report. Employees who have not receive from the Director of Nursing, Assi Director of Nursing, or designee where the premitted to work until education been completed. As of 8/26/22, Rurse Consultant also completed education with Director of Nursing and administrative nurses, related to the contraction of the premitted to the systems.	n /sician hange of ms. The labe dental gent gent gent gent gent gent gent gent	

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		345449	B. WING _			09/	02/2022
NAME OF PR	ROVIDER OR SUPPLIER			S	TREET ADDRESS, CITY, STATE, ZIP CODE		
HMIVEDS/	AL HEALTH CARE/KING			11	15 WHITE ROAD		
UNIVERSA	AL HEALIH CARE/KING			K	ING, NC 27021		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE
F 684	Continued From page	e 24	F 6	84			
	dated 4/6/2022 reveal assessed to have no	issues with his teeth,			clinical meeting for any noted concerns physician notification.		
		no speech, and no pain			MDS will audit 5 resident records daily		
	•	nent indicated the Resident			4 weeks and then 10 residents weekly		
	had no behaviors or r	ejection of care.			4 weeks for any notations of pain or fol up notification to physician for any	IOW	
	Δ review of Resident :	#51's care plan, dated			reported pain. Director of Nursing/Nurs	- Δ	
		focused area that read,			Manager will review 24-hour report dai		
	•	sistance with activities of			for 4 weeks and then M-F during clinic	•	
	-	ted to limited mobility due to			meeting ongoing for any notations of p		
		cident with left hemiplegia,			and notification to the physician.		
		s endoscopic gastrostomy			, ,		
		cheostomy with a speech			The Administrator will bring a summary	of	
	impairment. The inter	ventions included oral care			findings of audits and monitoring to QA	νPI	
	daily and as needed,	routine dental assessment			monthly to ensure that the process is in	1	
	and dental consults a	s needed.			place and effective and discuss for furt updates as warranted for 3 months.	her	
	A review of the physic	cian orders for Resident #51					
		ed Acetaminophen 325					
		wo tablets by PEG tube					
		pain ordered on 7/18/2022					
		n 160 mg/5 milliliters (ml)					
		peg tube every 4 hours as					
	needed for pain, orde	red on 7/4/2022.					
		g schedule for Resident					
		3/8/2022 through 8/25/2022,					
	was conducted with the	•					
	, ,	The nurses that worked					
	_	identified as Nurse #3 -					
		mbers were provided for					
		rse #9. Seventeen nursing					
	` ,	identified to work with the					
	_	ates and phone numbers					
	•	#2 - NA#10. A call was					
	-	10, Nurse #4, Nurse #6, success. A telephone					
		ted with NA #4 and NA #5.					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		` ′	IPLE CONSTRUCTION  NG		(X3) DATE SURVEY COMPLETED		
		345449	B. WING _			C 09/02/2022	
	ROVIDER OR SUPPLIER  AL HEALTH CARE/KING	I		STREET ADDRESS, CITY, STATE, ZIP CODE  115 WHITE ROAD  KING, NC 27021			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI) TAG	PROVIDER'S PLAN OF C ( (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO TH DEFICIENCY	N SHOULD BI E APPROPRIA	DATE.	
F 684	Continued From page		F6	584			
	8/25/2022 at 3:22 p.m worked with Resident and had worked with She stated she did or worked and about two 8/8/2022 through 8/15 to shake his head and clean his mouth. She information to the hall nurse's name because An interview was con 8/25/2022 at 3:44 p.m worked with Resident added that she swable care, with a lemon swhe had begun to shake away when she tried asked the Resident if "Yes." She added that the right side of his moredness to an agency night shift supervisor an injury. She revealed ago.  An interview and obswith Resident #51 on The Resident response wists, he shook his here	ducted with NA #4 on  n. and she revealed she had  it #51 on multiple occasions him over the past month.  ral mouth care each shift she to weeks ago, the week of 5/2022, the Resident began did pull away when she tried to stated she reported this I nurse but did not recall the tie she was with an agency.  ducted with NA #5 on  n. and she stated she had ti #51 numerous times. She toed his mouth, during oral tyte his head, "No," or pull to clean his mouth and she the had pain and he nodded, the she observed a red area to toouth and reported the to hall nurse because the had been out of work due to the had had been due to the had					
	this area hurt, he nod When asked if he had	d to a tooth. When asked if ded yes, several times. If reported the oral pain, he and mouthed to the nurses.					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULT A. BUILDIN	IPLE CONSTRUCTION  IG	, ,	(X3) DATE SURVEY COMPLETED	
		345449	B. WING _			C 09/02/2022
	ROVIDER OR SUPPLIER	6	STREET ADDRESS, CITY, STATE, ZIP CODE  115 WHITE ROAD  KING, NC 27021			
(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 CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	I SHOULD BE	(X5) COMPLETION DATE
F 684	Continued From pag	ge 26	F 6	84		
	10:54 a.m. of Reside the upper right half of inflamed swollen are area.  A review of Residen record and nurse produced and nurse produced area.  An interview was cop.m. with the MDS Desident Had multip were root tips, and the surveyor and the MI Resident #51's beds oral cavity. The MDS Resident open his man then she stated she gums to the top righ fragments and obvious area.	conducted on 8/15/2022 at ent #51's teeth and revealed of the palette was red with an ea to a front tooth and gum  t #51's electronic medical ogress notes for July and include documentation for ation.  Inducted on 8/16/2022 at 3:20 Director. The MDS Director ent's dental exam notes from that documented the le missing teeth, 7 teeth that two non-restorable teeth. The DS Director walked to side for an observation of his S Director requested the nouth for an observation and observed he had inflamed at side with multiple tooth ous black areas on his teeth.				
	An interview was co p.m. with Resident # present at the bedsin his pain was a 5 on no pain and 10 bein.  A review of the Augu Record (MAR) revea administration documeded Acetaminop	nducted on 8/16/2022 at 3:21 #51. The MDS Director was de. The Resident indicated a scale of 0-10 with 0 being g the worst pain ever.  Just Medication Administration aled there was no mented for the ordered as hen 1) when the NA's hall nurses the week of				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  (X2) MULTIPLE CONSTRUCTION A. BUILDING	(X3) DATE SURVEY COMPLETED	
<b>345449</b> B. WING	C <b>09/02/2022</b>	
NAME OF PROVIDER OR SUPPLIER  UNIVERSAL HEALTH CARE/KING  STREET ADDRESS, CITY, STATE, ZIP CODE  115 WHITE ROAD  KING, NC 27021	03/02/2022	
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD IN TAG CROSS-REFERENCED TO THE APPROPRED DEFICIENCY)	BE COMPLETION	
Continued From page 27  8/8/2022 through 8/15/2022 or 2) when the Resident reported to the MDS Director that he had pain at a 5 out of 10, on the date, 8/16/2022. On the date of 8/16/2022 the last dose of scheduled acetaminophen had been provided at 1:00 p.m.  An interview was conducted on 8/16/2022 at 4:02 p.m. with the Administrator, the Director of Nursing (DON), the Assistant Director of Nursing (ADON), the MDS director, the social worker (SW) and the regional consultant present in the office. The administrative team was made aware of the concerns the surveyor had discovered during the investigation. The DON and Administrator revealed the facility had not been aware Resident #51 had a dental recommendation for follow by in 2-6 months. They both stated the facility had not been aware the Resident had oral pain or inflammation in his mouth. The DON revealed the Resident can communicate his pain and had communicated his gastrointestinal pain in the past. The administrative staff all stated they will schedule a follow up dental appointment, ensure his pain was assessed, and as needed pain medication provided as ordered.  An interview was conducted with the Dentist #1 on 8/17/2022 at 12:00 p.m. and he revealed his practice received a call on 8/16/2022 to schedule the visit due to the Resident reporting pain in his mouth. He said an assessment was completed on 8/17/2022 with Resident #51 and there was a change from the previous visit in October 2021. He stated the Resident now had two gingival abscesses, located on the upper right and lower left of the mouth. He revealed the failure to		

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	345449	B. WING_			C <b>09/02/2022</b>	
NAME OF PROVIDER OR SUPPLIER  UNIVERSAL HEALTH CARE/KING			STREET ADDRESS, CITY, STATE, ZIP CODE  115 WHITE ROAD  KING, NC 27021			
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Resident #51 was asses denied the pain three times and the pain three times 8/25/2022 at 1:06 p.m. a pain in his jaw and the pain week before the first in on 8/15/2022.  An interview was conducted Director on 8/25/2022 at Director of Nursing preses 8/16/2022 interview states of Resident #51 and what she acknowledged the second whether the Resident had pain revealed she did not offer #51's ordered as needed added she reported this the oral redness and pain nursing team during the revealed the multiple corrections.	AR for the date of dent #51 had not been the as needed pain and his last dose of en, prior to the dental a.m. The Resident was is next dose of o.m.  Togress notes had been and revealed a nurse the ADON on 8/17/2022. The progress note read sed for oral pain and the swith a head shake.  The did with Resident #51 on and he revealed he had ein had been present for terview with the surveyor  The did with the MDS and the ent, and she was read the ent, and the en	F 6	84			

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 684	reported information. written a progress no document what she of Resident reported. Si document a late entry what she observed, with the staff she reported. An interview was con Nursing (DON) on 8/2 reference to the MDS 8/25/2022 at 10:22 at MDS Director she did reporting the Resider had not been reported medication to be proving the stated it was the receive this information the administrative nurchange of condition to read the summarized at 4:02 p.m. and she accurate that this was the Resident had ora	ve nursing team did with the She revealed she had not te, as of 8/25/2022, to observed or what the he added she would y progress note to reflect what was reported to her and	F 6			
	on 8/26/2022 at 3:03 8/17/2022 Resident # purulent exudate (any exuded out of a tissu inflammation) and wh probed (pressed on v squeezed his hand to facility staff had been when Resident #51 e	as conducted with Dentist #1 p.m. and he revealed on #51 had two areas with y fluid or semisolid that has e because of injury or nen the two areas were with a device) the Resident o indicate pain. He stated present at the bedside expressed he had pain. He ended Acetaminophen for				

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULT A. BUILDI	TIPLE CONSTRUCTION  NG		(X3) DATE SURVEY COMPLETED	
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	ROVIDER OR SUPPLIER  AL HEALTH CARE/KING			STREET ADDRESS, CITY, STATE, ZIP COE 115 WHITE ROAD KING, NC 27021	DE	00/02/2022
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG	The state of the s	N SHOULD BE E APPROPRIATE	(X5) COMPLETION DATE
F 684	He stated the reason 8/17/2022, stated the recommended follow him was because the dental issues that incomplete was that it could lead bacteria, weaken the lead to a blood infect dental abscesses can abscesses ca	with ibuprofen intermittently. The had previously, on a failure to schedule a rup visit was concerning to a lack of care can lead to studed infection. He added dental infection, the concern to pneumonia due to overall immune system, and ion or sepsis. He revealed use severe pain.  Inducted on 8/25/2022 at 1:37 Practitioner (NP) and she visits to Resident #51 in the been acute visits related to a run and she had not a man. The NP then walked, the Resident's room to 's mouth. She asked the and where the pain was an topointed to the right side of ked about his pain he is a 5 out of 10 on a 0-10 ked if the pain was in his as. She revealed the dental aported to her on 8/25/2022, nursing team. She ordered are a day as needed for pain taminophen and ordered 1) attive medication, 300 mg four for aspiration pneumonia and also cover a dental infection	F	684		
	intravenous (IV) ever pneumonia. She stat make a recommenda	ryday x 7 days for ed she preferred the Dentist ation and add for a follow up care physician within a time				

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		' '	FIPLE CONSTRUCTION  NG	(X	(X3) DATE SURVEY COMPLETED	
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	ROVIDER OR SUPPLIER  AL HEALTH CARE/KING			STREET ADDRESS, CITY, STATE, ZI  115 WHITE ROAD  KING, NC 27021	P CODE	09/02/2022
(X4) ID PREFIX TAG			ID PREFI TAG	X (EACH CORRECTIVE A CROSS-REFERENCED T	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	
F 684	8/25/2022 at 2:54 p.n revealed he had beer and had been in to se check on him. He sta visit and he had not of the Resident because conditions. He added communicate with hir providers for care.  A telephone interview Dental Provider service operations and the Dentist #1 on 8 (Resident #51) had p with infection. A reconfull mouth extraction and the control of the provider with infection and the control of the provider with infection and the control of the provider with infection and the provider with infection.	ducted with Physician #2 on n. via telephone and he n at the facility on 8/17/2022 be Resident #51 just to ted this was not a scheduled conducted an oral exam of this was a visit for other that Resident #51 does not m and prefers other  I was conducted with the ces, Vice President (VP) of irector of Dental Services on n. and a referral was made 8/17/2022 that read, Patient ain and an abscess present mmendation was made for a at an outside oral surgeon.	F	684		
	p.m. with the Medical revealed, in relation to exam on 8/17/2022, the abscess/dental infect be that it can spread to sepsis. He stated to bacteria that could be Resident's possible a diagnosed on 8/25/20/8/16/2022, when the pain of a 5 on a scale was for the Resident his breakthrough, as provider notified for formal scale of the second	e a contributor to the spiration pneumonia, 022. He stated on the date of Resident expressed, he had of 0 to 10, his expectation to be offered and provided needed medication or the aurther instructions. He added to the the infection the				

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		345449	B. WING _			09/0	02/2022
	ROVIDER OR SUPPLIER  AL HEALTH CARE/KING			STREET ADDRESS, CITY, STATE  115 WHITE ROAD  KING, NC 27021	E, ZIP CODE	,	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	X (EACH CORRECTI CROSS-REFERENCI	LAN OF CORRECTION IVE ACTION SHOULD BE ED TO THE APPROPRIA FICIENCY)		(X5) COMPLETION DATE
F 684	Continued From page	32	F	684			
	8/25/2022 at 10:07 a. had been present dur administrative team of She revealed the state the facility first learned need to schedule a for accurate and on the of An interview was con 8/25/2022 at 10:42 a. had written a late entisurvey team had exite that stated she had or investigation on 8/16/conducted an oral investigation on 8/16/conducted an oral investigation on 8/16/conducted an oral investigation on 8/25 stated, "but I did, I professional procedures over and procedures over error with not getting the dental recommen error from an outside expectation that agenorganizations meet the protocols in place for facility. He revealed it report of pain, he expensed on to the MD nursing team along were administrative teams and the state of the state of the MD nursing team along were administrative teams and the state of the stat	ducted with the ADON on m. and she revealed she ry progress note after the ed the facility on 8/17/2022 onducted an oral 2022. When asked why she restigation prior to learning pain and inflammation she omise!"  ducted with the retation that the facility policy come human error. This the hygienist scheduled per dation 10/28/2021 was an agency. He stated it was his recy nurses and outside the facility policy and the delivery of care at the fa nurse received a new ected this information to be and the administrative ith documentation.					
	Identify those recipier	nts who have suffered, or					

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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F 684	because of the non- The facility failed to (Resident #51) received when the facility failed recommended follow resulted in two ginging pain. There was a docondition of a reside facility failed to report to the Dentist or Mediscovered by the classical transfer was seen Dentist who ordered Peridex. The Nurse resident #51 for pos 8/25/2022 and examulation Noom twice a day a controlled by acetan ordered: 1) Cleocinical days for potential as stated this would als and 2) Rocephin 1-continued for the decontinued for the deconficient prior completed an oral as after the Director of resident prior completed in the point of the point was signed to the process of the prior completed and the prior completed and the prior completed in the	serious adverse outcome compliance:  ensure that a resident ved treatment and care, ed to schedule the vup dental care which val abscesses (infection) and elay in reporting a change in nt (Resident #51) when the rt pain, changes, or redness dical Director when it was first inical staff.  en on 8/17 by in-house acetaminophen for pain and Practitioner (NP) saw sible pneumonia on hine resident #51's mouth.  IP wrote orders for Tramadol is needed for pain not hinophen, and the NP 300 mg four times a day x 7 piration pneumonia, and o cover a dental infection, fram IV everyday x 7 days for tax-ray on 8/26/2022 shows hia. The antibiotic was	F 684		

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F 684	allow the physician to 8/17/22. What are we This resident often re attending physician. was asked by the Dire 8/25/2022 to examine this resident's complayisit. Upon examinate Tramadol 50 mg twice not controlled by acet Cleocin 300 mg four to potential aspiration provided also cover a de Rocephin 1-gram IV expneumonia.  On 8/25/2022 the Dire Managers conducted via visual inspection, current residents to it was having any dental administrative nurses Health questionnaire, questions. 1) Are you you having trouble ear or concerns will be acconsultation will be in are treated appropriated dental services or cor recommended by the Specify the action the process or system fair	n, and the residents' Resident #51 refused to examine him at that time edoing about this part fuses treatment from the The Nurse Practitioner (NP) ector of Nursing on e resident #51 regarding for int of pain during her weekly on the NP wrote an order for e a day as needed for pain aminophen and ordered: 1) imes a day x 7 days for neumonia, and stated this ental infection, and 2) everyday x 7 days for ector of Nursing and Unit an Oral Health observation and assessment for all lentify if any other resident al issues/pain. The DON and also completed an Oral which included the following u having any issues with having dental pain 3) Are ting. Any identified issues lidressed, and a dental itiated to ensure residents tely utilizing the in-house munity dentist if attending physician entity will take to alter the lure to prevent a serious n occurring or recurring, and e complete.	F	684			

PRINTED: 11/21/2022 FORM APPROVED OMB NO. 0938-0391 (X3) DATE SURVEY

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '		CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
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		345449	B. WING			09/	02/2022
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F 684	licensed nurses and recontract nursing staff pain, signs of infection well as the monitoring effectiveness of the pidentified concerns with of Nursing and/or admid documenting on the 2 who have not receive of Nursing, Assistant Manager/designee with until education has been the Staff Development Supervisor will track at completeness.  As of 8/26/22, Region completed education Assistant Director of Nurses, related to the twenty-four-hour reported uring the clinical mento include reports of at Alleged IJ Removal Developments, and Physician and facility training. Tobservations included residents that identified need of dental care. The and medical provider training included an Ir of physician notification condition and focused the side of the	s provided re-education to nursing assistants, including which included reporting ins, notifying physician, as gof pain and the ain treatment. Any ill be reported to the Director ininistrative nurses, by 24-hour report. Employees d training from the Director Director of Nursing or Unit ill not be permitted to work een completed. In Nurse and RN Weekend and monitor staff training for ital Nurse Consultant also with Director of Nursing, Nursing and administrative ir responsibility to review the out daily, Monday-Friday, eting for any noted concerns any dental issues.	F	684			

STATEMENT OF DEFICIENCIES (X AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA (X2) M IDENTIFICATION NUMBER: A. BUI		PLE CONSTRUCTION  G		(X3) DATE SURVEY COMPLETED	
		345449	B. WING _			C 09/02/2022	
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE  115 WHITE ROAD  KING, NC 27021	,		
(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 CORR (EACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE AP DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE	
F 761 SS=D	staff. A review of the A to verify the ordered of administered to Reside concerns identified. To surgery appointment is jeopardy was remove Label/Store Drugs and CFR(s): 483.45(g)(h)(s) §483.45(g) Labeling of Drugs and biologicals labeled in accordance professional principle appropriate accessory instructions, and the eapplicable.  §483.45(h) Storage of §483.45(h)(1) In accordance professional principle appropriate accessory instructions, and the eapplicable.  §483.45(h)(1) In accordance professional principle appropriate accessory instructions, and the eapplicable.  §483.45(h)(1) In accordance professional principle appropriate accessory instructions, and the eapplicable.  §483.45(h)(1) In accordance professional principle appropriate accessory instructions, and the eapplicable.  §483.45(h)(1) In accordance professional principle appropriate accessory instructions, and the eapplicable.  §483.45(h)(1) In accordance professional principle appropriate accessory instructions, and the eapplicable.  §483.45(h)(1) In accordance professional principle appropriate accessory instructions, and the eapplicable.  §483.45(h)(1) In accordance professional principle appropriate accessory instructions, and the eapplicable.	August MAR was conducted medication were being lent #51, as ordered, with no The Resident had an oral scheduled. The immediate d on 8/27/2022.  d Biologicals (1)(2)  of Drugs and Biologicals a used in the facility must be with currently accepted s, and include the y and cautionary expiration date when the proper and permit only authorized in the review of the proper and permit only authorized	F 6			9/20/22	
	by:	is not met as evidenced n and staff interviews the		F 761 Label/Store Drugs and B	iologicals:		

PRINTED: 11/21/2022 FORM APPROVED OMB NO. 0938-0391

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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		345449	B. WING _			09/	02/2022	
NAME OF P	ROVIDER OR SUPPLIER			S	TREET ADDRESS, CITY, STATE, ZIP CODE			
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UNIVERSA	AL HEALTH CARE/KING			K	KING, NC 27021			
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID		PROVIDER'S PLAN OF CORRECTION	-	(X5)	
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F 761	Continued From page	37		761				
	· -	d expired medications from		701				
		age room reviewed for			Expired medications were immediately	,		
	medication storage.	age room reviewed for			removed on 8/17/2022 from the			
	inculcation storage.				medication storage room, medications			
	The findings included				were disposed of per facility policy by			
	The initiality included	•			nursing supervisor.			
	On 8/17/2022 at 3:24	p.m. a review of the			g caperneon			
		oom was conducted with the			Audit completed as of 9/19/2022 of all			
		An observation of the			medications and supplies in medication			
	cabinets revealed a s				room by DON/designee to ensure that			
	contained four home	medications prescribed to a			there are not any medications to be			
	discharged resident.	Two of the four medications			disposed of.			
		tion #1 was Oxycodone 5						
	mg with 30 tablets ins				As of 9/19/2022, Director of Nursing			
		d on the prescription label of			and/or administrative nurses, including			
		#2 was valacyclovir with an			Staff Development Director, re-educate			
		d on the prescription label to			all nursing staff, including contract staf			
	discard after 5/5/2022	<u>2</u> .			on disposing of expired medications ar	ıa		
	An interview was con	ducted with Nurse			disposing of medications when not claimed by residents or families upon			
		7/2022 at 3:26 p.m. and she			death or discharge of a resident.			
		ions were from a discharged			death of discharge of a resident.			
		it was the facility practice to			Nursing management educated on			
		ber take home medications			checking medication room routinely to			
		nem up for the Resident until			ensure that there are no expired			
		not have family to take the			medications in the medication room by	the		
	medications home. S	he added the narcotics			Director of Nursing as of 9/19/2022.			
	should not have been	in the cabinet but locked in						
	_	or controlled medications.			DON and/or administrative nurse will			
		expectation that all expired			complete observation audits of medica			
	medications be disca	_			room and medication carts, three times			
	current recommended	d practice.			week x 4 weeks, twice weekly x 4 wee	KS,		
					and once per week for 4 weeks.			
	An interview was con				The Administration 29 C. U.C. C.	- 4-		
		7/2022 at 4:02 p.m. and he			The Administrator will report all findings	s to		
		spectation for medications to			the QAPI Committee monthly			
		lity protocols and for expired			for review and input.			
	room.	stored in the medication					[	
	100111.						1 I	

Facility ID: 923159

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			, ,	(X3) DATE SURVEY COMPLETED	
		345449	B. WING			C <b>09/02/2022</b>	
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE  115 WHITE ROAD  KING, NC 27021	1 03/02/2022		
(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 CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETION DATE	
F 791 SS=J	routine and 24-hour §483.55(b) Nursing The facility- §483.55(b)(1) Must poutside resource, in of this part, the follow the needs of each recipied in the state plant (ii) Routine dental secunder the State plant (ii) Emergency dental services located (iii) By arranging for the dental services located (iii) By arranging for the dental services. If a 3 days, the facility mount of the delay; §483.55(b)(3) Must presidents with lost of dental services. If a 3 days, the facility mount of the delay; §483.55(b)(4) Must proceed to the delay; §483.55(b)(4) Must proceed to the delay;	prices distresidents in obtaining emergency dental care.  Facilities.  Provide or obtain from an accordance with §483.70(g) wing dental services to meet esident: rvices (to the extent covered ); and all services;  if necessary or if requested, the extents; and transportation to and from the	F 79			9/20/22	

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		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ` ′	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		345449	B. WING		09/02/2022	
	ROVIDER OR SUPPLIER  AL HEALTH CARE/KING		•	STREET ADDRESS, CITY, STATE, ZIP CODE  115 WHITE ROAD  KING, NC 27021	1 00.02.2022	
(X4) ID PREFIX TAG			CIENCY MUST BE PRECEDED BY FULL PREFIX		DN (X5) DBE COMPLETION RIATE DATE	
F 791	eligible and wish to preimbursement of de medical expense und This REQUIREMENT by: Based on observation Dentist and Medical facility failed to schede examination for Resirecommendation from for a routine follow upmonths after the recodental assessment in abscesses, infection, diagnosis of possible added. This was preserviewed for dental commediate Jeopardy	articipate to apply for articipate to apply for articipate to apply for antal services as an incurred der the State plan.  Γ is not met as evidenced  an, record review, staff, Director interviews, the dule a dental cleaning and dent #51 after he had a an Dentist #1 on 10/28/2021 or in 2-6 months. Ten appropriate two gingival and pain. A week later, a aspiration pneumonia was sent in 1 of 1 resident	F 79	F 791 Routine/Emergency Dental Services in NFs:  The facility Social Worker contacted in-house dentist for resident #51 on 8/16/2022. The dentist recommende continuing acetaminophen for pain, Peridex mouth wash twice daily x 14 and a referral to an oral surgeon. The nurse practitioner ordered Cleocin 30 four times per day X 7 days for denta infection. Additionally, the nurse practitioner ordered Tramadol 50mg per day, for pain not controlled by acetaminophen.	d days, e 00mg al	
	follow-up dental apposchedule in the timef Immediate Jeopardy when the facility impl allegation of immedia facility will remain ou scope and severity of resident #51, ensystems put into placemployee training.  The findings included Resident #51 was ac 5/11/2021 with diagn tracheostomy, aphore	was removed on 8/28/22 emented a credible ate jeopardy removal. The t of compliance at a lower f D to implement corrections sure the monitoring of the te and to complete facility  d: Imitted to the facility on toses that included a		On 8/25/2022 the Director of Nursing Nurse Managers and administrative nurses conducted Oral Health observations, visual examinations, a assessments for all current residents identify if any other residents that we having any dental issues/concerns. DON and Unit managers also comple an Oral Health questionnaire, which included the following questions. 1) Ayou having any issues with your teet Are you having dental pain 3) Are you having trouble eating. Any identified issues or concerns that will be addrest and dental consultations will be initial ensure residents are treated approprintilizing the in-house dental services	nd s to ere The eted Are h 2) u essed, ted to inately	

Facility ID: 923159

PRINTED: 11/21/2022 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	(X2) MULTIPLE CONSTRUCTION  A. BUILDING			(X3) DATE SURVEY COMPLETED	
		0.45440	D. WING				С	
		345449	B. WING _			09/	02/2022	
NAME OF P	ROVIDER OR SUPPLIER			ST	FREET ADDRESS, CITY, STATE, ZIP CODE			
UNIVERS	AL HEALTH CARE/KING	•			5 WHITE ROAD			
ONIVERS	AL HEALIH CARE/RING	•		K	ING, NC 27021			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	(=:::::::::::::::::::::::::::::::::::::			(X5) COMPLETION DATE	
F 791	Continued From pag	e 40	F 7	791				
		0	' '		recommended by attending physician			
	A review of the Dent	al exam notes for the past 12			recommended by attending physician.			
		sident #51 was seen by			As of 8/27/2022 the facility social work	۵r		
		2021, the facility Dental			completed a review of dental consultar			
		sident #51 was assessed to			recommendations for follow up			
		(a form of hardened dental			appointments and outside dental referr	als		
		iflammation. He was missing			for October 2021 through August 2022			
	· · · /	root tips, 3 restorations and 2			ensure that residents follow up			
		present. A recommendation			appointments were scheduled.			
		ning in 2-6 months and to						
		As of 8/26/22 the Director of Nursing,						
	exam was his only dental visit and he had not				Assistant Director of Nursing and the			
	been seen by the hygienist.  administrative nurses were educated by		•					
					the Regional Nurse Consultant, regard	-		
		al Minimum Data Set (MDS)			the responsibility of physician notification	on		
		aled Resident #51 was			regarding the results of the dental			
		issues with his teeth, , no speech and no pain			questionnaires. On 8/26/22 the Directo Nursing determined the Unit Manager	1 01		
	present.	., no speech and no pain			would be accountable for physician			
	· •	cian orders for Resident #51			notification. The physician will determine	ne if		
		led Acetaminophen 325			an emergent dental consultation is			
	,	two tablets by peg tube three			needed, or if routine dental services are	е		
	, ,	ordered on 7/18/2022 and 2)			sufficient.			
	Acetaminophen 160	mg/5 milliliters (ml) liquid,						
		be every 4 hours as needed			As of 8/26/22 the Director of Nursing a	nd		
	for pain, ordered on	7/4/2022.			nurse managers are accountable for			
					inputting the order for consultation into			
	An interview was cor	J			electronic medical record and will over	see		
	· ,	8/25/2022 at 3:22 p.m. and			the schedule process which will be			
		d worked with Resident #51			completed by the transportation aide.			
	•	s and had worked with him			Emergent dental consultations will be s	ent		
	-	She stated she did oral ft she worked and about two			to In-house Dental Services by Social			
		rt sne worked and about two dent began to shake his			Worker or Director of Nursing following recommendation by physician, or the			
		when she tried to clean his			resident will be sent to an appropriate			
		ne reported this information			outside dental service provider as			
		did not recall the nurse's			determined by the medical provider.			
	name because she v							
		···· -·· -· <u>·</u> -··- <del>·</del> -··-			On 8/26/22 the Director of Nursing,			

Facility ID: 923159

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING		(X3) DATE SURVEY COMPLETED		
			A. BOILDI		<del></del>	Ι,	С
		345449	B. WING			l	02/2022
NAME OF P	ROVIDER OR SUPPLIER	1		S	TREET ADDRESS, CITY, STATE, ZIP CODE	, 00,	02/2022
				1	15 WHITE ROAD		
UNIVERSA	AL HEALTH CARE/KING			K	ING, NC 27021		
(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 791	Continued From page	e 41	F	791			
	An interview was con	ducted with NA #5 on			Assistant Director of Nursing and		
		n. and she stated she had			administrative nurses provided		
		t #51 numerous times. She			education to nurses and nursing		
	added that she swabl	bed his mouth, during oral			assistants, including contract nursing		
	care, with a lemon sw	vab. She stated that recently			staff, to complete oral cavity observation	ns	
		ke his head, "No," or pull			for red swollen gums, foul odor, and/or		
		to clean his mouth and she			other abnormal teeth issues on		
		he had pain and he nodded,			admission, during routine care, and wit	h	
		it she observed a red area to	residents that complain of mouth pain.				
	_	mouth and reported the Any identified concerns will be reported to					
		hall nurse because the					
		had been out of work due to ed this had begun two weeks			of Nursing or Unit Manager by the nurs or nursing assistant. Assessments	E	
	ago.	ed tills flad begull two weeks	completed with any identified issues will		II		
	ago.				be reported to physician by charge nur		
	An interview and obs	ervation were conducted			for further recommendations related to		
	with Resident #51 on	8/15/2022 at 10:24 a.m.			treatments. Employees who have	not	
	The Resident respon-	ded through a nod and			received training from the Director of		
	required lip reading w	vhen he mouthed a			Nursing, Assistant Director of Nursing	or	
	response. When aske	ed if he received dental			Unit Manager/designee will not be		
		ead no multiple times. The			permitted to work until education has		
	· ·	d his mouth and pointed at			been completed. The Staff Developme		
		d to a tooth. When asked if			Nurse and RN Weekend Supervisor wi	II	
	this area hurt, he nod	lded yes, several times.			track and monitor staff training for completeness.		
	An observation was o	conducted on 8/15/2022 at					
		nt #51's teeth and revealed			The Administrator will validate current		
	the upper right half of	f the palette was red with an			employees and agency staff have beer	1	
	inflamed swollen area	a to a front tooth and gum			educated on 8/26/22. The Administrato		
	area.				will also validate all clinical employees,		
		<i>",</i>			including agency staff, are educated pr	ior	
		#51's electronic medical			to working.		
		gress notes July and August			A = = f 0/00/00 D = = = = 1 N : = = = 0	4	
		documentation for oral pain			As of 8/26/22 Regional Nurse Consulta		
	or inflammation.				also completed education to include, the Director of Nursing, Assistant Director		
	An interview was con	ducted on 8/16/2022 at 3:21			Nursing and Unit Manager, related to the		
		51. The MDS director was			responsibility to review Dental Con		
	-	e. The Resident indicated			and recommendations daily Monday-	54110	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	LE CONSTRUCTION	, ,	(X3) DATE SURVEY COMPLETED	
		345449	B. WING			C 09/02/2022	
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE		09/02/2022	
				115 WHITE ROAD			
UNIVERSA	AL HEALTH CARE/KING			KING, NC 27021			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES TY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORE (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AI DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE	
F 791	Continued From page	e 42	F 79	1			
	his pain was a 5 on a	scale of 0-10 with 0 being		Friday during the clinical meetir	ng.		
	no pain and 10 being	the worst pain ever. The					
	MDS Director was no for pain.	ot observed to offer anything		As of 8/17/22, the Director of N Assistant Director of Nursing or will review the consultations to	designee		
	A review of the Augus	st Medication Administration		they have been addressed and			
	Record (MAR) reveal			appointments have been sched			
	administration docum	nented for the as needed		the dental provider. The appoin	ıtment		
	Acetaminophen on th	ne date, 8/16/2022, when the		schedule and schedule book, as well			
	Resident indicated he	e had pain at 5 out of 10.		orders, recommendations, cons and follow-ups will be brought t			
	An interview was con	ducted with the Dentist #1		clinical meeting by the Director			
	on 8/17/2022 at 12:0	0 p.m. and he revealed his		or Assistant Director of nursing	_		
		all on 8/16/2022 to schedule		be compared, to validate that the	-		
	the visit due the Resi	dent reporting pain in his		recommendations, consults, an	nd follow		
	mouth. He said an a	ssessment was completed		ups are accounted for, and mat			
		dent #51 and there was a		scheduled appointments. This			
		vious visit in October 2021.		monitored Monday through Frid	-		
		nt now had two gingival		weeks, twice weekly x 4 weeks	, and		
		n the upper right and lower added his expectation would		weekly x 4 weeks.			
		o occur as recommended		The schedule list for the in-hou	se dental		
	last October and ther			provider will be maintained and			
		ed, from the hygienist. He		by the social worker, and the or	•		
	added the lack of sch			appointment book will be maint			
		ow up visit was a concern to		updated by the transportation a			
	him.	·		the supervision of the Director			
				and Assistant Director of Nursir	ng. The		
		as conducted with Dentist #1		Social Worker will monitor all			
		p.m. and he revealed on		appointments for dental service	es daily for		
		#51 had two areas with		a period of six months.			
	1 -	I when the two areas were					
		vith a device) the Resident		The Social Worker will provide	•		
		o indicate pain. He revealed		of findings and corrective action			
		etaminophen for pain in		to the QAPI Committee for their			
		orofen intermittently. He		discuss any further updates for	3		
	_	are of dental infection, the ould lead to pneumonia due					
		he overall immune system.					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:		PLE CONSTRUCTION	, ,	(X3) DATE SURVEY COMPLETED	
		345449	B. WING _			C 9/02/2022	
	ROVIDER OR SUPPLIER  AL HEALTH CARE/KING			STREET ADDRESS, CITY, STATE, ZIP CODE 115 WHITE ROAD KING, NC 27021	•	SIGEIZGEZ	
(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 COI (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE	
F 791	An interview was con 8/25/2022 at 1:06 p.m pain in his jaw and the a week before the first An interview was con p.m. with the Nurse Prevealed each of her last two months had another health conce conducted an oral exithe Resident's room to mouth. She asked the where the pain was loop pointed to the right side asked about his pain 5 out of 10 on a 0-10 the pain was in his more vealed the dental side her on 8/25/2022. She twice a day as needed acetaminophen and contininfective medicat x 7 days for aspiration would also cover a de Rocephin, an antibiotie everyday x 7 days for preferred the Dentist and add for a follow uphysician within a timingums and pain.  An effort to interview worked with Resident	ducted with Resident #51 on an and he revealed he had e pain had been present for at interview on 8/15/2022. Iducted on 8/25/2022 at 1:37 fractitioner (NP) and she wisits to Resident #51 in the been acute visits related to an and she had not am. The NP then walked to a assess Resident #51's e Resident if he hurt and becated. The Resident de of his jaw and when he indicated his pain was a pain scale. When asked if bouth, he nodded yes. She tuation had been reported to be ordered Tramadol 50 mg d for pain not controlled by ordered 1) Cleocin, an ion, 300 mg four times a day in pneumonia and stated this	F 7	91			

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING			(X3) DATE SURVEY COMPLETED	
		345449	B. WING			C <b>09/02/2022</b>	
	ROVIDER OR SUPPLIER  AL HEALTH CARE/KING	1		STREET ADDRESS, CITY, STA 115 WHITE ROAD KING, NC 27021	ATE, ZIP CODE	03/02/2022	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFII TAG	(EACH CORREC CROSS-REFEREN	PLAN OF CORRECTION TIVE ACTION SHOULD BE ICED TO THE APPROPRIA EFICIENCY)		
F 791	Dental Provider servi operations and the D 8/25/2022 at 4:53 p.m by the Dentist #1 on 6 (Resident #51) had p with infection. A reconfull mouth extraction of the VP added their conscience of the VP added the VP added to the Resident #51. The Distance of the VP added to the Resident the VP added to the Resident that could be Resident's possible and the VP added to the VP ad	was conducted with the ces, Vice President (VP) of irector of Dental Services on an and a referral was made 8/17/2022 that read, Patient ain and an abscess present ammendation was made for a set an outside oral surgeon. Ompany was responsible for up visits but stated they had an consent to treat for rector of Dental Services suire consent to treat had esident at the facility.  ducted on 8/26/2022 at 1:37 Director (MD) and he of Resident #51's dental that the concern with an ion, or any infection would to the bloodstream and lead the infection contains as a contributor to the	F	791			
	could be a contributo Resident had been di The Administrator wa jeopardy on 8/26/202 The facility provided a	r to the infection the agnosed with. s notified of immediate					

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTII	PLE CONSTRUCTION  G		(X3) DATE SURVEY COMPLETED	
		345449	B. WING			C <b>09/02/2022</b>
	ROVIDER OR SUPPLIER  AL HEALTH CARE/KING			STREET ADDRESS, CITY, STATE, ZIP CODE 115 WHITE ROAD KING, NC 27021	<b>_</b>	03/02/2022
(X4) ID PREFIX TAG			ID PREFIX TAG	PROVIDER'S PLAN OF COF (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
F 791	Continued From page	e 45	F 79	91		
	are likely to suffer, a because of the non- The facility must ensidental services as re	ure all residents receive quired to meet their needs.				
		dule a follow up dental lent # 51 following dental				
	contacted by the Soc resident #51 and the services following ide The in-house dental on-site evaluation an In-house dental consresident be seen by a remaining teeth to be worked with the Med surgeon for resident extraction from Augu Due to resident #51 hand tubing feeding the procedure. On 8/25/2 the Medical Director Raleigh, NC. The Far paperwork to schedu for tooth extraction. Surgeon was complefamily then returned to the appointment can	need for emergency dental entification needed services. provider conducted an d treatment plan on 8/17/22. ultant recommended the an oral surgeon for the extracted. The Facility ical Director to locate an oral #51's recommended tooth st 17 to August 25, 2022. naving a tracheostomy tube here are challenges with this 22 the facility working with located an oral surgeon in cility completed all required le the appointment 8/25/22 The paperwork for the oral ted by nurse practitioner and to the oral surgeon so that be scheduled on 8/25/2022.				
	Managers and admir Oral Health observat and assessments for	ector of Nursing, Nurse histrative nurses conducted ions, visual examinations all current residents to esidents that were having				

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER:  A. BUILDING			(X3) DATE SURVEY COMPLETED			
		345449	B. WING _			C
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE  115 WHITE ROAD  KING, NC 27021	l	09/02/2022
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI) TAG	PROVIDER'S PLAN OF CORRECT (CEACH CORRECTIVE ACTION SHOUTH CORRESTIVE ACTION SHOUTH CORRESTIVE APPOPER (CROSS-REFERENCED TO THE APPOPER (CROSS-REFERENCE))	OULD BE	(X5) COMPLETION DATE
F 791	managers also completed and the ascheduled with the dappointment schedul well orders, recommendations to ensurance or scheduled appointment schedul well orders, recommendations to ensurance of the orders, recommendations of the orders of the order of the orders of the order of the ord	ncerns. The DON and Unit pleted an Oral Health included the following on having any issues with a having dental pain 3) Are ating. Any identified issues be addressed, and dental initiated to ensure residents ately utilizing the in-house ommended by attending.  Facility social worker of dental consultant or follow up appointments and als for October 2021, through re that residents follow up incheduled.  The entity will take to alter the illure to prevent a serious one courring or recurring, and one complete.  The entity have been popointments have been	F7	91		

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING			(X3) DATE SURVEY COMPLETED	
		345449	B. WING _			C <b>09/02/2022</b>	
	ROVIDER OR SUPPLIER  AL HEALTH CARE/KING			STREET ADDRESS, CITY, STATE, ZIP COD 115 WHITE ROAD KING, NC 27021	E	03/02/2022	
(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 CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE	
F 791	by the transportation of the Director of Nursing.  As of 8/26/22 the Director of Nursing ar were educated by the regarding the responsion notification regarding questionnaires. On 8 Nursing determined the accountable for physical physician will determined to services are sufficient of Nursing and nurse for inputting the order	I be maintained and updated aide under the supervision sing and Assistant Director ector of Nursing, Assistant and the administrative nurses a Regional Nurse Consultant sibility of physician the results of the dental \$1/26/22 the Director of the Unit Manager would be ician notification. The ine if an emergent dental	F 7	791			
	transportation aide. E consultations will be seen services by Social W following recommend resident will be sent to dental service provided medical provider.  On 8/26/22 the Direct Director of Nursing are provided education to assistants, including a complete oral cavity of gums, foul odor, and/issues on admission, with residents that colidentified concerns woof Nursing, Assistant	sent to In-house Dental orker or Director of Nursing lation by physician, or the o an appropriate outside er as determined by the tor of Nursing, Assistant and administrative nurses					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING		(X3) DATE SURVEY COMPLETED		
		345449	B. WING			С	
NAME OF D	DOVIDED OD CLIDDLIED	343443	D. WIIVO		CTREET ADDRESS SITV STATE ZID SODE	09/	02/2022
NAME OF PROVIDER OR SUPPLIER  UNIVERSAL HEALTH CARE/KING				1	STREET ADDRESS, CITY, STATE, ZIP CODE 115 WHITE ROAD KING, NC 27021		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH CORRECTIVE ACTION SHOULD TAG CROSS-REFERENCED TO THE APPROPROFILE OF THE APPROPROPROFILE OF THE APPROPROPROFILE OF THE APPROPROPROFILE OF THE APPROPROFILE OF TH			(X5) COMPLETION DATE
F 791	issues will be reporte nurse for further reco treatments. Employe training from the Dire Director of Nursing or not be permitted to w completed. The Staf RN Weekend Superv staff training for comparts of training for comparts of the Administrator will and agency staff have The Administrator will employees, including prior to working.  As of 8/26/22 Region completed education Nursing, Assistant Dim Manager, related to the Dental Consults and Monday- Friday during Alleged Date of IJ Revisional Physicia and facility training. Tobservations included residents that identified need of dental care. The Administrator will employees, including prior to working.	ted with any identified d to physician by charge mmendations related to es who have not received ctor of Nursing, Assistant Unit Manager/designee will ork until education has been if Development Nurse and isor will track and monitor oleteness.  I validate current employees e been educated on 8/26/22.  I also validate all clinical agency staff, are educated  all Nurse Consultant also to include, the Director of rector of Nursing and Unit heir responsibility to review recommendations daily g the clinical meeting  moval: 8/28/2022	F	791			

OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING			COMPLETED	
	345449	B. WING _			C 09/02/2022	
			STREET ADDRESS, CITY, STATE, ZIP CODE  115 WHITE ROAD  KING, NC 27021		03/02/2022	
SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PREFIX (EACH CORRECTIVE ACTION S		(X5) COMPLETION DATE	
dental services were staff. A review of the to verify the ordered administered to Residual Concerns identified. Surgery appointment jeopardy was remove QAPI/QAA Improvem CFR(s): 483.75(g)(2) §483.75(g) Quality as §483.75(g)(2) The quassurance committed (ii) Develop and impleaction to correct iden This REQUIREMENT by:  Based on observation and staff interviews, Assessment and Ass failed to maintain impromotior interventions place following the resurveys conducted owas for one deficiency of Accuracy of Asses 2/25/21 and 1/17/20 recertification and control of the duplicate citation surveys of record should inability to sustain an Findings Included:	reviewed with all clinical August MAR was conducted medication were being dent #51, as ordered, with no The Resident had an oral scheduled. The immediate ed on 8/28/2022. ment Activities (ii)  ssessment and assurance.  allity assessment and e must: ement appropriate plans of tified quality deficiencies; is not met as evidenced  ons, record review, resident the facility's Quality urance (QAA) Committee elemented procedures and the committee put into ecertification and complaint in 2/25/21, and 1/17/20. This ey that was cited in the areas sments (F641) cited on and recited on the current implaint survey of 9/2/22. In during three federal lows a pattern of the facility's effective QAA program.		F 867 QAPI/QAA Improvement.  The MDS for resident #51 was re 8/25/2022 to reflect the correct of health status of the residents util direct observation and a review of medical records. Additionally, the coordinators and director of nurse conducted an audit of all current in the facility for their current der status utilizing direct observation review of the medical record. ME Care Plans were updated with an abnormal findings.  As the facility realizes the potent alleged deficient process to affect residents of the facility QAPI Control of the status of the facility QAPI Control of the status utilized the potent alleged deficient process to affect residents of the facility QAPI Control of the status of the status of the facility QAPI Control of the status of	evised on dental dizing both of the e MDS sing residents ntal health n and a DS and ny	9/20/22	
F641 - Based on obs	ervation, record review, and		,			
	CORRECTION  ROVIDER OR SUPPLIER  SUMMARY ST (EACH DEFICIENCY REGULATORY OR  Continued From page dental services were staff. 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A review of the August MAR was conducted to verify the ordered medication were being administered to Resident #51, as ordered, with no concerns identified. The Resident had an oral surgery appointment scheduled. The immediate jeopardy was removed on 8/28/2022.  QAPI/QAA Improvement Activities  CFR(s): 483.75(g)(2)(ii)  §483.75(g) Quality assessment and assurance.  §483.75(g)(2) The quality assessment and assurance committee must:  (ii) Develop and implement appropriate plans of action to correct identified quality deficiencies; This REQUIREMENT is not met as evidenced by:  Based on observations, record review, resident and staff interviews, the facility's Quality Assessment and Assurance (QAA) Committee failed to maintain implemented procedures and monitor interventions the committee put into place following the recertification and complaint surveys conducted on 2/25/21, and 1/17/20. This was for one deficiency that was cited in the areas of Accuracy of Assessments (F641) cited on 2/25/21 and 1/17/20 and recited on the current recertification and complaint survey of 9/2/22. The duplicate citation during three federal surveys of record shows a pattern of the facility's inability to sustain an effective QAA program.	CORRECTION  345449  B. WING _  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  Continued From page 49  dental services were reviewed with all clinical staff. A review of the August MAR was conducted to verify the ordered medication were being administered to Resident #51, as ordered, with no concerns identified. The Resident had an oral surgery appointment scheduled. The immediate jeopardy was removed on 8/28/2022.  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WING  STREET ADDRESS, CITY, STATE, ZIP CODE 115 WHITE ROAD KING, NC 27021  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  Continued From page 49  dental services were reviewed with all clinical staff. A review of the August MAR was conducted to verify the ordered medication were being administered to Resident #51, as ordered, with no concerns identified. The Resident had an oral surgery appointment scheduled. The immediate jeopardy was removed on 8/28/2022. 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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	' '	IPLE CONSTRUCTION NG		(X3) DATE SURVEY COMPLETED	
			A. BOILDII				С
		345449	B. WING _			l	/02/2022
NAME OF PROVIDER OR SUPPLIER				ST	TREET ADDRESS, CITY, STATE, ZIP CODE	1 00	, 02, 2022
				11	5 WHITE ROAD		
UNIVERSA	AL HEALTH CARE/KING			K	KING, NC 27021		
(X4) ID	SUMMARY STATEMENT OF DEFICIENCIES		ID		PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX TAG	,	Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	PREFIX TAG	(	(EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		COMPLETION DATE
F 867	Continued From page 50 staff interviews the facility failed to ensure the Minimum Data Set (MDS) was accurate for 1 of 1		F 8	867			
					processes on 8/25/2022.		
	,	· ·			The facilities established QAPI policies		
	resident (Resident #51) reviewed for dental care.  During the recertification and complaint survey of				will continue to be followed monthly, in		
					addition all identified areas of concern		
		iled to accurately code the			be followed until a complete resolution is		
	,	IDS) assessment in the area			established then identified areas of		
	of skin conditions for	1 of 1 resident.			concern will continue to be reviewed	-	
	During the recertificat	ion and complaint survey of			quarterly or more frequently if needed to ensure that the QAPI process is	.0	
		iled to accurately code the			maintained.		
		IDS) assessment in the area					
	of medications for 2 o	f 5 residents.			The Regional Director of Operations or	•	
					their designee will monitor the QAPI		
		Administrator on 08/17/22 at			process monthly for three months	then	
	Assurance (QAA) con	e Quality Assessment and			quarter for two quarters, to ensure continued compliance.		
	, ,	monthly. Some of the issues			continued compilation.		
	, ,	nonthly meetings were					
	_	nds, trends with grievances					
	and quality measures	as well as MDS issues.					
	An interview was con	ducted with the					
	Administrator on 9/2/2	2022 at 11:00 a.m. and he					
		racies occurred prior to the					
		ssigned to this facility and					
		eed to review the citations					
		hat the previous concerns the MDS inaccuracy with					
	the dental/oral assess						
		ed the nursing staff and					
	MDS coordinator will	be reeducated on how to					
	conduct a proper den	tal assessment.					