PRINTED: 06/11/2024 FORM APPROVED OMB NO. 0938-0391

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
	345142 B. WING			I-C			
NAME OF PR	ROVIDER OR SUPPLIER	040142	1	S	TREET ADDRESS, CITY, STATE, ZIP CODE	05/	30/2024
UNIVERSITY PLACE NURSING AND REHABILITATION CENTER					200 GLENWATER DRIVE HARLOTTE, NC 28262		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 000	INITIAL COMMENTS		F	000			
{F 677} SS=D	through 05/30/24. Tag F658, F679, F686, F6 F761, F812, and F880 05/30/24. A repeat tag was also cited as a reinvestigation survey the time as the revisit. The compliance. Event ID ADL Care Provided for CFR(s): 483.24(a)(2) §483.24(a)(2) A reside out activities of daily I services to maintain gersonal and oral hygomathy. Based on record reving Resident Representation interviews the facility 2 of 3 dependent resident daily living (ADL) (F45).	nat was conducted at the e facility is still out of: 5DHV12. or Dependent Residents ent who is unable to carry iving receives the necessary good nutrition, grooming, and giene; is not met as evidenced ew, observations, and tive (RR) and staff failed to provide nail care for dents reviewed for activities Resident #4 and Resident dmitted to the facility on	{F 6	77}			
	hemiplegia, and musc did not have a diagno	cle weakness. Resident #4 sis of diabetes.					
		er schedule for Resident #4 Eduled to receive showers ays.					
	The last documented	nail care was on 3/8/2024					

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

TITLE (X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING			(X3) DATE SURVEY COMPLETED	
	345142					R-C)5/30/2024	
NAME OF PROVIDER OR SUPPLIER UNIVERSITY PLACE NURSING AND REHABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 9200 GLENWATER DRIVE CHARLOTTE, NC 28262			3/30/2024		
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETION DATE	
{F 677}	A quarterly Minimum 4/2/2024 revealed F cognitively impaired sides of the upper a Resident #4 was do for personal hygiene. A review of the care Resident #4 require highest practical leve daily living with interestident #4 require personal hygiene. A review of a shower revealed Resident #4 scheduled to be perfor intervention documentate cut or cleaned. An interview was command with NA #4. NA Resident #4 a show stated she washed cut/clean his finger performed nail care long and/or dirty but #4's nails. A telephone interview 5/29/2024 at 9:52 a The RR stated Residirty fingernails where weekly. She report concerns in March of the side of the side of the state of the side of the sid	n Data Set (MDS) dated Resident #4 was severely with impairment on both nd lower extremities. cumented as maximum assist	{F 67	7}			

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9:57 am. Resident ##contractures of both thad quarter-inch long fingernails on both the brown substance und Resident ##'s fingernatouched his right palm side that touched his redness or open area. An interview was compm with NA #3. NA # Resident #4 on 5/29/2 had not noticed Reside fingernails. NA #3 stausually performed naicut and cleaned nails asked to observe Reside and dirty. An interview was compm with Nurse Aide (I was on the shower tegive showers to resid assigned shower day trimmed or cleaned a because she was not NA #1 stated if she not fingernails were long shower, she would wisheet and tell the hall. An interview was compm with NA #2. NA #	conducted on 5/29/2024 at 4 was observed to have the left and right hands and a fingernails, on all ten the right and left hands, with a derneath. There were 4 of ails on the right side that the nand 4 fingernails on the left left palm. There was no as observed. In a ducted on 5/29/2024 at 2:43 the same and that he had not the at the facility. NA #3 was sident #4's fingernails. NA and #4's fingernails were long that he had not the same and was assigned to ents in the building on their that is she reported she had not any residents' fingernails to comfortable cutting nails. The power is she was giving them a rite it down on the shower	{F 6'	77}				

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{F 677}	NA #2 stated she fingernails or toen was. NA #2 report had long nails she An interview was pm with the Staff I (SDC). The SDC NAs and Nurses, during orientation. Nurses were resp fingernails unless diabetes. The SDC cut and clean dirty care was to be perhad long or dirty resident's shower aware if anyone and an interview was am with the Unit No stated staff had be regarding nail care.	ding to their shower schedule. was not responsible for cutting ails and was unsure of who ted if she noticed a resident would report it to the Nurse. conducted on 5/29/2024 at 3:11 Development Coordinator reported nursing staff, both were trained about nail care The SDC stated both NAs and consible for cutting and cleaning the resident had a diagnosis of C stated all staff were trained to reported nursing staff was the day or not. The SDC reported nail rformed whenever a resident ails regardless if it was the day or not. The SDC was not udited nail care in the facility. conducted on 5/30/2024 at 8:30 Manager. The Unit Manager een educated in March of 2024 e, including cutting and it Manager stated NAs and	{F 6		()		
	resident had a dia reported for reside a podiatry consult The Unit Manager monitored nail car. An interview was 11:43 am with the The DON reported daily and as need usually cut and clear the DON reported.	and clean nails unless the gnosis of diabetes. She ents with a diagnosis of diabetes ation would need to be placed. was unsure if anyone e for the residents. conducted on 5/30/2024 at Director of Nursing (DON). In ail care should be performed ed. The DON stated NAs eaned resident's fingernails. It is she was not aware Resident fingernails and reported they					

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{F 677}	Continued From page 4 should have been cleaned and cut. The DON was unaware if anyone monitored nail care for the residents. An interview was conducted on 5/30/2024 at 11:51 am with the Administrator. The Administrator stated nail care should be performed daily by the hall NAs or as needed. The Administrator stated a lot of staff were not comfortable with cutting fingernails. The Administrator stated if an NA was not comfortable with cutting nails, they should let a Nurse know so		{F 67	77}				
	long, dirty fingernails 2. Resident #5 was 5/13/2024 with diagroscular dementia. diagnosis of diabete An admission Minim 5/20/2024 revealed cognitively impaired	ot aware Resident #4 had s. admitted to the facility on noses which included Resident #5 did not have a s. um Data Set (MDS) dated Resident #5 was severely						
	revealed he was sch on Tuesdays and Fr There was no docur Electronic Medical F A review of the show revealed Resident # #1. The space for in was blank. There w	ver schedule for Resident #4 neduled to receive showers idays. nentation of nail care in the Record or shower sheets. ver sheet dated 5/24/2024 5 received a shower by NA ntervention documentation as no documentation of nails being cut or cleaned.						

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{F 677}	Resident #5 required	an dated 5/27/2024 revealed staff support to achieve	{F 6	77}			
	daily living with interv	I of function for activities of rentions which included substantial/maximum hal hygiene.					
	10:13 am. Resident quarter-inch long fing substance underneat hand and 4 fingernail Resident #5's right th	h all 5 fingernails on the left s on the right hand. umb fingernail was inch long, jagged, and had a					
	pm with Nurse Aide (was on the shower to give showers to resid assigned shower day given Resident #5 a s she had not noticed t and dirty. She report cleaned any resident was not comfortable she would clean resid shower if she had no stated if she noticed a long while she was g would write it down o the hall nurse. An interview was com pm with the Staff Dev	ducted on 5/29/2024 at 2:25 NA) #1. NA #1 reported she am and was assigned to lents in the building on their s. NA #1 reported she had shower on 5/28/2024 and hat her fingernails were long led she had not trimmed or s fingernails because she cutting nails. NA #1 reported dent's fingernails during a ticed they were dirty. NA #1 la resident's fingernails were living them a shower, she in the shower sheet and tell ducted on 5/29/2024 at 3:11 relopment Coordinator					
	NAs and Nurses, wei	orted nursing staff, both re trained about nail care ne SDC stated both NAs and					

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{F 677}	fingernails unless the diabetes. The SDC so cut and clean dirty in care was to be performed aware if anyone aud. An interview was co am with the Unit Mastated staff had beer regarding nail care, cleaning. The Unit Murses could cut an resident had a diagrice reported for resident a podiatry consultati. The Unit Manager with monitored nail care in the DON reported in daily and as needed usually cut and clean The DON reported in the DON reporte	sible for cutting and cleaning eresident had a diagnosis of stated all staff were trained to ails. The SDC reported nail ormed whenever a resident its regardless if it was the ay or not. The SDC was not lited nail care in the facility. Inducted on 5/30/2024 at 8:30 mager. The Unit Manager in educated in March of 2024 including cutting and Manager stated NAs and diclean nails unless the assist of diabetes. She is with a diagnosis of diabetes on would need to be placed. It is with a diagnosis of diabetes on would need to be place	{F 67	77)			

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{F 677}	with cutting nails, the someone would perfo	y should let a Nurse know so orm the task. The t aware Resident #5 had	{F 67	77}			