PRINTED: 07/02/2024 FORM APPROVED OMB NO. 0938-0391

AND DIAM OF CORRECTION IDENTIFICATION NUMBER		1 ' '	PLE CONSTRUCTION G	(X3) DATE SURVEY COMPLETED	
		345529	B. WING _		C 06/06/2024
	ROVIDER OR SUPPLIER	TH RALEIGH		STREET ADDRESS, CITY, STATE, ZIP CODE 5201 CLARKS FORK DRIVE NW RALEIGH, NC 27616	,
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE COMPLETION
F 000	INITIAL COMMENTS	3	F 0	00	
F 686 SS=D	investigation on 5/30. Additional information 6/6/24. Therefore the 6/6/24. The following NC 215420; NC 2168 and NC217156. Two of twelve allegat Treatment/Svcs to Pr CFR(s): 483.25(b)(1) §483.25(b) Skin Integ§483.25(b)(1) Pressu Based on the compreresident, the facility n(i) A resident receive professional standard pressure ulcers and dulcers unless the indidemonstrates that the (ii) A resident with pronecessary treatment with professional standard pressure ulcers and culcers unless the indidemonstrates that the (ii) A resident with pronecessary treatment with professional standard promote healing, prenew ulcers from devertis REQUIREMENT by: Based on record rev family, Nurse Practiti	grity Ire ulcers. Schensive assessment of a formust ensure thates care, consistent with a sof practice, to prevent does not develop pressure vidual's clinical condition and were unavoidable; and assure ulcers receives and services, consistent andards of practice, to event infection and prevent aloping. This is not met as evidenced iew and interviews with staff, oners, and physicians, for a	F 6	The facility sets forth the following pl	th all
	and pressure, the factin place to accurately was contributing to the non-healing of the wooddress any nutrition	wounds caused by shearing sility failed to have a system evaluate the extent nutrition he development and bunds and develop a plan to al deficit. This was for one three sampled residents with		federal and state regulations. The fa has taken or will take the actions set in the plan of correction. The following plan of correction constitutes the facing allegation of compliance. All deficient cited have been or will be corrected to date or dates indicated.	forth ng ity⊡s cies
	, ,			TITLE	(Ye) DATE

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

(X6) DATE

06/20/2024 **Electronically Signed**

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.

. ,		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		345529	B. WING _				C / 06/2024	
NAME OF P	ROVIDER OR SUPPLIER	2.122-2		S	TREET ADDRESS, CITY, STATE, ZIP CODE	1 00	100/2024	
TO TWIL OF TH	TO VIDER OR OUT FILER							
UNIVERSA	AL HEALTH CARE/NORT	H RALEIGH			201 CLARKS FORK DRIVE NW			
				K	RALEIGH, NC 27616			
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F 686	Continued From page	e 1	F 6	886				
	pressure sores. The f	indinas included:						
					F686- Treatment Services to Prevent			
	Resident # 4 was initi	ally admitted to the facility			/Heal Pressure Ulcer			
		st recent readmission date			Resident #4 has been discharged from	om		
	on 8/29/23 following h				the facility			
	.	•			2. The facility RD will assess current			
	The resident had diag	gnoses which included			residents with wounds for weight loss a	and		
		thy, hypertension, history of			make recommendations as necessary.			
		basal ganglia and thalami,			3. The Administrator will educate the			
		nt, and history of ileus.			Registered Dietician on the requiremer	nt of		
					completing nutritional assessments on			
	Review of Resident #	4's quarterly Minimum Data			residents with wounds and the need to			
	Set assessment, date	ed 12/1/23, revealed the			collaborate with the IDT any weight			
	resident was severely	∕ cognitively impaired.			changes during weekly risk meetings.			
	_	ent was assessed to be			Education began on 6/17/24.			
		staff for her bathing, eating,			4. The DON or designee will monitor R	D		
		he resident was incontinent			recommendations weekly x 4 weeks			
		dder. She received both a			beginning 6/17/24 for current residents			
		and nutritional support from			with wounds that have had significant			
	_	provided 26 to 50 % of her			weight losses to ensure appropriate			
	caloric intake. She wa				interventions have been implemented.			
		according to the 12/1/23			5. Results of the reviews will be preser	ited		
	assessment and had	a stage 4 pressure sore.			to the QAPI Committee for review and recommendation, once the			
		dent's care plan, dated			committee determines the problem no			
		had pressure sores and was			longer exits the review will be conducted	ed		
		lopment of pressure sores.			on a random basis.			
		ons included on the care plan			6. Date of compliance: July 1, 2024			
	was to refer the resid				The Administrator and Director of Nurs	•		
	evaluation of nutrition	al status.			are responsible for implementation of t	he		
					plan of correction.			
		orders revealed Resident # 4						
	•	eive a mechanical soft diet.						
	i his order was in effe	ect from 8/31/23 to 5/15/24.						
	Additionally, Residen	t # 4 was prescribed to						
		0 ml (milliliters) four times						
		my tube between her meals.						
		used for enteral feedings).						

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED		
		345529	B. WING _				C 06/2024
	ROVIDER OR SUPPLIER	TH RALEIGH		5201 CL	ADDRESS, CITY, STATE, ZIP CODE ARKS FORK DRIVE NW 6H, NC 27616	1 00.	00/2024
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFII TAG	(PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD I CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE	(X5) COMPLETION DATE
F 686	This order was in effect the resident was als 30 ml (milliliters) twice tube. This order original effect until 2/24/24. Or Prostat was decreas without explanation is concentrated protein. Review of wound physician for care. The documentation includes about the resident's without explanation includes about the resident's with tissue, 20% slough to be removed for he tissue (healthy tissue), 20% slough to be removed for he tissue (healthy tissue) (Fascia is the connect organs, and blood we pressure sore had unskin erosion under the visible from looking at the connect organs, and blood we pressure of healthy tissue (healthy tissue). On 12/7/23 the resident auma/injury to the leasured 1.1 X 0.6 slough and 60% grant During an interview with the resident was medial knee wound with the resident was medial knee would rub together the resident was medial knee would rub together words.	ect from 9/1/23 to 4/16/24. To ordered to receive Prostative per day via gastrostomy mated on 9/12/23 and was in 20 2/24/24 the resident's ed to 30 ml once per day in the record. (Prostat is a liquid supplement). Tysician notes revealed en weekly by the wound he Wound Physician's ded the following information wounds. The thad a Stage 4 sacral measured 5.7 X 4.5 X 1.6 in 20% necrotic tissue (dead (devitalized tissue that needs realing), 50% granulation et in all 10% fascia/bone. The indermining. (Undermining is need skin which is not always at a wound). The thad a wound attributed to reft medial knee which is not always at a wound physician reported is very contracted and the was due to shearing as her	F	886			

	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	IPLE CONSTRUCT			PLETED
		345529	B. WING _			1	C 06/2024
	ROVIDER OR SUPPLIER AL HEALTH CARE/NOR	TH RALEIGH			ESS, CITY, STATE, ZIP CODE S FORK DRIVE NW C 27616	1 00	00/2024
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F 686	4.8 X 6.0 X 2.0 cm 20% slough, 50% grafascia/bone. The un On 12/14/23 the resi wound measured 0.8 slough and 70 % grad On 12/21/23 the sac 3.3 X 6.6 cm X 1.7 c granulation tissue, all undermining continuous on 12/21/23 the resi wound measured 0.8 slough and 70% grad On 12/28/23 the sac 4.0 X 5.0 X 1.4 with 4 granulation, and 10% On 12/28/23 the resi wound measured 1.0 slough and 70% grad On 1/4/24 the sacral x 4.8 X 1.0 cm with 4 and 5% fascia. The undersided measured 1.1 X 0.9 and 50 % granulation Additionally, on 1/4/2 noted two new woun medial ankle and attempasuring 4.7 X 1.5	with 20% necrotic tissue, anulation tissue, and 10% dermining continued. dent's left medial knee 3 cm X1.0 X 0.2 cm with 30% anulation. ral pressure sore measured m with 30 % slough, 60 % and 10% fascia. The ed. dent's left medial knee 9 X 0.9 X 0.2 cm with 30% anulation tissue. ral pressure sore measured 40% slough, 50% fascia. dent's left medial knee 0 X 1.5 X 0.2 cm with 30% anulation tissue. pressure sore measured 5.0 with 30% anulation tissue. 20 X 1.5 X 0.2 cm with 30% anulation, andermining continued. pressure sore measured 5.0 with 30% anulation tissue. 21 A the wound physician ds. One was on the left ributed to "trauma/injury" X 0.2 cm with 20% slough	F	986			
	was documented as	n tissue. The other wound a "skin tear" to the right ing 0.7 X 0.5 X 0.1 cm with					

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	IPLE CONSTRUCT			PLETED
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F 686	100 % granulation tis During the interview 6/4/24 at 12:37 PM, 1 reported that the resi also came about fron rubbed against each due to her contractur When the right latera as a skin tear from the the skin had folded bunder etiology "skin t"trauma/injury" for the "trauma/injury" for the On 1/11/24 the sacra 4.2 X 5.5 X 1.4 cm w granulation, and 5 % continued. On 1/11/24 the left m 0.7 X 1.1 X 0.1 cm w granulation tissue. On 1/11/24 the left m 4.0 X 1.1 X 0.2 cm w granulation tissue. On 1/11/24 the right measured 1.0 X 0.8 3 cm and 5 % continued.	with the Wound Physician on the Wound Physician dent's wounds on her ankles of shearing when her ankles other or against the sheets es. It all ankle started it appeared the rubbing on the sheets and ack. Therefore, she placed ear" for the right ankle and the left ankle. I pressure sore measured ith 20% slough, 75% fascia. The undermining edial knee wound measured ith 10% slough and 90 % edial ankle wound measured ith 10% slough and 40 % ateral ankle wound to 30% ateral ankle wound to 30% slough. Il pressure sore measured ith 5 % slough, 90 % fascia. The undermining	F	986			
	0.7 X 0.7 and was co						
	On 1/18/24 the left m	edial ankle wound					

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F 686	was 60% necrotic tiss. On 1/18/24 the right measured 1.8 X 1.7 X granulation tissue. On 1/25/24 the sacrate 4.2 X 4.5 X 1.0 cm wand 10 % fascia. The continuous of the conti	A non-measureable cm and sue and 40% skin. Idateral ankle wound X 0.5 cm and was 100 % Il pressure sore measured ith 90 % granulation tissue e undermining continued. Idedial knee wound was noted Idedial ankle wound X 0.5 cm with 100 % necrotic Idateral ankle wound X 0.5 cm with 60 % necrotic Idedial ankle wound X 0.5 cm with 60 % necrotic Idedial ankle wound X 0.5 cm with 60 % necrotic Idedial ankle wound X 0.5 cm with 60 % necrotic Idedial ankle wound X 0.5 cm with 60 % necrotic Idedial ankle wound X 0.5 cm with 60 % necrotic Idedial ankle wound X 0.5 cm with 60 % necrotic Idedial ankle wound X 0.5 cm with 60 % necrotic Idedial ankle wound X 0.5 cm with 60 % necrotic Idedial ankle wound X 0.5 cm with 60 % necrotic Idedial ankle wound Idedial ankle wo	F 68	· · · · · · · · · · · · · · · · · · ·		
	4.2 X .6 cm with 30 % dermis, and 20 % slo On 2/8/24 the sacral X 4. 6 X 1.5 cm with	teral wound measured 2.5 X necrotic tissue, 40 % nugh, and 10 % granulation. pressure sore measured 4.5 10 % slough and 90 % ne undermining continued.				

AND DUAN OF CORRECTION IDENTIFICATION NUMBER		1 ' '	PLE CONSTRUCTION IG	' '	(X3) DATE SURVEY COMPLETED	
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F 686	1.5 X 0.5 X 0.1 cm ward granulation tissue. On 2/8/24 the right I 1.8 X 2.4 X .4 cm wing granulation, and 20 On 2/15/24 the sacr 5.3 X 4.0 X .7 with 9 fascia. The underming con 2/15/24 the left range measured 1.4 X 0.7 80 % granulation. On 2/15/24 the right measured 3.3 X 2.5 tissue, 30 % granulation. On 2/15/24 the right measured 3.3 X 2.5 tissue, 30 % granulation. On 2/22/24 the sacr 4.5 X 4.7 X .9 cm wing fascia. The underming at the 4.5 X 4.7 X .9 cm wing fascia. The underming con 2/22/24 the left range measured 1.3 X .8 X 80 % granulation. On 2/22/24 the right 2.8 X 3.2 X .9 cm wing slough, 30 % granulation. On 2/29/24 the residue on 2/29/24 the	edial ankle wound measured with 30 % slough and 70 % ateral ankle wound measured th 30 % slough, 50 % % fascia. al pressure sore measured 10 % granulation and 10 % ning continued. medial ankle wound	F 6	86		

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F 686	purple/ maroon in disonal purple/ maroon in disonal purple/ maroon in disonal purple/ measured 4 X 4.0 X and 10 % fascia. The On 2/29/24 the residemeasured 0.7 X 1.0 80 % granulation. On 2/29/24 the residemeasured 3.3 necrotic tissue, 20 % tissue, 30 % facia, be continued. On 3/7/24 the residemeasured 4.4 X 4.2 granulation and 10 % distal medial foot de X 0.5 X unmeasured X 0.5 X unmeasured x 0.8 X .2 with 20 % granulation. The resmeasured 2.7 X 2.9 % granulation, and 3 undermining continued. Review of an arterial extremities, conduct Resident # 4 had no disease. Review of Resident following weight hist	in cm. It was noted to be scoloration. Ident's sacral pressure sore 1.3 cm with 90 % granulation is undermining continued. Ident's left medial ankle wound it is left medial ankle wound it is right lateral ankle 2 X 3 X .5 cm with 10 % is slough, 40 % granulation one. The undermining is sacral pressure sore in it is sacral pressure s	F 6	86			

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F 686	1/30/24-119.2 pounds 2/2/24-119 pounds 3/7/24-123.2 pounds crossed out in the red 3/15/24-118.4 pound 4/23/24-105.6 pound Review of Registered between the dates of revealed the RD did current weights in he resident's needs and nutritional goals. Spe documented the resid 178.8 pounds which obtained on 10/13/23 no new weight availa the resident had wou resident's caloric and recommendation was monitor. On 1/24/24 current weight was 2 weight obtained on 1 indicated a weight ga noted the resident had the resident's needs was to continue the of monitor. On 2/27/24 the resident's current referenced the 12/30 no new weight was a noted the resident's p continued and she w available. The RD did Prostat had been dec the former dose of tw On 3/9/24 an order w	(This weight and date were cord) s s d Dietician (RD) notes f 12/21/23 through 4/11/24 not reference the most r assessment of the future plans to meet reifically, on 12/21/23 the RD dent's current weight was she noted was from a weight B. The RD noted there was able for review. The RD noted ands and estimated the I protein needs. The RD's is to obtain weight and the RD noted the resident's 00 pounds based on a 2/30/23. The RD noted this ain for the resident. The RD ad wounds. She estimated and her recommendation current plan of care and the RD again documented a weight was 200 pounds and f/23 weight. She further noted available for review. The RD plan of care would be ould monitor the weights as d not note the resident's breased to once per day from	F	586		

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PREFIX (EACH DEFICIENCY M	MENT OF DEFICIENCIES IUST BE PRECEDED BY FULL IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE A CROSS-REFERENCED T	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		
an order. On 4/15/24 the was discontinued per ar resident expired while u according to a progress Physician notes reveale to be treated for pressur death. The RD was interviewed and reported the followin not had the weights whithe vital signs electronic date of 5/31/24 when shorecommendations for the aware the resident had weight of 200 pounds wif viewing all of her weigh had not been able to do recommendations on a change history. At times weights available on the reference and therefore recommendations on progressive would have made adjust feedings to try to stabilize was not involved in the eash made recommendations on the she made recommendations on 6/4/24 at 4: if a weight is crossed out Therefore, the DON valid weight of 123.2 pounds also reported the weight	e admitted to hospice per e resident's tube feeding norder. On 5/16/24 the nder hospice care note. Review of Wound d the resident continued re sores up until her d on 5/31/24 at 12:31 PM ng information. She had ch were documented in record as of the review re was making e resident. She was wounds. The 12/30/23 as most likely not correct hts as a whole, which she she based report entitled weight at there were no current ereport for her to she based evious weights. If she had trending down and losing asked for a reweight and the the resident's care plan. After tions, she would send her administrator, and the Unit of the DON (Director of 137 PM, the DON reported att, it was entered in error. dated that the 3/7/24	F	586			

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NAME OF PR	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, S	TATE, ZIP CODE	1 00.00.2	
				5201 CLARKS FORK DRIV	/E NW		
UNIVERSA	AL HEALTH CARE/NORT	H RALEIGH		RALEIGH, NC 27616			
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F 686	weight loss. From obs she had resided at th weights of 119.2 in Ja	tioned a plan to address the serving the resident when e facility, the DON felt the anuary 2024 and 119 in ikely correct. The DON did	F€	886			
		y 2024. She commented ense since she was not					
	former MDS nurse, the following information. for the assessments of looked at the resident assessment periods, resident ever weigher the MDS nurse, where assessment for Resident been no weight in last 30 days. She had the DON. The RD had MDS nurse) about no on which to base their nutritional status. Froothe 2/28/24 MDS asses the February weight of an accurate weight for	She had been responsible of the resident. She always a during the MDS and there was "no way" the d 200 pounds. According to a she completed an MDS lent # 4 on 2/28/24 there in the resident's chart for the d also talked to her (the it having weights available in assessments of her im observing the resident for essment, the MDS nurse felt of 119 pounds was plausibly in the resident.					
	and reported the folloroutinely cared for Refamiliar with her. Res losing weight. She we tried to feed her. She RD about possibly purcontinuous tube feed would look into it, but	ewed on 5/31/24 at 3:10 PM wing information. She esident # 4 and was very ident # 4 appeared to be build not eat although they did recall speaking to the titing the resident on a ang and the RD stated she this was not ever tried.					

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		345529	B. WING _			06/06/2024	
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE	, ZIP CODE		
UNIVERSA	AL HEALTH CARE/NORT	H RAI FIGH		5201 CLARKS FORK DRIVE N	N		
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F 686	time since the first of The week-end facility interviewed on 6/3/24	wound nurse was at 3:29 PM and reported	F6	586			
	on hospice she did no strength to turn the refelt this was due to we The Nurse Aide (NA facility's weights was 10:30 AM and reporte She had recognized twas going "down-down December 2023. She resident was losing weight was losing weight was did not know in the record. She turn DON for someone elsecord.	# 1) who routinely did the interviewed on 6/5/24 at ed the following information. that Resident # 4's weight wn-down" starting around had told the DON the reight. The resident had bounds in December 2023 why that had been entered ned the weights into the se to enter into the medical					
	on 5/30/24 at 11:20 A 3:50 PM and reported She did not understall wounds had gotten so felt the resident was I talked to the resident condition, and he said She did not recall the conversation with her weight loss before the hospice services. After initiated and the weight he wounds were so to hospice and agree Prior to the resident behad wanted the resident.	o extensive and deep. She osing weight. She had 's physician about her d she had "a brain thing."					

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		345529	B. WING				06/2024
	ROVIDER OR SUPPLIER AL HEALTH CARE/NOR	TH RALEIGH		5	TREET ADDRESS, CITY, STATE, ZIP CODE 201 CLARKS FORK DRIVE NW RALEIGH, NC 27616		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG	х	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 686	on 6/5/24 at 5:18 PM information. The resi weight since she res 200 pounds would not resident had not nee as she did while resin NP) could look at the getting "smaller and what all was contribus She thought a continuent been a possibility for rapid loss that was on RD to make recomming feedings. At sometime a consult for the RD consider a continuous recall when that was make assessments of loss because when sat times the weights how much she was east in February 2024 and resident on Prostat. The resident was already when she wrote the find information in the expected the nurses carrying out the Prosider and not less. The maximum for Prostat was 30 m therefore the resider and not less if it had	e Practitioner was interviewed and reported the following ident had never gained ided at the facility, and the ot have been correct. The ided to lose weight as quickly ding at the facility. She (the eresident and tell she was smaller." She was not sure uting to her failure to thrive. It is the resident to avoid the execurring. She relied on the incourring. She relied on the incourring. She relied on the incourring in the past she had written thinking the RD would its feeding but she did not in the resident's weight is she visited to see the resident were not in the record nor eating. She saw the resident dere worder to place the She had not realized the ere on Prostat twice per day forder. She found it difficult to be chart. She would have to recognize when they were stat order that it was a see was already receiving and intion. Her goal had been that more supplementation and um recommended dosage all three times per day and it could have gotten more	F	686			

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		1 ' '	PLE CONSTRUCTION G	, ,	E SURVEY PLETED	
		345529	B. WING		0.6	C 5/ 06/2024
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 5201 CLARKS FORK DRIVE NW RALEIGH, NC 27616	1 00	106/2024
(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 CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPF DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
F 686	Physician on 6/4/24 a physician reported tha "big" factor in work sores to heal. If a resignerally an indicato levels are also an incommon Towards the end of the was an evident weigh perceived there was short time period bas resident. She felt juweights is subjective had seemed larger the contributing factor to that she was so uncommon and her contractures. During an interview with the the therapist on 6/2/24 are ported the rapy had resident for contractures dent was not able splinting and did not. Resident # 4's prima on 5/31/24 at 4:50 Pin Resident # 4 had be young age she had go problems which resurch anges, and encept status deteriorated a baseline. There had cancer tests, while significant problems. It her neurological problems. It her neurological problems which contribution of c	with the facility Wound at 12:37 PM, the wound at 12:37 PM, the wound at e following. Good nutrition is ing towards getting pressure sident is losing weight this is r of poor nutrition. Albumin dicator of nutritional health. The resident's residency, there and loss but she had not a massive drop within a sed on observations of the diging the accuracy of the but she felt that the resident than 119.0 pounds. A Resident # 4's wounds was comfortable with movement The also had fragile skin. With a licensed physical at 10:50 AM, the therapist at tried working with the are management but the at to tolerate stretching or like to be touched. Ty physician was interviewed M and reported the following. The also healthy to alted in syncope, cognitive the halopathy. Her cognitive	F 6	86		

IDENTIFICATION NUMBER:	A. BUILDING		(X3) DATE SURVEY COMPLETED C 06/06/2024		
345529	B. WING				
	:	5201 CLARKS FORK DRIVE NW			
CIENCY MUST BE PRECEDED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD I CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE COMPLETION		
tor in non-healing, but it was hard nds would have healed	F 686	5			
sted nutrition and hydration. gastric and gastrostomy tubes, us endoscopic gastrostomy and doscopic jejunostomy, and Based on a resident's assessment, the facility must sident- aintains acceptable parameters tus, such as usual body weight or weight range and electrolyte the resident's clinical condition at this is not possible or resident cate otherwise; offered sufficient fluid intake to hydration and health; offered a therapeutic diet when onal problem and the health care a therapeutic diet. MENT is not met as evidenced d review and interviews with staff for a resident whose weights ng decline, the facility failed to a was in place for the registered me aware of accurate weights lan of care to address weight or one (Resident # 4) of two	F 692	F692-Nutrition/Hydration Status Maintenance 1.Resident #4 has been discharged fr the facility 2- DON and unit manager completed audit of weights for residents currently the facility on 6/17/24. Any significant	an / in		
THE TOTAL TO		NORTH RALEIGH ARY STATEMENT OF DEFICIENCIES CIENCY MUST BE PRECEDED BY FULL RY OR LSC IDENTIFYING INFORMATION) In page 14 After in non-healing, but it was hard ands would have healed attritional issues she may have Ion Status Maintenance (g)(1)-(3) sted nutrition and hydration. gastric and gastrostomy tubes, sus endoscopic gastrostomy and andoscopic jejunostomy, and Based on a resident's assessment, the facility must sident- laintains acceptable parameters tus, such as usual body weight or weight range and electrolyte the resident's clinical condition that this is not possible or resident icate otherwise; soffered a therapeutic diet when conal problem and the health care a therapeutic diet. MENT is not met as evidenced did review and interviews with staff for a resident whose weights non decline, the facility failed to n was in place for the registered one aware of accurate weights lan of care to address weight or one (Resident # 4) of two	STREET ADDRESS, CITY, STATE, ZIP CODE S201 CLARKS FORK DRIVE NW RALEIGH, NC 27616 RRY STATEMENT OF DEFICIENCIES CIENCY MUST BE PRECEDED BY FULL TAG PREFIX TAG PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY) PAGE TAG PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY) PAGE TAG PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY) F 686 F 686 F 692 (g)(1)-(3) Status Maintenance (g)(1)-(3) Status Maintenance (g)(1)-(3) Status Maintenance (g)(1)-(3) Sased on a resident's assessment, the facility must sident- Idintains acceptable parameters tus, such as usual body weight or weight range and electrolyte the resident's clinical condition tat this is not possible or resident icate otherwise; or offered sufficient fluid intake to hydration and health; or offered a therapeutic diet when conal problem and the health care the therapeutic diet. MENT is not met as evidenced driview and interviews with staff for a resident whose weights more avare of accurate weights more decident whose weights on one (Resident # 4) of two TAG PREFIX PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD (EACH CORRECTIVE ACTION		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X:		(X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIP IDENTIFICATION NUMBER: A. BUILDING		LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		345529	B. WING		C 06/06/2024	
NAME OF PI	ROVIDER OR SUPPLIER		<u> </u>	STREET ADDRESS, CITY, STATE, ZIP CODE	1 00.00.202.	
				5201 CLARKS FORK DRIVE NW		
UNIVERSA	AL HEALTH CARE/NOR	RTH RALEIGH		RALEIGH, NC 27616		
(X4) ID	SUMMARY S	TATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTIO	N (X5)	
PRÉFIX TAG	,	CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)		
F 692	Continued From pag	ge 15	F 692	2		
	interventions. The fire	ndings included:		communicated to the RD and approp interventions were implemented.	riate	
	Resident # 4 was ini	tially admitted to the facility		3. The DON or designee will educate	the	
		ost recent readmission date		nursing leadership team on the		
	on 8/29/23 following	hospitalization. The resident		requirement to obtain monthly weight	s on	
	had diagnoses which			current residents, weekly and daily		
	encephalopathy (a change in brain function),			weights as indicated and the requirer		
		y of remote infarcts to the		to validate any weight variances with	а	
		alami (brain damage in		reweight. Education will also include		
		brain) , gastrostomy		notification to the RD on any significa		
	placement, and histo	•		weight changes. Education began on 6/17/24.		
		# 4's quarterly Minimum Data ted 12/1/23, revealed the		4- The DON or designee will complet	•	
		ly cognitively impaired.		weekly weight audits weekly during	E	
		ident was assessed to be		weekly risk meetings and communication	nte	
	_	staff for her eating. She		any significant weight changes to RD		
	received both a med			Audits were implemented on 6/17/24		
	nutritional support fr	om a feeding tube which		DON or designee will review monthly		
		of her caloric intake. She		weights by the 5th of the month,		
	was 63 inches tall ar	nd weighed 179 pounds		communicate any significant changes	s to	
	according to the 12/	1/23 assessment.		RD and validate any weight changes reweighing residents.	with	
	According to the res	ident's care plan, dated		5-Results of the reviews will be prese	ented	
		t had inadequate nutrition as		to the QAPI Committee for review an		
		received enteral feedings via		recommendation, once the committee	e	
		One of the interventions to		determines the problem no longer ex		
		t's nutritional problem was to		the review will be conducted on a ran	dom	
		the RD (Registered Dietician)		basis.		
		rent nutritional status and		6. Date of compliance: July 1, 2024		
	determine further for	rmula options.		The Administrator and Director of Nu	•	
	Dovious of absolute:	orders revealed Desident # 4		are responsible for implementation of	tne	
		orders revealed Resident # 4 eceive a mechanical soft diet.		plan of correction.		
		fect from 8/31/23 to 5/15/24.				
		nt # 4 was prescribed to				
		250 ml (milliliters) four times				
		omy tube between her meals.				
	∣ (Nutren is a formula	used for enteral feedings).				

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		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTI A. BUILDIN	PLE CONSTRUCTION G		(X3) DATE SURVEY COMPLETED	
		345529	B. WING _			C 06/06/2024	
	ROVIDER OR SUPPLIER	RTH RALEIGH		STREET ADDRESS, CITY, STATE, ZIP CODE 5201 CLARKS FORK DRIVE NW RALEIGH, NC 27616	<u> </u>	00/00/2024	
(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 CORI (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE	
F 692	The resident was all 30 ml (milliliters) tw tube. This order origeffect until 2/24/24. Prostat was decrea without explanation concentrated proteiresident was also omg (milligrams) dail 8/29/23 to 2/24/24. Megace dosage was per day. Review of wound pl 2023 through April 2 was seen weekly by of wounds caused becember 2023, or documented to be a 1/4/24, the Wound	ge 16 ffect from 9/1/23 to 4/16/24. so ordered to receive Prostat ice per day via gastrostomy ginated on 9/12/23 and was in On 2/24/24 the resident's sed to 30 ml once per day in the record. (Prostat is a n liquid supplement). The rdered to receive Megace 400 y. This was in effect from On 2/24/24 the resident's s increased to 400 mg twice hysician notes from December 2024 revealed Resident # 4 y the wound physician for care by pressure and shearing. In the of the wounds was a Stage 4. By the date of Physician noted Resident # 4 for four different wounds.	F 6	92			
	following weight his the record as of a re 12/6/23 136 pounds 12/30/23- 200 poun 1/30/24-119.2 pound 2/2/24-119 pounds 3/7/24-123.2 pound crossed out in the re 3/15/24-105.6 pound Resident # 4's lab values: 2/14/24-Albumin 2.6	ds ds s (This weight and date were ecord) ds					

Facility ID: 20040007

	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	I ' '			(X3) DATE SURVEY COMPLETED	
	345529	B. WING _		C 06/06/2024		
	RTH RALEIGH		STREET ADDRESS, CITY, STATE, ZIP CODE 5201 CLARKS FORK DRIVE NW RALEIGH, NC 27616	'		
SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	(EACH CORRECTIVE ACTION S	HOULD BE	(X5) COMPLETION DATE	
deview of Resident Medication Administration Although Alt	# 4's December 2023 MAR stration Record) revealed de the area where the nurses he administration of the ugh not inclusive of all the was that on fifteen of the e resident was documented us only once. Review of ary 2024 MAR also revealed de where the nurses were to histration of the Nutren bolus. We off all the blanks, an in twenty- four of the January and # 4 was documented to olus once rather than four esident # 4's February 2024 ple blanks by the Nutren also. 3, January 2024, and a also contained multiple histration of the resident's ed Dietician (RD) notes of 12/21/23 through 4/11/24 and reference the most er assessment of the diffure plans to meet ecifically, on 12/21/23 the RD edident's current weight was a she noted was from a weight 13. The RD noted there was able for review. The RD noted unds and estimated the diprotein needs. The RD's	F 6	92			
	SUMMARY S (EACH DEFICIENT REGULATORY OF RESIDENT ALL THE REGULATORY OF RESIDENT REGULATORY OF REGULA	ASSIGNATION NUMBER: SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 17 2/20/24 Albumin 2.4 2/28/24- Albumin 2.2 Review of Resident # 4's December 2023 MAR Medication Administration Record) revealed multiple blanks beside the area where the nurses were to document the administration of the Nutren bolus. Although not inclusive of all the December dates, the resident was documented as receiving the bolus only once. Review of Resident # 4's January 2024 MAR also revealed multiple blanks beside where the nurses were to document the administration of the Nutren bolus. Although not inclusive off all the blanks, an example was that on the Nutren bolus. Although not inclusive off all the blanks, an example was that on twenty- four of the January 2024 dates, Resident # 4 was documented to have received the bolus once rather than four times. Review of Resident # 4's February 2024 MAR revealed multiple blanks by the Nutren also. The December 2023, January 2024, and February 2024 MAR also contained multiple blanks for the administration of the resident's	MIDER OR SUPPLIER HEALTH CARE/NORTH RALEIGH SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 17 17/20/24 Albumin 2.4 17/28/24- Albumin 2.2 Review of Resident # 4's December 2023 MAR Medication Administration Record) revealed nultiple blanks beside the area where the nurses vere to document the administration of the Nutren bolus. Although not inclusive of all the December dates, the resident was documented as receiving the bolus only once. Review of Resident # 4's January 2024 MAR also revealed nultiple blanks beside where the nurses were to locument the administration of the Nutren bolus. Although not inclusive off all the blanks, an example was that on twenty- four of the January 2024 dates, Resident # 4 was documented to locument the administration of the Nutren also. The December 2023, January 2024, and rebruary 2024 MAR also contained multiple planks for the administration of the resident's Prostat as well. Review of Registered Dietician (RD) notes between the dates of 12/21/23 through 4/11/24 evealed the RD did not reference the most current weights in her assessment of the esident's needs and future plans to meet nutritional goals. Specifically, on 12/21/23 the RD documented the resident's current weight was 178.8 pounds which she noted was from a weight obtained on 10/13/23. The RD noted there was no new weight available for review. The RD noted he resident had wounds and estimated the esident's caloric and protein needs. The RD's ecommendation was to obtain weight and	MIDER OR SUPPLIER ### A BUILDING B. WING	MIDER OR SUPPLIER 345529 MIDER OR SUPPLIER HEALTH CARENORTH RALEIGH SUMMARY STATEMENT OF DEPICIENCES (REACH DEPICIENCY) STATE, ZIP CODE (REACH DEPICIENCY) STATE SE PRECEDED BY PULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 17 1/2/20/24 Albumin 2.4 1/2/20/24 Albumin 2.2 Review of Resident # 4's December 2023 MAR Medication Administration Record) revealed nutriple blanks beside the area where the nurses were to document the administration of the Nutren bolus. Although not inclusive of all the blanks, an example was that on fifteen of the Pecember dates, the resident was documented to incument the administration of the Nutren bolus. Withough not inclusive of all the blanks, an example was that on twenty- four of the January 2024 MAR also revealed multiple blanks that on twenty- four of the January 2024 darks receiving the bolus only once. Review of Resident # 4's February 2024 MAR also revealed multiple blanks by the administration of the Nutren also. The December 2023, January 2024, and rebruary 2024 MAR also contained multiple blanks by the daministration of the resident's Prostat as well. Review of Registered Dietician (RD) notes setween the dates of 12/21/23 through 4/11/24 everaled multiple blanks to the administration of the resident's needs and future plans to meet uuttional goals. Specifically, on 12/21/23 the RD tocumented the resident's current weight was 78.8 pounds which she noted was from a weight bibatined on 10/13/23. The RD noted there was no new weight available for review. The RD noted the resident had wounds and estimated the seident's caloric and protein needs. The RD's ecommendation was to obtain weight and	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, , ,	IPLE CONS		(X3) DATE SURVEY COMPLETED	
		345529	B. WING			C 06/06/2024	
NAME OF D	ROVIDER OR SUPPLIER	343323	1 2:	CTDEET	ADDRESS, CITY, STATE, ZIP CODE	06/	/06/2024
NAIVIE OF F	NOVIDER OR SUFFLIER						
UNIVERSA	AL HEALTH CARE/NOR	TH RALEIGH			ARKS FORK DRIVE NW		
				RALEI	GH, NC 27616		
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFI TAG	<	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROFIDERICIENCY)	D BE	(X5) COMPLETION DATE
F 692	Continued From pag	ge 18	F	692			
	current weight was 2 weight obtained on indicated a weight g noted the resident h the resident's needs was to continue the monitor. On 2/27/24 the resident's curren referenced the 12/30 no new weight was a noted the resident's continued and she wavailable. On 2/27/2 resident's Prostat haper day from the forma reason why it had resident was still recon 3/14/24 the RD regident was 123.2 po admitted to hospice.	200 pounds based on a 12/30/23. The RD noted this ain for the resident. The RD ad wounds. She estimated and her recommendation current plan of care and the RD again documented at weight was 200 pounds and 0/23 weight. She further noted available for review. The RD plan of care would be would monitor the weights as 4 the RD did not note the ad been decreased to once mer dose of twice per day or been done. The RD noted the seiving Prostat twice per day. noted the resident's current bunds and she had been On 4/11/24 the RD noted the eight was 123.2 pounds.					
	following notations. resident was declining significant weight loss Megace and that she about the resident's the NP noted she we Prostat daily. At the notation that she wowas already ordered twice per day sched. On 3/9/24 an order word consult due to poor 3/20/24 the resident an order. On 4/15/24	actitioner notes revealed the On 2/16/24 the NP noted the ng physically and had ss. She noted that she was on e would consult hospice failure to thrive. On 2/23/24 ould place the resident on time of the 2/23/24 NP's ould add Prostat, the resident of to receive the Prostat on a ule. Was given to initiate a hospice oral intake and wounds. On was admitted to hospice per 4 the resident's tube feeding or an order. On 5/16/24 the					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED		
		345529	B. WING _	B. WING		C 06/06/2024			
NAME OF PI	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, ST	ATE, ZIP CODE	1 00/1			
				5201 CLARKS FORK DRIVE	E NW				
UNIVERSA	AL HEALTH CARE/NORT	TH RALEIGH		RALEIGH, NC 27616					
(X4) ID PREFIX TAG			(EACH DEFICIENCY MUST BE PRECEDED BY FULL		(EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		
F 692	Continued From page resident expired while according to a progre	e under hospice care	F	92					
	The RD was interview and reported the follonot had the weights wital sign electronic recon 5/31/24 when she recommendations for aware the resident haveight of 200 pounds if viewing all of the rewhich she had not be the recommendations recommendations on change history. At time weights available on reference and therefor recommendations on known the resident with weight, she would have made adjube feedings to try to She was not involved After she made reconsend her report to the and the Unit Manage again on 6/5/24 at 4:2 not know why the residereased. It had not her recommendation, regarding whether she during her assessme looked at her following entry, and she did no pounds. Thus, she had	wed on 5/31/24 at 12:31 PM wing information. She had which were showing up in the ecord as of the review date was making the resident. She was ad wounds. The 12/30/23 was most likely not correct sident's weights as a whole, en able to do when making s. She based a report entitled weight nes there were no current the report for her to							

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	PLE CONSTRUCTION	, ,	(X3) DATE SURVEY COMPLETED	
		345529	B. WING _			C 06/06/2024	
	ROVIDER OR SUPPLIER	ΓΗ RALEIGH		STREET ADDRESS, CITY, STATE, ZIP COD 5201 CLARKS FORK DRIVE NW RALEIGH, NC 27616		0/00/2024	
(X4) ID PREFIX TAG			ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETION DATE	
F 692	Therefore, the DON weight of 123.2 poun also reported the wei incorrect. She knew to The RD had not men weight loss. From obshe had resided at the weights of 119.2 in Ja February 2024 were not know why the residecreased in Februar that it did not make seating well. The DON trying to get in touch about the resident not the first of 2024 and with her. During an interview of former MDS nurse, the following information for the assessments looked at the resident assessment periods, resident ever weighe the MDS nurse, when assessment for Resident ever weighe the MDS nurse) about no on which to base the resident's nutritional resident for the 2/28/MDS nurse felt the F	out, it was entered in error. Validated that the 3/7/24 ds was an error. The DON ght of 200 pounds was likely the resident was not eating. Itioned a plan to address the serving the resident when the facility, the DON felt the anuary 2024 and 119 in likely correct. The DON did sident's Prostat was ry 2024. She commented ense since she was not a reported they had been with the responsible party of eating and losing weight at thad trouble getting in touch on 6/4/24 at 4:51 PM with the ne nurse reported the she had been responsible of the resident. She always	F 6	92			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:			E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		345529	B. WING			C 06/06/2024	
NAME OF PI	ROVIDER OR SUPPLIER			5	STREET ADDRESS, CITY, STATE, ZIP CODE	1 00.	
				5	5201 CLARKS FORK DRIVE NW		
UNIVERSA	AL HEALTH CARE/NORT	'H RALEIGH			RALEIGH, NC 27616		
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID		PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFI) TAG	X	(EACH CORRECTIVE ACTION SHOULD E CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		COMPLETION DATE
F 692	Continued From page	e 21	F 6	692			
	,	f 1) who routinely did the					
		interviewed on 6/5/24 at					
		ed the following information.					
		eights. She wrote them on					
		ave the results to the DON.					
		er weights. Someone else					
		record other than her. She					
		Resident # 4 was going tarting around December					
	2023. She had told th						
		the interview, the Nurse					
	, ,	ecorded weights and said					
	there was not a weigl						
		00 pounds. She did not					
	know why that had be	een entered into the					
		ecord because the resident					
	had not weighed 200						
		ewed on 5/31/24 at 3:10 PM					
		wing information. She					
	_	esident # 4 and was very					
		ident # 4 appeared to be					
		ould not eat although they					
		did recall speaking to the tting the resident on a					
		ing and the RD stated she					
		this was not ever tried. She					
		since the first of 2024 when					
	this was mentioned to						
	The week-end facility	wound nurse was					
	interviewed on 6/3/24	at 3:29 PM and reported					
	she recalled by the tir	me the resident was placed					
		2024, she (the nurse) did not					
		strength to turn the resident					
	for wound care and for loss.	elt this was due to weight					
	Resident # 4's respor	nsible party was interviewed				ĺ	
	on 6/5/24 at 3:50 PM	and reported the following.					
	She felt the resident v	was losing weight. She did					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDII		ONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		345529	B. WING _			C 06/06/2024		
NAME OF P	ROVIDER OR SUPPLIER		<u> </u>	STR	EET ADDRESS, CITY, STATE, ZIP CODE	1 00,		
				520°	1 CLARKS FORK DRIVE NW			
UNIVERSA	AL HEALTH CARE/NORT	TH RALEIGH			LEIGH, NC 27616			
(X4) ID PREFIX TAG			ID PREFII TAG	<	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE	
F 692	Continued From page	e 22 naving a conversation with	F	692				
	her about how to add the resident was place. After hospice services weight had already be hospice and agreed to Prior to the resident be had wanted the resident her gastrostomy tube	ress the weight loss before ed on hospice services. s was initiated and the een lost, she had spoken to o stop the tube feeding. Deing placed on hospice, she eent to receive nutrition by if she was not eating well. M the Administrator was reed the following						
	recommendations log February 2024, the R 1/8/24, 1/16/24, 1/19/ 2/8/24, 2/12/24, 2/15/ review Resident # 4 a recommendation logs able to see the weigh resident and the Adm she was not able to d interview with the Adr PM the Administrator the blanks on the enter Prostat administration reported that Nurse # primary nurses to car had been responsible most of the days on v about giving the enter	ps. During January and D was in the facility on 24, 1/23/24, 2/1/24, 2/5/24, 24, and 2/16/24 and did not according to the s. The RD should have been ts when she did review the inistrator did not know why o so. During a follow up ministrator on 6/4/24 at 2:57 was interviewed about all eral bolus feeding and as. The Administrator 1 had been one of the e for Resident # 4 and she of the for Resident # 4's care for which there were blanks ral feeding and Prostat.						
	11:16 AM and reporter feeding and Prostat. with the electronic reconstruction documented some the							

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		345529	B. WING			C		
NAME OF D	ROVIDER OR SUPPLIER	343329	B: Willo _		TREET ADDRESS, CITY, STATE, ZIP CODE	06/	06/2024	
NAME OF PI	ROVIDER OR SUPPLIER				, , ,			
UNIVERSA	AL HEALTH CARE/NORT	TH RALEIGH			201 CLARKS FORK DRIVE NW			
				F	RALEIGH, NC 27616			
(X4) ID PREFIX TAG			ID PREFIX TAG	×	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD E CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE	
F 692	Continued From page	e 23	F 6	92				
	12:01 PM revealed th	nere had been a problem at						
		ith the server being down on						
		hours which would have						
		e electronic medical record,						
		uickly and did not account for						
	all the missing admin							
	resident's tube feedin	ng and Prostat. She thought						
	that Nurse # 1 was a	good nurse and had						
	provided the enteral f	feeding and administered the						
	Prostat but just did no	ot document it. There was no						
	paper chart showing	the documentation of the						
	enteral feeding and F	Prostat on all the multiple						
	missing days of docu	mentation.						
		Practitioner was interviewed						
	on 6/5/24 at 5:18 PM	and reported the following						
		dent had never gained						
	_	ded at the facility, and the						
		ot have been correct. The						
		ded to lose weight as quickly						
		ding at the facility. She (the						
		resident and tell she was						
	,	smaller." She was not sure						
		ting to her failure to thrive.						
	_	uous feeding would have						
		the resident to avoid the						
		ccurring. She relied on the						
		endations for the enteral						
	_	ne in the past she had						
		he RD thinking the RD would s feeding but she did not						
		It had been difficult to						
		of all the resident's weight						
		he visited to see the resident						
		were not in the record nor						
	_	eating. When she visited in						
		wrote the order to place the						
		she had not realized the						
	· ·	on Prostat twice per day.						
		o find information in the						

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE IDENTIFICATION NUMBER: A. BUILDING _		PLE CONSTRUCTION G		(X3) DATE SURVEY COMPLETED	
		345529	B. WING _			C 06/06/2024	
NAME OF PROVIDER OR SUPPLIER UNIVERSAL HEALTH CARE/NORTH RALEIGH				STREET ADDRESS, CITY, STATE, ZIP CODE 5201 CLARKS FORK DRIVE NW RALEIGH, NC 27616	<u>'</u>		
(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 BE TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE		
F 692	Continued From pag		F 6	92			
	recognize when they Prostat order that it was already receiving attention. Her goal have maximum recomme 30 ml three times peresident could have had been brought to have been the goal. Resident # 4's prima on 5/31/24 at 4:50 F. Resident # 4 had be young age she had problems which residentes which residentes deteriorated a baseline. There had cancer tests, while sa determination of with medical problems. Resident Records - CFR(s): 483.20(f)(5) Residented in Agenta in Age	ent-identifiable information. release information that is	F 8	42		7/1/24	
	resident-identifiable accordance with a cagrees not to use or except to the extent to do so. §483.70(i) Medical r	release information that is to an agent only in ontract under which the agent disclose the information the facility itself is permitted					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: (X2) M A. BUI		LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		345529	B. WING		C 06/06/2024		
NAME OF PROVIDER OR SUPPLIER UNIVERSAL HEALTH CARE/NORTH RALEIGH				STREET ADDRESS, CITY, STATE, ZIP CODE 5201 CLARKS FORK DRIVE NW RALEIGH, NC 27616	1 00/00/2024		
(X4) ID PREFIX TAG			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROF	D BE COMPLETION		
F 842	must maintain medic that are- (i) Complete; (ii) Accurately docun (iii) Readily accessib (iv) Systematically of \$483.70(i)(2) The fact all information contained regardless of the formetords, except when (i) To the individual, representative where (ii) Required by Law (iii) For treatment, particularly for public health neglect, or domestic activities, judicial and law enforcement pur purposes, research purpose	ds and practices, the facility all records on each resident shear resident resches shear resident resid	F 84	2			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		IDENTIFICATION NI IMPED:		PLE CONSTRUCTION G	(X3) DATE SURVEY COMPLETED	
		345529	B. WING_		C	
NAME OF PROVIDER OR SUPPLIER UNIVERSAL HEALTH CARE/NORTH RALEIGH			STREET ADDRESS, CITY, STATE, ZIP CODE 5201 CLARKS FORK DRIVE NW RALEIGH, NC 27616		06/06/2024	
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F 842	Continued From pag	e 26	F 84	42		
	(ii) Sufficient informati (ii) A record of the re (iii) The comprehens provided; (iv) The results of an and resident review determinations cond (v) Physician's, nurse professional's progre (vi) Laboratory, radio services reports as r This REQUIREMEN' by: Based on record review and the Nurse Practive and the Nurse Practive and the Nurse Practive and the Resident # 4 of one for accurate regarding a administration of me enteral feedings, and (Resident # 4 of one for accuracy of meditincluded: Resident # 4 was inition 8/19/22 with a mo on 8/29/23 following resided at the facility 1 a. Review of Wour December 2023 thro revealed she was to multiple pressure so 4's TARs (Treatment the month of January beside treatments widocument a check my was done. The facility	ucted by the State; e's, and other licensed ess notes; and elogy and other diagnostic equired under §483.50. T is not met as evidenced view, and interviews with staff tioner the facility failed to ecord was complete and administration of treatments, dications, administration of d weights. This was for one e sampled resident reviewed cal records. The findings tially admitted to the facility ost recent readmission date hospitalization. The resident		F842-Resident Records -Identifiable Information 1.Resident #4 has been discharged fr the facility 2.Electronic medical record audit was completed on current residents to ide any omissions. Identified omissions was communicated to the medical provide 3. DON or designee will educate licen nurses and medication aides on the requirement of signing MARS and TA immediately after administering any medication or treatment. Any newly hemployee will receive this education during orientation and prior to assigns Education began on 6/17/24. 4. The DON or designee will monitor MAR/TAR compliance daily Monday through Friday on current residents in building at that time, during the clinic morning meeting x 4 weeks to ensure documentation compliance. 5.Results of the reviews will be prese	ntify Pere r. sed RS aired ment. the	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:) MULTIPLE CONSTRUCTION BUILDING			DATE SURVEY COMPLETED
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NAME OF PROVIDER OR SUPPLIER UNIVERSAL HEALTH CARE/NORTH RALEIGH				5201 CLAR	DRESS, CITY, STATE, ZIP CODE RKS FORK DRIVE NW , NC 27616		00/00/2027
(X4) ID PREFIX TAG			(EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD PREFIX)) BE	(X5) COMPLETION DATE	
F 842	two wound nurses. It worked through the on the week-end. For designated wound in floor nurses were restreatments and doct. They had not been documentation. She in the blanks for the signify "No documer when a nurse starte the system displayed documentation beforeatment which the complete. The nurse each missing treatm "N," then when a nutreatment, she could right away. 1 b. Review of Resid (medication administing the months of Decer and February 2024 medications, supple that were ordered to inclusive of all the mexamples are as followere 59 blanks out resident's bolus tube given. In January 20 the resident's bolus tuber were 19 blank feedings. In Decemble documentation the repotassium medications.	ation. They usually employed One of the wound nurses week and the other worked or an interim, there was no nurse through the week. The sponsible for doing the umenting them on the TAR. documenting them. She felt eing done but just not the ewent back and entered a "N" missing documentation to nation" because otherwise d to do a current treatment, d all the missing re it would display the nurse actually needed to ewould have to scroll through them. After she inserted the rise started to perform a dipull the current treatment up	F8	to the recommon common a reference to the common a reference to the common and the common are reference to the com	QAPI Committee for review and mendation, once the nittee determines the problem of rexits the review will be conducted and on basis. The of compliance: July 1, 2024 administrator and Director of Nurseponsible for implementation of correction.	octed	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		L , IDENTIFICATION NUMBER:		PLE CONSTRUCTION G		(X3) DATE SURVEY COMPLETED	
		345529	B. WING			C 6/06/2024	
NAME OF PROVIDER OR SUPPLIER UNIVERSAL HEALTH CARE/NORTH RALEIGH				STREET ADDRESS, CITY, STATE, ZIP COD 5201 CLARKS FORK DRIVE NW RALEIGH, NC 27616	•	0/00/2024	
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F 842	received her potassis which she was sched February 2024 there documentation for tir scheduled to received. The Administrator was 2:57 PM about all the MARs. The Administ had been one of the Resident # 4 and she Resident # 4's care for the the were blanks. Nurse # 1 was intervant reported she had supplements, and may problem with the elect documented some the documented some the literature with the Administrator was a week-end for a few affected access to the but it was resolved quall the missing admining a paper record for all 1 c. On 5/31/24 a reverse weights revealed the 12/6/23 136 pounds 12/30/23-200 pounds 1/30/24-119.2 pounds 2/2/24-119 pounds	ocumentation the resident cum 53 times for times on duled to receive it. In were 12 times there was no mes on which she was her potassium medication. as interviewed on 6/4/24 at the blanks on the resident's rator reported that Nurse # 1 primary nurses to care for the had been responsible for or most of the days on which diewed on 6/5/24 at 11:16 AM digiven the enteral feeding, redications. There had been a ctronic record, and she had been a problem at the head been and the head been	F 8-	42			

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	' '	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
		345529	B. WING _			1	C 06/2024
NAME OF PROVIDER OR SUPPLIER UNIVERSAL HEALTH CARE/NORTH RALEIGH				5201	EET ADDRESS, CITY, STATE, ZIP CODE CLARKS FORK DRIVE NW EIGH, NC 27616	1 00/	00/2024
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F 842	4/23/24-105.6 pound As of 5/31/24 there he clarification in the recommendation in the recommendation in the resident assessment periods, resident ever weighe 2023. The Nurse Aide (NA facility's weights was 10:30 AM and reporte She always did the wasper and then she go She kept copies of he entered them into the had recognized that I "down-down-down" seriods 2023. During the intereferenced her record was not a weight for 2023 for 200 pounds had been entered interecord because the repounds. Resident # 4's Nurse on 6/5/24 at 5:18 PM information. The residue weight since she resident enteres in the residuence of the re	ad been no notation or cord that the weight of 200 ect. In 6/4/24 at 4:51 PM with the ne nurse reported the She had been responsible of the resident. She always and there was "no way" the d 200 pounds in December # 1) who routinely did the interviewed on 6/5/24 at ed the following information. The resident # 4 was going tarting around December erview, the Nurse Aide ded weights and said there the resident in December She did not know why that to the resident's electronic esident had not weighed 200 Practitioner was interviewed and reported the following dent had never gained ded at the facility, and the	F	342			
	had been steadily los	ot have been correct. She ling weight. She (the NP) dent and tell she was getting					

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NAME OF PROVIDER OR SUPPLIER				STREET ADDRESS, CITY, STATE, ZIP CODE				
				5201 CLARKS FORK DRIVE NW				
UNIVERSAL	. HEALTH CARE/NORT	'H RALEIGH		RALEIGH, NC 27616				
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