PRINTED: 01/28/2025 FORM APPROVED OMB NO. 0938-0391

	DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	IPLE CONSTRUCTION  NG		(X3) DATE SURVEY COMPLETED
		345006	B. WING			C
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STA 3724 WIRELESS DRIVE GREENSBORO, NC 274		01/09/2025
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI) TAG	(EACH CORREC CROSS-REFEREN	PLAN OF CORRECTION TIVE ACTION SHOULD BI ICED TO THE APPROPRIA EFICIENCY)	DATE
F 000	INITIAL COMMENTS	3	F	000		
F 580 SS=J	from 12/18/24 through returned to the facility additional information the credible allegation removal and exited of date was changed to intakes were investign NC00224115, NC002 NC00225017, NC228 1 of the 18 complaint deficiency.  Immediate Jeopardy  CFR 483.10 at tag F8 CFR 483.12 at tag F8 CFR 483.25 at tag F8 CFR 483.30	224847, NC00224848, 5419 and NC00225418.  allegations resulted in  was identified at: 580 at a scope and severity J 600 at a scope and severity J 714 at a scope and severity J 714 at a scope and severity J 684 constituted Substandard  began on 11/17/24 and was A partial extended survey  ajury/Decline/Room, etc.)  4)(i)-(iv)(15)  cation of Changes. hediately inform the resident; lent's physician; and notify, her authority, the resident	F	580		1/9/25
		en there is- ving the resident which nas the potential for requiring				
I ADODATODVI	DIDECTOR'S OR BROVINER/	SLIPPLIER REPRESENTATIVE'S SIGNATUR	=	TITI F		(X6) DATE

Electronically Signed 01/17/2025

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that

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 (X2) MUL <sup>*</sup> IDENTIFICATION NUMBER: A. BUILDI		IPLE CONSTRUCTION  IG		(X3) DATE SURVEY COMPLETED	
		345006	B. WING _			C 01/09/2025	
	ROVIDER OR SUPPLIER AL HEALTH CARE/BLUI	MENTHAL		STREET ADDRESS, CITY, STATE, ZIP CODE  3724 WIRELESS DRIVE  GREENSBORO, NC 27455		3 11 3 3 1 3 1 3 1 3 1 3 1 3 1 3 1 3 1	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		(EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION S		SHOULD BE	(X5) COMPLETION DATE	
F 580	Continued From pag	e 1	F 5	80			
	physician intervention (B) A significant chair mental, or psychosodeterioration in healt status in either life-the clinical complications (C) A need to alter the aneed to discontinuit treatment due to advocommence a new for (D) A decision to train resident from the fact §483.15(c)(1)(ii). (ii) When making not (14)(i) of this section all pertinent informat is available and proving physician. (iii) The facility must resident and the resimplement in section (A) A change in room as specified in §483. (B) A change in resident and the resimplement in the section (iv) The facility must update the address (phone number of the representative(s).  §483.10(g)(15) Admission to a computation of the section (iv) the facility must update the address (phone number of the representative(s).	n; nge in the resident's physical, cial status (that is, a h, mental, or psychosocial ureatening conditions or s); eatment significantly (that is, e an existing form of erse consequences, or to rm of treatment); or nsfer or discharge the ility as specified in  iffication under paragraph (g) the facility must ensure that ion specified in §483.15(c)(2) ided upon request to the also promptly notify the dent representative, if any, or roommate assignment 10(e)(6); or lent rights under Federal or ons as specified in paragraph n. record and periodically mailing and email) and					

		(X3) DATE SURVEY COMPLETED			
		345006	B. WING		C 01/09/2025
	ROVIDER OR SUPPLIER	MENTHAL		STREET ADDRESS, CITY, STATE, ZIP CODE 3724 WIRELESS DRIVE GREENSBORO, NC 27455	1 01100/2020
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		· ·		BE COMPLETION
F 580	Continued From pag	e 2	F 58	00	
	room changes betwee under §483.15(c)(9). This REQUIREMEN' by: Based on record revresident's Responsib Director and staff, the physician at the onsecould not be completed Resident #1 had an u (Sunday). The x-ray and the results indicated the bone does not be will be a crack on the and perpendicular to bone) fracture. The paware of the fracture notified the orthoped 11/19/24 was schedulaso failed to notify the resident's pain was resident at high risk to deep vein thrombosis and increased risk for seen by the orthoped directly to the hospitatintramuscular nail surface.	riew and interviews with the le Party (RP), Medical e facility failed to notify the et of pain and when the x-ray red stat (immediately) after unwitnessed fall on 11/17/24 was not performed 11/18/24 red an acute nondisplaced reak completely and there et bone) transverse (horizontal the bone) left femur (thigh or hysician was not made until 11/22/24 and was not ic consult ordered on alled for 11/26/24. The facility re physician when the not manageable on night shift 24). Failure to notify the thopedic medical and treatment and put the for complications such as as, pneumonia, bed sores, r mortality. Resident #1 was dist on 11/22/24 and was sent all and a left femur regery was performed on		The facility sets forth the following pla correction to remain in compliance wit federal and state regulations. The fact has taken or will take the actions set f in the plan of correction. The followin plan of correction constitutes the facili allegation of compliance. All deficient cited have been or will be corrected b date or dates indicated.  F580-Notify of Changes  # 1 - Address how corrective action w accomplished for those residents four have been affected by the deficient practice;  An incident report was completed on 11/17/2024 at 11:05 am by the charge nurse, based on information obtained from certified nursing aide. Resident was observed on the floor next to her sitting on her bottom. The resident was assessed by the charge nurse and no injuries were discovered during the initiassessment. The resident was assisted.	th all cility orth g ty□s cies y the  #1 bed as
	11/23/24. Resident # (foods, stomach confinto the lungs) while acute hypoxic respira oxygen in your blood initiated on 11/24/24. additional oral antibiodischarge back to the	1 had an aspiration event tents, or fluids are breathed hospitalized which resulted in atory failure (low levels of ) and IV antibiotics were  The resident was prescribed of otics for three days after the facility on 11/26/24. This exted 1 of 5 residents		back to bed by the charge nurse and certified nursing aide without incident. The nurse called the resident seponsible Party (RP) and the Nurse Practitioner (NP) and no new orders vigiven. On 11/17/24 at 11:21 AM anoth progress note was entered in the electronic record which stated that the resident reported pain in her left hip a	e vere er

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	(X2) MULTIPLE CONSTRUCTION  A. BUILDING		(X3) DATE SURVEY COMPLETED	
		345006	B. WING	<del></del>		С	
		345006				1/09/2025	
NAME OF PI	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE			
UNIVERSA	AL HEALTH CARE/BLU	MENTHAL		3724 WIRELESS DRIVE			
				GREENSBORO, NC 27455			
(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 COR (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE	
F 580	Continued From pag	e 3	F 58	50			
	Immediate jeopardy facility failed to notify	began on 11/17/24 when the the Medical Director that the		elbow when the RP arrived at the facility failed to immediatel medical provider of the new on the on-call medical provider when the on-call me	ly notify the set of pain. as not		
	completed as ordere			called until 2:14 PM and at that medical provider gave new ord	ers for a		
		was removed on 1/5/25 when		stat x-ray and Tylenol 500mg e	-		
	allegation of Immedia facility will remain ou and severity of "D" (r for more than minima jeopardy) to ensure a monitoring systems peffective.  Findings included:  Resident #1 was adr 10/20/22 with diagnodementia, muscle we	ted an acceptable credible ate Jeopardy removal. The tof compliance at a scope to actual harm with potential at harm that is immediate education is completed and but into place and are that to the facility on ses that included vascular eakness, difficulty in walking,		hours as needed for pain. The provider was not notified the st could not be obtained on 11/17 On 11/18/2024 the x-ray of the obtained at 9:23 am. The x-ray on 11/18/2024 12:54 pm and the impressions were an acute transplaced intertrochanteric fracture. The residents□ responsible responsible residents□ responsible residents□ resident after reviewing the x-ray orders were given for the resident.	The medical the stat x-ray 11/17/2024. of the left hip was e x-ray resulted and the the transverse, atteric femur responsible ed of the results . sessed the the x-ray and new		
	too slowly) (initiated injury (TBI) in 1999, I	tion where the heart beats 11/12/24), traumatic brain nistory of a stroke, chronic ry disease/asthma, and neech).		seen by an orthopedic doctor. elected not to send the residen immediately after conferring wi daughter who stated it was acc the time. An orthopedic appoin obtained for 11/26/2024. The I	it out th the ceptable at tment was		
	11:05 AM and compleshe was notified by Nesident #1 was one sitting on her bottom responsible party (RI assessed, and no injudere within normal limited should be seen to be seen as the seen and seen as the seen and seen are seen as the	Report dated 11/17/24 at eted by Nurse #1 revealed Nurse Aide (NA) #1 that the floor next to her bed. The on-call provider and P) were notified. She was uries were noted. Vital signs mits. Resident #1 reported to She was then assisted		Tramadol 25 milligrams twice a be given every 12 hours as new breakthrough pain.  The facility failed to notify the M Director (MD) that the orthoped could not be scheduled ASAP. The facility failed to notify the M the resident □s pain was not made on night shift for the following of 11/20/2024 and 11/21/2024, where we will be given by the made of the following of the followin	a day and to eded for  Medical dic consult  MD when anageable dates, hen		
	Nurse #1 was intervi	ewed on 12/19/24 at 11:14		Resident #1 grabbed the aide a stop.	and said		

Facility ID: 922978

CENTER	S FOR MEDICARE &	MEDICAID SERVICES				OMB NO	<u>0. 0938-0391                                    </u>
	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	' '		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		345006	B. WING				C / <b>09/2025</b>
NAME OF PI	ROVIDER OR SUPPLIER			S	TREET ADDRESS, CITY, STATE, ZIP CODE	1	
				37	724 WIRELESS DRIVE		
UNIVERSA	AL HEALTH CARE/BLUM	IENTHAL			GREENSBORO, NC 27455		
(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 I CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	3E	(X5) COMPLETION DATE
F 580	Continued From page	÷ 4	F	580			
	her room. Nurse #1 w Resident #1 on her be Although Resident #1 shake/nod her head t Nurse #1 asked if she "yes." She then asses her extremities (limbs asked if she hit her he She was then put bad assistance. Nurse #1 her supervisor at the Nurse #1 was instruct documentation relate Resident #1's RP. Th minutes or so) and sa of pain. Nurse #1 ass Resident #1 said she her left leg while she When she pressed or pain, and there was a On-Call Provider aga onset pain had not be then. She was instruct Nurse #1 stated she ge	was nonverbal, she could o yes and no questions. was ok, and she said seed Resident #1, including hands, and feet), and ead. Resident #1 said "no." ok into bed with Nurse #1's took vital signs and notified time (name unknown). ted to complete all do to the fall and then called the RP came later (45 aid Resident #1 complained sessed her again, and was in pain. She assessed was laying on her right side. In it, Resident #1 winced with a bruise. She contacted the in and told her that the newly the discovered until just sted to order an x-ray STAT. In gave Resident #1 some			until he saw Resident #1 on 11/22/2020 which time he ordered the resident to sent to the emergency department if secould not be seen by the orthopedist to day.  Resident #1 was seen by the orthoped on 11/22/2024 and was sent directly to hospital and a left femur intramuscula nail surgery was performed on 11/23/2024.  # - 2 Address how the facility will idented the other residents having the potential to affected by the same deficient practical on 12/27/2024 the Director of Nursing and Nurse Managers reviewed reside who have fallen during the last 30 day confirm that the Medical Director had been notified. Any opportunities identified during this audit will be corrected by the Nurse Managers by 1/3/2025.  On 12/27/2024 the Director of Nursing Managers by 1/3/2025.	be he he dist o the r  tify be e; nts s to fied	
	A 72 Hour Post Fall D 11/17/24 at 11:21 AM revealed that Resider hip. The RP was interview She revealed that wh on 11/17/24, about 45 Resident #1 complair	left for the night at 7:00 PM.  Documentation note dated and completed by Nurse #1 at #1 reported pain in her left yed on 12/18/24 at 1:56 PM. en she arrived at the facility of minutes after the fall, and of pain. The RP d the pain to Nurse #1.			and Nurse Managers reviewed 30 day diagnostic and laboratory testing to ensure they were obtained as ordered the Medical Director had been notified. The audit included reading 30 days of progress notes to identify any residen that may have been in pain and were addressed. Any opportunities identified during this audit will be corrected by the nurse managers by 1/3/2025	l and l. ts not ed ne	
					# -3 Address what measures will be p	ut	

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		345006	B. WING			l	09/2025
NAME OF P	ROVIDER OR SUPPLIER		1	S	TREET ADDRESS, CITY, STATE, ZIP CODE	, <u>, , , , , , , , , , , , , , , , , , </u>	00.2020
				37	724 WIRELESS DRIVE		
UNIVERS	AL HEALTH CARE/BLUN	IENTHAL	GREENSBORO, NC 27455				
(X4) ID PREFIX TAG			I	ID PROVIDER'S PLAN OF CORRECTIO PREFIX (EACH CORRECTIVE ACTION SHOULD TAG CROSS-REFERENCED TO THE APPROP DEFICIENCY)			(X5) COMPLETION DATE
F 580	Continued From page	÷ 5	F:	580			
F 580	An On-Call NP note of revealed that Resider No injuries were reported denied pain. Now, Repain with tenderness the left hip was order milligrams (mg) every Neurological checks shours.  Physician orders for Fone-time STAT x-ray on 11/17/24 at 3:05 P  A telephone interview #1 on 12/19/24 at 6:0 radiology told her the 11/17/24 as soon as the indicated she did not the x-rays were not yellinished her shift at 7:	lated 11/17/24 at 2:32 PM Int #1 had a fall at 11:00 AM. Inted, and Resident #1 Isident #1 reported left hip Ito palpation. A STAT x-ray of Ited, as well as Tylenol 500 Ited (as well as Tylenol 500 Ited (be) Performed every 4  Resident #1 revealed that a Ited (be) Performed every 4  Resident #1 revealed that a Ited (be) Performed every 4  Ited (be) Performed eve	F:	580	into place or systemic changes made to ensure that the deficient practice will not recur;  On 12/20/2024 the Director of Nursing/Staff Development Coordinate began in person education for all nursing staff on the facility policy and procedure for physician notification to include notification of physician for any complate of unrelieved pain by residents to be reported to the physician immediately. Education also included notification to physician of any delays in physician orders including stat orders and delay if any physician ordered appointments, consultations, and X-rays this is to include weekends and after hours. License nurses were also educated on utilization of the MD communication book to reporting the state of the material state of the materials.	r ng es ints n ude d	
	not notify the On-Call  A Medical Progress in AM and completed by Resident #1 had a fall hitting her head, injur Resident #1 appeared status.  A Health Status note and completed by Nuradiology services we the STAT x-rays orde  Review of the x-ray rerevealed an acute no	re in the facility to perform red on 11/17/24.			aides were also educated on the proce of notification to licensed nurse of any identified resident issues such as pain other resident concerns and use the electronic medical record, which is to document the pain and/or concerns of resident in their electronic medical record. The licensed nurses will review the information and report to the medical provider. The licensed nurses will document in the residents ⊆ electronic medical record the notification to the medical provider and the plan of care. The Nurse Managers will review the residents electronic medical record dai and the documentation to ensure the medical provider was notified. Education	cation to licensed nurse of any ed resident issues such as pain or esident concerns and use the nic medical record, which is to ent the pain and/or concerns of the t in their electronic medical record. Ensed nurses will review the tion and report to the medical r. The licensed nurses will ent in the residents electronic larcord the notification to the la provider and the plan of care. The licensed nurses will review the selectronic medical record daily adocumentation to ensure the	

Facility ID: 922978

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NAME OF P	ROVIDER OR SUPPLIER			S	TREET ADDRESS, CITY, STATE, ZIP CODE		
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UNIVERSA	AL HEALTH CARE/BLUM	WENTHAL		G	REENSBORO, NC 27455		
(X4) ID	SUMMARY ST	FATEMENT OF DEFICIENCIES	ID		PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX TAG	(EACH DEFICIENC	CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFI) TAG	×	(EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		COMPLETION DATE
F 580	Continued From page	e 6	F 5	580			
	and reported to the fa				will be provided to all new nursing staff		
	and reported to the it	domey at 12.041 W.			and agency staff prior to the beginning		
	Review of a health st	tatus dated 11/18/24 at 2:59			their first shift. Education will be	01	
		y Nurse #2 revealed that the			completed by 1/4/2025 by the Director	of	
		m the STAT x-rays. The RP			Nursing/Staff Development Coordinato		
	and NP were notified				This education will become a part of the		
		-			new hire orientation process for newly	_	
	During an interview w	vith the Medical Director on			hired nursing staff. The Staff		
		//, he revealed that the			Development Coordinator will track the		
		T x-ray was for it to be			education for all staff who did not recei		
	performed on the sar	ne day it was ordered. If a			the education to ensure they receive th	е	
	STAT x-ray was dela	yed until the next day, he			education prior to their first assigned sh	ned shift.	
	should have been no	tified.			The Staff Development Coordinator wa	s	
					notified of her responsibilities on		
		ng (DON) was interviewed			12/20/2024. Nurse Aides can report		
	on 12/30/24 at 11:49	AM. She revealed that if a			directly to the nurse or use the compute	er	
	STAT x-ray was not p	performed within 2-4 hours			system which serves as an alert syster	n	
	after it was ordered of				within the resident□s electronic record		
		se #1 should have contacted			which nurse aides can send alerts to th		
	-	or further instructions on			nurse electronically. Once a computer		
	whether to wait or re-	ceive other orders.			system alert is triggered the nurse can		
					see it instantly on the clinical dashboar	d	
	An interview was cor				for continued assessment to be done.		
		31/24 at 12:00 PM. He			The Director of Nursing educated		
		AT order was not completed			Licensed Nurses regarding the		
	•	#1 should have notified the			requirements for notification of the		
	how to move forward	ceive further instruction on			Physician following a fracture and/or a		
	now to move forward				significant change of condition. The Licensed Nurse will call the Medical		
	Review of a medical	progress note dated			Director with any results of fractures		
		eted by the NP revealed that			and/or a significant change of condition	1	
	Resident #1 had an a				The Licensed Nurse will place this	''	
		anteric femur fracture.			information in the Medical Directors□		
		s waiting for the NP to			communication book after making verb	al	
		Iltation, which took place the			notification to the medical providers for		
		equested an orthopedic			additional follow-up by the Medical		
		liscussed complications			Director and in-house NP. The Director	r of	
		ery with the RP and told her			Nursing will ensure no staff will work		
		ld consider Resident #1's			without receiving this education. Any n	ew	

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NAME OF P	ROVIDER OR SUPPLIER	0.000	<del>                                     </del>	STREET ADDRESS, CITY, STATE, ZIP COD	•	1/09/2025
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UNIVERSA	AL HEALTH CARE/BLUN	MENTHAL		GREENSBORO, NC 27455		
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F 580	Continued From page	e 7	F 58	30		
	new asymptomatic bi	•		hires, including agency staff, veducation prior to the start of telephone or in person. The D	their shift via Director of	
		9/24 an orthopedic surgery	for Resident #1  n orthopedic surgery  practure was  Nursing or designee will comp  person review with any staff the education by telephone to ass  understanding of the education		nat receive sure their on received.	
	1/7/25 at 4:20 PM. SI received a consultation 11/19/24 to schedule for Resident #1. The stated she did not received she did not received she called the schedule. The appoint scheduled for 11/26/2 Scheduler indicated sto get Resident #1 ar	In Scheduler was interviewed on It. She revealed that she had tation order from the NP on Itule an orthopedic appointment The Transportation Scheduler it receive an order as soon as for the appointment from the It that day (11/19/24) to pointment was originally 26/24. The Transportation ed she was notified on 11/22/24		The Staff Development Coord be responsible for tracking whemployees have received the The Staff Development Coord made aware of this responsib 12/20/24. Review of daily clinical meeting process.	nich ir education. linator was ility on ical ted into the	
	who the request cam	day, but she could not recall e from. t1's medical record revealed		#4-Indicate how the facility pla monitor its performance to ma solutions are sustained.		
	that there was no doo			The Director of Nursing will be responsible for audit review of nursing documentation to ens	audit review of all clinical	
	worked with Residen shift from 7:00 PM or 11/21/24, she stated days prior, and this w worked with Residen she arrived for her sh off coming NA #5 tha hurt and to be caution remembered that Res	nterview with NA #3, who t #1 during the overnight n 11/20/24 until 7:00 AM on that Resident #1 had fallen 3 vas the first time she had t #1. NA #3 recalled when nift, she was notified by the t Resident #1's left hip was us during care. NA #3 sident #1 said "ow" during an		notifications of changes have to the resident, resident □s ph consistent with his or her auth resident representative whene A accident involving the r which results in injury and has potential for requiring physicial intervention.  A significant change in the physical, mental, or psychoso	ysician and nority the ever there is; esident s the an e resident □s cial status in	
	incontinence care ep	isode when she touched her t notify anyone of the pain		either life-threatening conditio complications.		

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	l ` ′		CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
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NAME OF PI	ROVIDER OR SUPPLIER			S	TREET ADDRESS, CITY, STATE, ZIP CODE		00.2020
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(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	FIX (EACH CORRECTIVE ACTION SHOULD BE CO			(X5) COMPLETION DATE
F 580	beginning of her shift made sure not to char during the shift unles  A telephone interview on 12/19/24 at 10:53 worked with Resident shift from 7:00 PM or 11/22/24. NA #2 reve Resident #1 was in a because she would reget out of bed, and wide. Resident #1 was tried to turn her in the grab her arm as if she The DON was intervi AM. She revealed that discomfort after the fan NA #3 should have not the provider. The NA	ified about the left hip at the . NA #3 further stated she nge or move Resident #1 s necessary.  was conducted with NA #2 AM. NA #2 confirmed she t #1 during the overnight 11/21/24 until 7:00 AM on	F	580	" A need to alter treatment significar (that is, a need to discontinue an existir form of treatment due to adverse consequences, or to commence a new form of treatment; or " A decision to transfer or discharge resident from the facility.  The Director of Nursing will complete audit of this documentation daily x 4 weeks, biweekly x 4 weeks and then weekly until substantial compliance is achieved.  The Director of Nursing will report the finding from the audits to the Quality Assurance Performance Improvement committee for recommendations and/o modifications until a pattern of compliance is achieved.  The Administration is responsible for the entire plan of correction.	the r	
	could have completed record that would ale and the providers.  The Administrator was 12:00 PM. He revealed should have completed well as notified the characteristics.  A telephone interview Medical Director on 1 revealed that he did not record that he did not record that would also record that he did not record that would also record that would record	sident #1's pain, but they decharting in her medical of the DON, unit managers, as interviewed on 12/31/24 at led that NA #2 and NA #3 led a "Stop N Watch" task as large nurse that they thought le discomfort during their was conducted with the 2/19/24 at 10:19 AM. He loot review Resident #1's lon 11/18/24 until 11/22/24,					

STATEMENT OF DEFICIENCIES (X1 AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING		(X3) DATE SURVEY COMPLETED	
		345006	B. WING _			C 01/09/2025
	ROVIDER OR SUPPLIER	MENTHAL		STREET ADDRESS, CITY, STATE, ZIP CODE 3724 WIRELESS DRIVE GREENSBORO, NC 27455	•	3 11305/2020
(X4) ID PREFIX TAG			ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
F 580	that entire week. He orthopedic appointm the following week a Resident #1 on 11/2: pain, and the Medica needed to be sent or Director indicated he had an orthopedic apweek, but he told the (11/22/24). The Med Resident #1 should I soon as the x-ray resand the surgeon worshe was a surgical company of the modical Director on revealed that the nurthe x-ray results in home communication book Director stated that his mailbox or provide further evaluation or he did not see Resident area as a source of parays taken during to	we an update from the NP was unaware that an ent had been scheduled for nd not sooner. When he saw 2/24, Resident #1 was in al Director told staff that she at immediately. The Medical was told that Resident #1 epointment the following em she needed to go that day ical Director stated that have gone to the hospital as sults came in on 11/18/24, uld have made the decision if	F 5	80		
	11/26/24 revealed th	the appointment.  I Discharge Summary dated at Resident #1 had a closed sture of the left femur. She				

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER:  A. BUILDING		(X3) DATE SURVEY COMPLETED				
		345006	B. WING_			C
	ROVIDER OR SUPPLIER	1 1111		STREET ADDRESS, CITY, STATE, ZIP CODE 3724 WIRELESS DRIVE GREENSBORO, NC 27455	ı	01/09/2025
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
F 580	further evaluation, as which showed an interpretation in the left femur. She was a department (ED) for femur intramuscular on 11/23/24. The distribution in the left femur intramuscular on 11/24/24. The respiratory failure and on 11/24/24 and incident of lambda from the facility provided Allegation of Immedia An incident report was at 11:05 am by the conformation obtained Resident #1 was obseed sitting on her boassessed by the chawere discovered dur. The resident was ascharge nurse and the without incident. The Responsible Party (Foractitioner (NP) and On 11/17/24 at 11:21 was entered in the ethat the resident representation of the new of facility failed to immediately failed to immedia	opedic office on 11/22/24 for and an x-ray was obtained ertrochanteric fracture of the sent to the emergency further evaluation, and a left nail surgery was performed charge summary indicated aspiration event while esulted in acute hypoxic d IV antibiotics were initiated office for three days after e facility.  as notified of immediate t 8:48 AM.  the following Acceptable ate Jeopardy removal.  as completed on 11/17/2024 harge nurse, based on from certified nursing aide. Served on the floor next to her ttom. The resident was rge nurse and no injuries ing the initial assessment. Sisted back to bed by the exertified nursing aide en urse called the resident's	F 5	80		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDII	IPLE CONSTRUCTION  NG		(X3) DATE SURVEY COMPLETED	
		345006	B. WING _			C 01/09/2025	
	ROVIDER OR SUPPLIER AL HEALTH CARE/BLUI	MENTHAL		STREET ADDRESS, CITY, STATE, ZIP CODE 3724 WIRELESS DRIVE GREENSBORO, NC 27455	•		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFII TAG	PROVIDER'S PLAN OF CORR ( (EACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE AF DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE	
F 580	for a stat x-ray and T as needed for pain. In notified the stat x-ray 11/17/2024.  On 11/18/2024 the x-obtained at 9:23 am. 11/18/2024 12:54 pm an acute transverse, intertrochanteric fem responsible party and results on 11/18/2024.  On 11/19/2024 the N after reviewing the x-given for the resident doctor. The NP elect out immediately after who stated it was accorthopedic appointmentally 11/26/2024. The NP milligrams twice a day hours as needed for The facility failed to result in the state of th	cal provider gave new orders ylenol 500mg every 6 hours The medical provider was not a could not be obtained on any of the left hip was. The x-ray resulted on any and the impressions were nondisplaced are fracture. The residents of NP were informed of the 4 at 2:59 pm.  P assessed the resident ray and new orders were at to be seen by an orthopedic ted not to send the resident conferring with the daughter ceptable at the time. An ent was obtained for ordered Tramadol 25 y and to be given every 12	F	580			
	resident's pain was n for the following date 11/21/2024, when Re and said "stop". The MD was not awa saw Resident #1 on ordered the resident	notify the MD when the ot manageable on night shift s, 11/20/2024 and esident #1 grabbed the aide are of the fracture until he 11/22/2024 at which time he to be sent to the emergency ald not be seen by the					

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDIN	IPLE CONSTRUCTION IG		(X3) DATE SURVEY COMPLETED		
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	ROVIDER OR SUPPLIER	MENTHAL	,	STREET ADDRESS, CITY, STATE, ZIP CODE 3724 WIRELESS DRIVE GREENSBORO, NC 27455	<u> </u>	0 11 001 2020		
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F 580	Continued From pag	ue 12	F 5	80				
	11/22/2024 and was and a left femur intra performed on 11/23/ On 12/27/2024 the I Managers reviewed during the last 30 da Director had been not identified during this Nurse Managers by On 12/27/2024 the I Managers reviewed laboratory testing to as ordered and the I notified. The audit in progress notes to ide have been in pain an opportunities identification.	Director of Nursing and Nurse residents who have fallen bys to confirm that the Medical otified. Any opportunities audit will be corrected by the						
	Development Coord education for all nursand procedures for pinclude notification of complaints of unrelier reported to the physic also included notificated delays in physician of and delay in any phyconsultations, and X weekends and after also educated on utilicommunication book and other non-emergence.	eved pain by residents to be ician immediately. Education ation to the physician of any orders including stat orders vsician ordered appointments, increase this is to include the hours. Licensed nurses were						

STATEMENT OF DE AND PLAN OF COR		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′		CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
			7 50.25.			(	0
		345006	B. WING			01/	09/2025
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LINIVEDOAL H	EALTH CARE/RU	IMENTUAL		37	724 WIRELESS DRIVE		
UNIVERSAL II	EALTH CARE/BLU	UMENTHAL		GREENSBORO, NC 27455			
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not ress cor which the The and nur me pro Ma me ens Edi sta the 1/4 De bed for De for ens firs Coo 12/ nur as reconur ale the to b	ident issues such acerns and use the icerns and use the resident in their elicensed nurses direport to the messes will document dical record the revider and the planagers will review dical record daily sure the medical acation will be present from agency stair first shift. Education will be present to a part of the newly hired nurse velopment Coord all staff who did sure they receive they receive they receive they receive they assigned shift. Fordinator was no 20/2024. Nurse word which nurse as electronically at its triggered the clinical dashboard one.	ge 13  ed nurse of any identified in as pain or other resident ine electronic medical record, int the pain and/or concerns of electronic medical record. Is will review the information edical provider. The licensed int in the residents' electronic motification to the medical int of care. The Nurse with the residents electronic with and the documentation to provider was notified. In original provider was notified by ector of Nursing/Staff dinator. This education will enew hire orientation process ing staff. The Staff dinator will track the education not receive the education to the education prior to their The Staff Development tified of her responsibilities on Aides can report directly to the mputer system which serves within the resident's electronic aides can send alerts to the Once a computer system enurse can see it instantly on original provider. In original provider original provider. In original provider original provider. In origina	F	580			

	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	PLE CONSTRUCTION  G		OATE SURVEY OMPLETED
		345006	B. WING			C 01/09/2025
	ROVIDER OR SUPPLIER  AL HEALTH CARE/BLUN			STREET ADDRESS, CITY, STATE, ZIP CODE  3724 WIRELESS DRIVE  GREENSBORO, NC 27455	l	01/09/2025
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F 580	results of fractures ar condition. The Licens information in the Me communication book notification to the med follow-up by the Medi NP. The Director of N will work without recenew hires, including a education prior to the telephone or in perso designee will complet staff that receive educassure their understareceived. The Staff I will be responsible for have received their expevelopment Coording this responsibility on On 1/3/2024 the Direct Administrator complecensure that all composite ensure the ensure that all composite ensure that all composite ensure the ensure that all composite ensure that all composi	ad/or a significant change of sed Nurse will place this dical Directors' after making verbal dical providers for additional cal Director and in-house Nursing will ensure no staff iving this education. Any agency staff, will receive start of their shift via n. The Director of Nursing or e in person review with any cation by telephone to nding of the education Development Coordinator tracking which employees ducation. The Staff attor was made aware of 12/20/24.  Letter of Nursing and ted an Ad-Hoc QAPI to ments of the credible leted and followed. The ministrator, Director of rector of Nursing, Staff attor, Regional Director of nissions Director, Unit ace Director and Discharge 13/2025 the Administrator will ure implementation of this emoval for this alleged	F 58	30		

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ` ′	PLE CONSTRUCTION  G	(X3) DATE	LETED
		345006	B. WING		01//	) 09/2025
	ROVIDER OR SUPPLIER	MENTHAL		STREET ADDRESS, CITY, STATE, ZIP CODE  3724 WIRELESS DRIVE  GREENSBORO, NC 27455	1 01/0	09/2023
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETION DATE
F 580	and procedures for include any complairesidents to be repoimmediately. Educate to the physician of a including STAT orderordered appointmenth is is to include the Licensed nurses we of the physician condiagnostic reports a resident issues. All educated on the prolicensed nurse of an issues such as pain and use of the electito document the pairesident in their electing in the staff were at the policy and procephysician communic verification of physician communic verification of physician communicate jeopardy was validated.  Free from Abuse an CFR(s): 483.12(a)(1) §483.12 Freedom fresident has the neglect, misappropriand exploitation as a includes but is not liccorporal punishmen	chysician notification to ints of unrelieved pain by red to the physician tion also included notification my delays in physician orders and delay in any physician ats, consultations, and X-rays, weekends and after hours. The also educated on utilization infuncation book to report and other non-emergent nurse aides were also access of notification to the my resident experiencing or other resident concerns and/or concerns of the actionic medical record, which is an and/or concerns of the actionic medical record. It with nurses and nurse after validation were completed able to verbalize knowledge of action book was reviewed for action hoof to the removal date of 01/05/25.  In Neglect  The removal date of 01/05/25.  In Neglect, and  The right to be free from abuse, action of resident property, defined in this subpart. This mitted to freedom from the involuntary seclusion and mical restraint not required to	F 58			1/9/25

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDIN		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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NAME OF PR	ROVIDER OR SUPPLIER		<u> </u>	ST	TREET ADDRESS, CITY, STATE, ZIP CODE	1 017	03/2020
				37	24 WIRELESS DRIVE		
UNIVERSA	AL HEALTH CARE/BLUM	ENTHAL		GI	REENSBORO, NC 27455		
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F 600	Continued From page	16	F 6	000			
	§483.12(a) The facility	y must-					
	§483.12(a)(1) Not use physical abuse, corporinvoluntary seclusion; This REQUIREMENT by: Based on record revi Practitioner (NP), Mer Responsible Party (Rinterviews, the facility right to be free of neg following: they failed to onset of pain and who completed STAT (immhad an unwitnessed fipain in her left hip. The standard perpendicular to bone) fracture. The Night and collaborate with the x-ray results were the facility failed to rethe injury and identify orthopedic evaluation On 11/19/24 the NP of medication for increase orthopedic consultation #1's RP. The resident awaiting an orthopedic 11/26/24. The facility when the resident's purposed in the physical part of the phys	e verbal, mental, sexual, or oral punishment, or is not met as evidenced ew, and facility staff, Nurse dical Director, and P), and Orthopedic Surgeon failed to protect a resident's lect as evidenced by the onotify the physician at the en an x-ray could not be nediately) after Resident #1 all on 11/17/24 and reported ne x-ray was completed on d an acute nondisplaced eak completely and there bone) transverse (horizontal the bone) left femur (thigh P failed to communicate the Medical Director when received on 11/18/24 and cognize the seriousness of			# 1 - Address how corrective action will accomplished for those residents found have been affected by the deficient practice;  An incident report was completed on 11/17/2024 at 11:05 am by the charge nurse, based on information obtained from certified nursing aide. Resident # was observed on the floor next to her be sitting on her bottom. The resident was assessed by the charge nurse and no injuries were discovered during the initial assessment. The resident was assisted back to bed by the charge nurse and the certified nursing aide without incident. The charge nurse called the resident Responsible Party (RP) and the Nurse Practitioner (NP) and no new orders we given. On 11/17/24 at 11:21 AM another progress note was entered in the electronic record which stated that the resident reported pain in her left hip an elbow when the RP arrived at the facility failed to immediately notify medical provider of the new onset of particular in the resident provider of the new onset of particular in the second in the new onset of particular in the second in the new onset of particular in the provider of the new onset of particular in the second in the new onset of particular in the particular i	1 to 1 to 2 decided as a lead as a l	
	Director (MD) was no orthopedic consult sc	t aware of the fracture or the heduled for 11/26/24 until he 1/22/24 at which time he			The medical provider was not called ur 2:14 PM and at that time the medical provider gave new orders for a stat x-ra	ntil	

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CENTER	S FOR MEDICARE &	MEDICAID SERVICES				OMR M	<u>0. 0938-0391</u>
	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			CONSTRUCTION	COM	E SURVEY PLETED
		345006	B. WING			1	C / <b>09/2025</b>
NAME OF P	ROVIDER OR SUPPLIER		•	S	TREET ADDRESS, CITY, STATE, ZIP CODE		
				37	724 WIRELESS DRIVE		
UNIVERSA	AL HEALTH CARE/BLUN	IENTHAL		G	REENSBORO, NC 27455		
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F 600	Continued From page	<u> </u>	F	600			
1 000	· -			000	and Tylonal F00mg ayany 6 hayra aa		
		to be sent to the emergency			and Tylenol 500mg every 6 hours as		
		Ild not be seen by the The resident was seen by			needed for pain. The Tylenol order wa		
		/22/24 and was sent directly			not entered until 3:05pm on 11/17/202 The stat x-ray was not obtained on	+.	
		left femur intramuscular nail			11/17/2024. The nursing staff failed to		
	surgery was performe				notify the medical provider that the sta	ŧ	
		t #1 had an aspiration event			x-ray could not be obtained on	1	
	•	ents, or fluids are breathed			11/17/2024.		
	,	resulted in acute hypoxic			On 11/18/2024 the x-ray of the left hip	was	
		v levels of oxygen in your			obtained at 9:23 am. The x-ray resulte		
		us (IV) antibiotics were			on 11/18/2024 12:54 pm and the		
		The resident was prescribed			impressions were an acute transverse		
		tics for three days after			nondisplaced intertrochanteric femur		
		facility on 11/26/24. The			fracture. The resident□s RP and NP w	ere	
	_	ndicated an injury like			informed of the results on 11/18/2024	at	
		d an immediate transfer to			2:59 pm.		
	-	ation by an orthopedic					
	specialist and that the	e risks of complications			On 11/19/2024 the NP assessed the		
	increased with the de	lay of care such as deep			resident after reviewing the x-ray and i	new	
	vein thrombosis (bloo	d clots in veins deep in the			orders were given for the resident to b	Э	
	body), pneumonia, ar	nd bed sores. This deficient			seen by an orthopedic doctor. The NF	)	
	practice affected 1 of				elected not to send the resident out		
	reviewed for neglect (	(Resident #1).			immediately after conferring with the		
					daughter who stated it was acceptable		
	, , ,	pegan on 11/18/24 when the			the time. An orthopedic appointment w		
		rovide the necessary care			obtained for 11/26/2024. The NP orde		
		dent #1 when x-ray results			Tramadol 25 milligrams twice a day an		
		ustained a transverse left			be given every 12 hours as needed for		
		nmediate jeopardy was			breakthrough pain.		
		hen the facility implemented					
		e allegation of Immediate			The Medical Director (MD) was not aw		
		ne facility will remain out of			of the fracture until he saw Resident #	ı on	
		e and severity of "D" (no			11/22/24 at which time he ordered the		
	-	ential for more than minimal			resident to be sent to the emergency		
		te jeopardy) to ensure			department if she could not be seen by	′	
		ed and monitoring systems			the orthopedist that day.		
	put into place and are	e enecuve.			Desident #4 was saan by the arthur a	liet	
	The findings included	:			Resident #1 was seen by the orthoped on 11/22/2024 and was sent directly to		

	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDI	LTIPLE CONSTRUCTION DING		(X3) DATE SURVEY COMPLETED	
		345006	B. WING			C 01/09/2025	
	ROVIDER OR SUPPLIER	IENTHAL		3	TREET ADDRESS, CITY, STATE, ZIP CODE 724 WIRELESS DRIVE GREENSBORO, NC 27455		
(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 BI CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 600	the Medical Director a notify the physician at the x-ray could not be (immediately) after Re unwitnessed fall on 1 was not performed 11 indicated an acute no not break completely the bone) transverse perpendicular to the k fracture. The physiciathe fracture until 11/2 orthopedic consult or scheduled for 11/26/2 notify the physician w not manageable on n 11/21/24). Failure to rorthopedic medical m treatment and put the complications such as pneumonia, bed sore mortality. Resident #1 (foods, stomach continto the lungs) while h acute hypoxic respiral oxygen in your blood initiated on 11/24/24. additional oral antibio discharge back to the deficient practice affer reviewed for notifications.	renced to:  rd review and interviews with and staff, the facility failed to a the onset of pain and when a completed stat esident #1 had an 1/17/24 (Sunday). The x-ray 1/18/24 and the results andisplaced (the bone does and there will be a crack on (horizontal and bone) left femur (thigh bone) and was not made aware of 2/24 and was not notified the dered on 11/19/24 was 1/4. The facility also failed to then the resident's pain was right shift (11/20/24 and notify the physician delayed anagement, care and a resident at high risk for a deep vein thrombosis, as, and increased risk for 1 had an aspiration event ents, or fluids are breathed nospitalized which resulted in tory failure (low levels of a and IV antibiotics were The resident was prescribed tics for three days after 1 facility on 11/26/24. This	F	600	# - 2 Address how the facility will idention other residents having the potential to affected by the same deficient practice.  To assist in identifying other residents way have been affected by this deficient practice on 12/20/24 the Nurse Practitioner and Medical Director review the previous 45 days of labs and radiol reports to ensure that all abnormalities have been addressed.  On 12/27/2024 the Nurse Managers reviewed residents who have fallen dur the last 30 days to assess residents to include active and passive range of motion and pain assessment. This revialso included examination of all recent incident reports to identify any patterns recurring issues related to falls or delay medical interventions.	who nt wed ogy	
	from the Medical Dire	rd review and interviews ctor, the Nurse Practitioner geon, Responsible Party			The Director of Nursing and Regional Director of Clinical Services completed review of all pain scales on 1/4/25 to	а	

OL. TILIT	C . C	INLEDIO (ID CEITTICE)				<u> </u>	<u> </u>
	OF DEFICIENCIES CORRECTION	IDENTIFICATION NUMBER			CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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		345006	B. WING				09/2025
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ONVERO	ALTIEAETT GARE/BEGI	ENTIAL		G	REENSBORO, NC 27455		
(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 DEFICIENCY)		(X5) COMPLETION DATE
F 600	Continued From page (RP) and staff the fact seriousness of the inj from a fall and identification orthopedic evaluation in her left hip on 11/1 (with no delay) x-ray 11/17/24, was not conceive aled a nondisplate break completely and bone) transverse (hot the bone) left femur (11/19/24 the NP order medication for increation orthopedic consultation and its RP. The resident awaiting an orthoped for 11/26/24. The Medication for the fracture until her 11/22/24 at which timbe sent to the emergent has seen by the or was sent directly to the intramuscular nail sur 11/23/24. While hosp aspiration event (food fluids are breathed in in acute hypoxic respoxygen in your blood antibiotics were initiative resident was prescribe for three days after did on 11/26/24. The Ortan injury like Resident	e 19  sility failed to recognize the lury Resident #1 sustained by the need for urgent and Resident #1 reported pain 7/24 following a fall. A STAT was ordered on Sunday impleted until 11/18/24, and coed (the bone does not at there will be a crack on the rizontal and perpendicular to thigh bone) fracture. On cored scheduled opioid is sed pain and ordered an contact the request of Resident it remained in the facility ics consultation scheduled dical Director was not aware as aware as aware we saw Resident #1 on the hospital and a left femural fraction on 11/22/24 and the hospital and a left femural fraction on the lungs) which resulted iratory failure (low levels of and Intravenous (IV) the don 11/24/24. The first required an indicated it #1's required an indicated in the facility thopedic Surgeon indicated in the facility in in the	TAG			ring trs toot	DATE
	by an orthopedic spe- complications increas such as deep vein thi	the hospital for evaluation cialist and that the risks of sed with the delay of care rombosis (blood clots in ly), pneumonia, and bed			reported to the physician immediately.  "Notification to physician of any del in physician orders including stat order and delay in any physician ordered appointments and x-rays.		

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	PLE CONSTRUCTION  G	, ,	E SURVEY IPLETED
		345006	B. WING		0.	C
NAME OF DE	ROVIDER OR SUPPLIER	0.000	<u> </u>	STREET ADDRESS, CITY, STATE, ZIP COD		1/09/2025
TVAINE OF T	COVIDENCE ON GOLF EIEN				-	
UNIVERSA	AL HEALTH CARE/BLUN	MENTHAL		3724 WIRELESS DRIVE		
				GREENSBORO, NC 27455		
(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 COI (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
F 600	Continued From page	e 20	F 60	00		
	sores This deficient i	practice affected 1 of 5		" Education to certified nur	se aides on	
	residents reviewed for			reporting identified pain and o		
	Toolaonto Toviovioa to	r rane (r teeraerit ;; r).		abnormal events identified du		
	F714: Based on reco	rd review, and staff, Medical		of care.	ing donvery	
	Director (MD) and Nu			5. 55. 5.		
	• •	led to communicate and		Any nursing staff member that	t did not	
	,	ID when Resident #1 was		receive education on 12/20/20		
	diagnosed on 11/18/24 with an acute nondisplaced (the bone does not break			receive education by the begin		
				next shift by the DON or design		
		will be a crack on the bone)		Staff Development Coordinate		
	transverse (horizonta	l and perpendicular to the		responsible for tracking staff t	nat still	
	bone) left femur (thigh	h bone) fracture following an		require education. Any staff t	hat has not	
	unwitnessed fall on 1	1/17/24. The NP did not		received education will not be	allowed to	
	consult with the MD b	pefore making the decision		work until education is receive	d. All newly	
	the resident was prob	oably not a surgical		hired licensed staff will be edu	ıcated by the	
	candidate and attemp	oting to treat the resident		Staff Development Coordinate		
		lack of communication and		policy. This education will be a		
		ical Director (MD) was not		orientation process. Staff Dev	•	
		until he saw Resident #1 on		was notified of this responsibi	lity on	
		e he ordered the resident to		12/20/2024.		
		ency department if she could				
		thopedist that day. Resident		In person education was com		
		orthopedist on 11/22/24 and		12/27/2024 by the Director of		
		ne hospital and a left femur		current medical providers incl	-	
		rgery was performed on		providers, Nurse Practitioners		
	11/23/24. The lack of			Medical Director. Education of		
		n the NP and MD delayed		communication between all pr	oviders	
		nanagement, care and		should be clear, concise and collaborative. Communication	should	
		e resident at high risk for s deep vein thrombosis,		include a discussion of treatm		
		s deep vein thombosis, sores. Resident #1 had an		and seeking advice when nec	•	
	· · ·	ds, stomach contents, or		Providers should participate in		
	fluids are breathed in			making in a timely manner.	1 400131011	
		sulted in acute hypoxic		making in a differy marifier.		
	-	w levels of oxygen in your		On 1/3/2025 the Medical Dire	ctor and the	
	blood) and IV antibiot			Physician Extenders agreed to		
		nt was prescribed additional		the Director of Nursing weekly		
		ee days after discharge back		abnormal labs, radiology or te		
		6/24. This failure affected 1		a team.		

	OF DEFICIENCIES CORRECTION	IDENTIFICATION NUMBER:		PLE CONSTRUCTION  G	(X3) DATE SURVEY COMPLETED		
		345006	B. WING		C		
NAME OF D	20//055 05 01 05 155	343000	B. WING_	OTDEET ADDRESS OUTV OTATE 71D OO	01/09/2025		
NAME OF PI	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CO	DE		
UNIVERSA	AL HEALTH CARE/BL	UMENTHAL		3724 WIRELESS DRIVE			
				GREENSBORO, NC 27455			
(X4) ID PREFIX TAG	(EACH DEFICIE	Y STATEMENT OF DEFICIENCIES ENCY MUST BE PRECEDED BY FULL OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO TH DEFICIENCY	N SHOULD BE COMPLET DATE		
F 600	Continued From p	age 21	F 60	00			
	•	accidents (Resident #1).					
		regiaerite (regiaerit # 1).		On 1/3/2025 the Regional Di	rector of		
	The Administrator	was notified of immediate		Clinical Services informed th			
	jeopardy on 1/3/25			Development Coordinator ar			
	100paray on 170/20	7 dt 5. 15 7 iiii.		Director of Nursing to complete			
	The facility provide	ed the following Acceptable		training on abuse and neglec	- I		
		• •		months and then quarterly o			
	Credible Allegation of Immediate Jeopardy removal.			Education will ensure abuse			
				is explained to all staff per fe	_		
	Identify those recip	oients who have suffered, or		guidelines, Neglect as define			
		a serious adverse outcome as		the failure of the facility, its e	mployees or		
	a result of the non			service providers to provide			
				services to a resident that ar	e necessary		
	An incident report	was completed on 11/17/2024		to avoid physical harm, pain,	mental		
	at 11:05 am by the	charge nurse, based on		anguish or emotional distres	s.		
	information obtain	ed from certified nursing aide.					
	Resident #1 was o	bserved on the floor next to her		Effective 1/4/2025 the Admir	istrator will		
		bottom. The resident was		be responsible to ensure imp			
		harge nurse and no injuries		of this immediate jeopardy re			
		uring the initial assessment.		this alleged non-compliance.			
		assisted back to bed by the					
		the certified nursing aide					
		The charge nurse called the		#4-Indicate how the facility p			
		sible Party (RP) and the Nurse		monitor its performance to m	ake sure that		
		and no new orders were given.		solutions are sustained.			
		21 AM another progress note		The DOM on design as will us	-:£ . 41		
		e electronic record which stated		The DON or designee will ve			
		eported pain in her left hip and P arrived to the facility. The		understanding of education t	S		
		mediately notify the medical		discussion and feedback wit notate this on a tracking tool			
	_	w onset of pain. The medical		will also do this in orientation			
		alled until 2:14 PM and at that		wiii aiso do triis iii orientatior			
	•	rovider gave new orders for a		The Director of Nursing or de	esianee will		
		enol 500mg every 6 hours as		monitor to include reviewing			
		The Tylenol order was not		hired staff to assure that the			
		om on 11/17/2024. The stat		received training for abuse a	·		
		nined on 11/17/2024. The		weekly x 4 weeks, bi-weekly			
		to notify the medical provider		then monthly x 1 month.			
		could not be obtained on					

NAME OF PROVIDER OR SUPPLIER  UNIVERSAL HEALTH CARE/BLUMENTHAL  (X4) ID PREFIX TAG  (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  F 600  Continued From page 22  11/17/2024.  On 11/18/2024 the x-ray of the left hip was obtained at 9:23 am. The x-ray resulted on 11/18/2024 12:54 pm and the impressions were an acute transverse, nondisplaced intertrochanteric femur fracture. The resident's RP and NP were informed of the results on 11/18/2024 ta 2:59 pm.  On 11/19/2024 the NP assessed the resident		OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′		CONSTRUCTION	(X3) DATE COMF	SURVEY	
NAME OF PROVIDER OR SUPPLIER  UNIVERSAL HEALTH CARE/BLUMENTHAL  (X4) ID PREFIX TAG  (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  F 600  Continued From page 22  11/17/2024.  On 11/18/2024 the x-ray of the left hip was obtained at 9:23 am. The x-ray resulted on 11/18/2024 12:54 pm and the impressions were an acute transverse, nondisplaced intertrochanteric femur fracture. The resident's RP and NP were informed of the results on 11/18/2024 at 2:59 pm.  On 11/19/2024 the NP assessed the resident  STREET ADDRESS, CITY, STATE, ZIP CODE 3724 WIRELESS DRIVE GREENSBORO, NC 27455  ID PREFIX CROSS-REFCRINGE TO THE APPROPRIATE DEFICIENCY  TAG  PREFIX TAG  PROVIDER'S PLAN OF CORRECTION (XS).  (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)  The Director of Nursing will report the finding from the audits to the Quality Assurance Performance Improvement committee for recommendations and/or modifications until a pattern of compliance is achieved.  The Administrator is responsible for this plan of correction.			345006	B. WING _					
UNIVERSAL HEALTH CARE/BLUMENTHAL  (X4) ID PREFIX TAG  (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  F 600  Continued From page 22  1/1/17/2024.  F 600  Continued From page 22  1/1/18/2024 the x-ray of the left hip was obtained at 9:23 am. The x-ray resulted on 11/18/2024 the macute transverse, nondisplaced intertrochanteric femur fracture. The resident's RP and NP were informed of the results on 11/18/2024 at 2:59 pm.  On 11/19/2024 the NP assessed the resident  GREENSBORO, NC 27455  ID PREFIX (EACH CORRECTIVE ACTION SHOULD BE (EACH CORRE	NAME OF P	ROVIDER OR SUPPLIER			S	TREET ADDRESS, CITY, STATE, ZIP CODE	1 01/	03/2023	
(X4) ID PREFIX TAG    SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)   TAG     F 600   Continued From page 22   T1/17/2024.   The Director of Nursing will report the finding from the audits to the Quality Assurance Performance Improvement committee for recommendations and/or modifications until a pattern of compliance is achieved.     On 11/18/2024 12:54 pm and the impressions were an acute transverse, nondisplaced intertrochanteric femur fracture. The resident's RP and NP were informed of the results on 11/18/2024 at 2:59 pm.     On 11/19/2024 the NP assessed the resident	LININ/EDO	A			3	724 WIRELESS DRIVE			
F 600  Continued From page 22  11/17/2024.  On 11/18/2024 the x-ray of the left hip was obtained at 9:23 am. The x-ray resulted on 11/18/2024 12:54 pm and the impressions were an acute transverse, nondisplaced intertrochanteric femur fracture. The resident's RP and NP were informed of the results on 11/18/2024 at 2:59 pm.  PREFIX TAG  PREFIX TAG  (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE  PREFIX TAG  (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE  PREFIX TAG  (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE  PREFIX TAG  (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE  DEFICIENCY)  F 600  The Director of Nursing will report the finding from the audits to the Quality  Assurance Performance Improvement committee for recommendations and/or modifications until a pattern of compliance is achieved.  The Administrator is responsible for this plan of correction.	UNIVERSA	AL HEALTH CARE/BLUN	IENTHAL		GREENSBORO, NC 27455				
11/17/2024.  On 11/18/2024 the x-ray of the left hip was obtained at 9:23 am. The x-ray resulted on 11/18/2024 12:54 pm and the impressions were an acute transverse, nondisplaced intertrochanteric femur fracture. The resident's RP and NP were informed of the results on 11/18/2024 at 2:59 pm.  The Director of Nursing will report the finding from the audits to the Quality Assurance Performance Improvement committee for recommendations and/or modifications until a pattern of compliance is achieved.  The Director of Nursing will report the finding from the audits to the Quality Assurance Performance Improvement committee for recommendations and/or modifications until a pattern of compliance is achieved.  The Director of Nursing will report the finding from the audits to the Quality Assurance Performance Improvement committee for recommendations and/or modifications until a pattern of compliance is achieved.  The Director of Nursing will report the finding from the audits to the Quality Assurance Performance Improvement committee for recommendations and/or modifications until a pattern of compliance is achieved.  The Director of Nursing will report the finding from the audits to the Quality Assurance Performance Improvement committee for recommendations and/or modifications until a pattern of compliance is achieved.	PRÉFIX	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL	PREFIX	x	(EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA	VE ACTION SHOULD BE COMP ED TO THE APPROPRIATE		
after reviewing the x-ray and new orders were given for the resident to be seen by an orthopedic doctor. The NP elected not to send the resident out immediately after conferring with the daughter who stated it was acceptable at the time. An orthopedic appointment was obtained for 11/26/2024. The NP ordered Tramadol 25 milligrams twice a day and to be given every 12 hours as needed for breakthrough pain.  The Medical Director (MD) was not aware of the fracture until he saw Resident #1 on 11/22/24 at which time he ordered the resident to be sent to the emergency department if she could not be seen by the orthopedist that day.  Resident #1 was seen by the orthopedist on 11/22/2024 and was sent directly to the hospital and a left femur intramuscular nail surgery was performed on 11/23/2024.  The facility failed to notify the physician of an acute change in condition requiring emergent orthopedic medical treatment (x-ray results positive for fracture). The facility failed to notify the physician that an x-x-ray ordered stat was not going to be done stat. The facility failed to notify the physician that the orthopedic consult could	F 600	On 11/18/2024 the x-obtained at 9:23 am. 11/18/2024 12:54 pm an acute transverse, intertrochanteric femu RP and NP were infor 11/18/2024 at 2:59 pm. On 11/19/2024 the NI after reviewing the x-given for the resident doctor. The NP elect out immediately after who stated it was accorthopedic appointment 11/26/2024. The NP milligrams twice a day hours as needed for the Medical Director fracture until he saw I which time he ordered the emergency departs seen by the orthoped Resident #1 was seen 11/22/2024 and was and a left femur intrarperformed on 11/23/2. The facility failed to nacute change in condorthopedic medical tropositive for fracture), the physician that an going to be done state.	ray of the left hip was The x-ray resulted on and the impressions were nondisplaced ar fracture. The resident's rmed of the results on m.  P assessed the resident ray and new orders were to be seen by an orthopedic red not to send the resident conferring with the daughter reptable at the time. An rent was obtained for ordered Tramadol 25 y and to be given every 12 oreakthrough pain.  (MD) was not aware of the Resident #1 on 11/22/24 at d the resident to be sent to trent if she could not be ist that day.  In by the orthopedist on sent directly to the hospital muscular nail surgery was 2024.  otify the physician of an lition requiring emergent eatment (x-ray results The facility failed to notify x-x-ray ordered stat was not . The facility failed to notify	F	600	finding from the audits to the Quality Assurance Performance Improvement committee for recommendations and/o modifications until a pattern of complia is achieved.  The Administrator is responsible for thi plan of correction.	r nce		

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDII	IPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
		345006	B. WING _			C 01/09/2025		
	ROVIDER OR SUPPLIER AL HEALTH CARE/BLUN	MENTHAL		STREET ADDRESS, CITY, STATE, ZIP CODE 3724 WIRELESS DRIVE GREENSBORO, NC 27455	•			
(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 COF (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE ADDESICIENCY)	SHOULD BE	(X5) COMPLETION DATE		
F 600	notify the physician was not manageable on manageable of m	AP. The facility failed to when the resident's pain was hight shift on 11/20/2024 and ident grabbed the aide and dentify the seriousness of entrochanteric femur fracture 024 and identify the urgent evaluation and surgical example x-ray was ordered but not 8/2024 and confirmed the Practitioner ordered deded opioid pain medication insultation on 11/19/2204 but with the MD he was de fracture in- house.	Fé	600				
	on 11/18/2024 causir the hospital 11/22/20 on 11/23/2024 to rep.  To assist in identifying have been affected by 12/20/24 the Nurse F. Director reviewed the and radiology reports abnormalities have by On 12/27/2024 the Nurseidents who have for to assess residents to range of motion and	urse Managers reviewed allen during the last 30 days o include active and passive pain assessment. This examination of all recent entify any patterns or ed to falls or delayed						

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULT A. BUILDIN	IPLE CONSTRUCTION  IG		(X3) DATE SURVEY COMPLETED	
		345006	B. WING _			C 01/09/2025
	ROVIDER OR SUPPLIER	MENTHAL		STREET ADDRESS, CITY, STATE, ZIP CODE 3724 WIRELESS DRIVE GREENSBORO, NC 27455	•	0 1103/2023
(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 CORI ( (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
F 600	Continued From pag	e 24	F 6	500		
	Clinical Services conscales on 1/4/25 to a resident with unrelieved identified during this Nurse Managers by On 12/27/2024 the Noresidents who have for to validate the Medical Any opportunities idea be corrected by the Noresidents who have for the corrected by the Noresidents who have for the corrected by the Noresidents who have for the corrected by the Noresidents or system for adverse outcome frowhen the action will be on 12/20/24 the Direction of the corrected by the Noresidents of the Cor	urse Managers reviewed allen during the last 30 days al Director had been notified. Intified during this audit will lawree Managers by 1/4/2025. In eentity will take to alter the lilure to prevent a serious moccurring or recurring, and the complete:				
	education for all facilincluding agency and included review of portion and included review of portion and included review of portion and included any complaints of unbe reported to the phorest of the p	et, including not providing services. and neglect procedures for physician to relieved pain by residents to ysician immediately. cian of any delays in auding stat orders and delay ared appointments and the delay and nurse aides on reporting the response of the provided appointments.				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:		IPLE CO	DNSTRUCTION	(X3) DATE SURVEY COMPLETED		
		345006	B. WING			1	09/2025	
	ROVIDER OR SUPPLIER AL HEALTH CARE/BLUN	IENTHAL	•	3724	EET ADDRESS, CITY, STATE, ZIP CODE WIRELESS DRIVE EENSBORO, NC 27455			
(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 APPROPRI DEFICIENCY)		(X5) COMPLETION DATE	
F 600	education on 12/20/2 the beginning of the indesignee. The Staff will be responsible for require education. A education will not be education is received staff will be educated Coordinator on this padded to the orientat Development was not 12/20/2024.  The DON or designe understanding of education and feedby this on a tracking too in orientation.  In person education of 12/27/2024 by the Dimedical providers and Education consisted all providers should by collaborative. Commit discussion of treatments.	mber that did not receive 024 will receive education by next shift by the DON or Development Coordinator or tracking staff that still my staff that has not received allowed to work until or All newly hired licensed by the Staff Development olicy. This education will be con process. Staff tified of this responsibility on  e will verify the cation through oral mack with all staff and notate or The SDC will also do this  was completed on rector of Nursing to current reluding on-call providers, and Medical Director. of communication between the clear, concise and unication should include a cent plans and seeking advice viders should participate in	F	600	DEFICIENCY)			
	Director of Nursing w labs, radiology or tes	agreed to meet with the eekly to discuss abnormal t results as a team. ional Director of Clinical						

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONS AND PLAN OF CORRECTION IDENTIFICATION NUMBER:  A. BUILDING		PLE CONSTRUCTION  IG		ATE SURVEY DMPLETED		
		345006	B. WING _			C
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE  3724 WIRELESS DRIVE  GREENSBORO, NC 27455	1	01/09/2025
(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 CORRECT (EACH CORRECTIVE ACTION SHOOT CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
F 600	complete monthly trafor 3 months and the Education will ensure explained to all staff "Neglect" as defined facility, its employees provide goods and so necessary to avoid panguish or emotional Effective 1/4/2025 thresponsible to ensurimmediate jeopardy non-compliance.  Alleged Date of Imma 1/5/2025  An onsite validation of A review of in-service facility staff were educand procedures for a in-service training including not providir services, reporting of policy and procedure include notification of unrelieved pain by the physician of any delaincluding STAT order ordered appointment to nurse aides on repother abnormal even care. Interviews conhad received training	ne Director of Nursing to sining on abuse and neglect in quarterly ongoing. The abuse and neglect is per federal guidelines, at 483.12, "the failure of the sor service providers to ervices to a resident that are hysical harm, pain, mental distress."  The Administrator will be a implementation of this removal for this alleged rediate Jeopardy removal:  The according removal:  Was conducted on 01/09/25. The records revealed that alleged records revealed that alleged records revealed that alleged records resident and reglect. This cluded: Recognizing signs of examples of neglect, and neglect, facility as for physician notification to for physician to any complaints of residents to be reported to	F6			

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPI A. BUILDING	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		345006	B. WING		C 01/09/2025	
	ROVIDER OR SUPPLIER AL HEALTH CARE/BLUN	IENTHAL		STREET ADDRESS, CITY, STATE, ZIP CODE  3724 WIRELESS DRIVE  GREENSBORO, NC 27455	1 0 110012020	
(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		
F 600	Continued From page	e 27	F 60	0		
F 609 SS=D	CFR(s): 483.12(b)(5)		F 609	9	1/9/25	
	, , ,	or mistreatment, the facility				
	involving abuse, neglimistreatment, includir source and misappro are reported immedia hours after the allegathat cause the allegative serious bodily injury, the events that cause abuse and do not rest the administrator of the officials (including to adult protective services for jurisdiction in long	that all alleged violations ect, exploitation or ng injuries of unknown priation of resident property, itely, but not later than 2 tion is made, if the events ition involve abuse or result in or not later than 24 hours if the allegation do not involve ult in serious bodily injury, to ne facility and to other the State Survey Agency and ces where state law provides -term care facilities) in e law through established				
	designated represent accordance with State Survey Agency, within incident, and if the all appropriate corrective This REQUIREMENT by:  Based on record revisite of the state o	administrator or his or her ative and to other officials in e law, including to the State in 5 working days of the eged violation is verified e action must be taken.  The is not met as evidenced iew and Administrator failed to report an allegation		F609-Reporting of Alleged Violations		
	reviewed for neglect (	e agency for 1 of 1 residents (Resident #1).		# 1 - Address how corrective action will accomplished for those residents found		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X:		IDENTIFICATION NUMBER:			CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		345006	B. WING _	B. WING			C 01/09/2025	
NAME OF P	ROVIDER OR SUPPLIER			ST	FREET ADDRESS, CITY, STATE, ZIP CODE	1 017	03/2020	
				37	24 WIRELESS DRIVE			
UNIVERSA	AL HEALTH CARE/BLUM	ENTHAL		G	REENSBORO, NC 27455			
(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 BI CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE	
F 609	Continued From page	<del>2</del> 8	F 6	809				
	Findings included:				have been affected by the deficient practice.			
	AM of an allegation or sustained a fall on 11 necessary care and sustained a fall on 11 necessary care and sustained to the Computer was no evidence report was submitted 1/6/25 at 2:15 PM.  The Administrator was 10:08 AM. He revealed report was not sent to because all parties in	aplaint Intake Unit (CIU), e that an initial allegation to the state agency until es interviewed on 1/6/25 at ed that the initial allegation the state agency on 1/3/25 volved, including the state of the allegation, so he			On 1/6/25 an Initial Allegation Report a 5 day working report were filed for resident #1 with the NC Department of Health and Human Services to report the findings related to resident#1.  # - 2 Address how the facility will identify other residents having the potential to affected by the same deficient practice.  On 1/6/25 the facility Administrator and the Director of Nursing reviewed all reportable events reported to the state agency from 12/1/24 to present for accuracy of reporting within the allowed time frames per regulation F-609.	he fy be ;		
					#-3 Address what measures will be pure into place or systemic changes made to ensure that the deficient practice will not recur;  The Regional Director of Clinical Service educated the Executive Director and Director of Nursing regarding reporting the state agencies all events meeting criteria in regulation F-609 within the specified time frames on 1/6/25  The Administrator and/or the Director of Nursing educated all staff members regarding the importance of immediate reporting to the Executive Director and	o ot ces to		

AND LAN OF CONNECTION   IDENTIFICATION NOWIDER.   A. BUILDING	(X3) DATE SURVEY COMPLETED	
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NAME OF PROVIDER OR SUPPLIER  UNIVERSAL HEALTH CARE/BLUMENTHAL  STREET ADDRESS, CITY, STATE, ZIP CODE  3724 WIRELESS DRIVE  GREENSBORO, NC 27455		
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION)  SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 609 Continued From page 29  F 609 involving abuse, neglect, exploitation or misappropriation of resident property by 1/6/25  #4-Indicate how the facility plans to monitor its performance to make sure that solutions are sustained.  A monitoring tool implemented to track the reporting to the state agencies of any events involving abuse, neglect, exploitation or misappropriation of resident property. This monitor will be reviewed daily 4 weeks, then bi-weekly for 4 weeks, then monthly for 2 months. Reportable events were also added to the department manger stand up meeting going forward for heightened awareness to events and reporting of events. The results of the month will be reported to the Quality Assurance Performance Improvement Committee.  F 684 SS=J Quality of Care CFR(s): 483.25  § 483.25 Quality of care Quality of care is a fundamental principle that applies to all treatment and care provided to facility residents. Based on the comprehensive assessment of a resident, the facility must ensure that residents receive treatment and care in accordance with professional standards of	1/9/25	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		` IDENTIFICATION NUMBER:		2) MULTIPLE CONSTRUCTION BUILDING			(X3) DATE SURVEY COMPLETED	
		345006	B. WING				C <b>09/2025</b>	
NAME OF P	ROVIDER OR SUPPLIER		<u> </u>	S	TREET ADDRESS, CITY, STATE, ZIP CODE	01/	09/2025	
TO WILL OF T	NOVIDER OR GOLF EIER				724 WIRELESS DRIVE			
UNIVERSA	AL HEALTH CARE/BLU	MENTHAL			REENSBORO, NC 27455			
				-	·		I	
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	X	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE	
F 684	Continued From pag	ge 30	F6	84				
	practice, the compre	hensive person-centered						
	care plan, and the re							
		T is not met as evidenced						
	by:							
	Based on record re	view and interviews with the			F 684- Quality of Care			
	Medical Director, the	e Nurse Practitioner (NP),						
	Orthopedic Surgeon	, Responsible Party (RP) and						
	staff, the facility faile	•			# 1 - Address how corrective action wil			
		njury Resident #1 sustained			accomplished for those residents found	I to		
		fy the need for urgent			have been affected by the deficient			
		n. Resident #1 reported pain 17/24 following a fall. A STAT			practice;			
	-	was ordered on Sunday			An incident report was completed on			
		ompleted until 11/18/24, and			11/17/2024 at 11:05 am by the charge			
		aced (the bone does not			nurse, based on information obtained			
		d there will be a crack on the			from certified nursing aide. Resident#	1		
	bone) transverse (ho	orizontal and perpendicular to			was observed on the floor next to her b	ed		
		(thigh bone) fracture. On			sitting on her bottom. The resident was	3		
		ered scheduled opioid			assessed by the charge nurse and no			
		ased pain and ordered an			injuries were discovered during the initi			
		ion at the request of Resident			assessment. The resident was assisted			
		nt remained in the facility			back to bed by the charge nurse and th	ie		
		dics consultation scheduled			certified nursing aide without incident.			
		edical Director was not aware			The charge nurse called the resident			
		ne saw Resident #1 on ne he ordered the resident to			Responsible Party (RP) and the Nurse Practitioner (NP) and no new orders we			
		gency department if she could			given. On 11/17/24 at 11:21 AM anothe			
	_	orthopedist that day. Resident			progress note was entered in the	1		
		orthopedist on 11/22/24 and			electronic record which stated that the			
		the hospital and a left femur			resident reported pain in her left hip an	d		
		irgery was performed on			elbow when the RP arrived to the facility			
		oitalized, Resident #1 had an			The facility failed to immediately notify	•		
	aspiration event (foo	ds, stomach contents, or			medical provider of the new onset of pa	ain.		
	fluids are breathed in	nto the lungs) which resulted			The medical provider was not called ur	ıtil		
		piratory failure (low levels of			2:14 PM and at that time the medical			
		d) and Intravenous (IV)			provider gave new orders for a stat x-ra	ay		
		ated on 11/24/24. The			and Tylenol 500mg every 6 hours as			
		bed additional oral antibiotics			needed for pain. The Tylenol order wa			
	for three days after of	discharge back to the facility			not entered until 3:05pm on 11/17/2024	1.		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	(X2) MULTIPLE CONSTRUCTION  A. BUILDING		(X3) DATE SURVEY COMPLETED	
			7 BOILDI				С
		345006	B. WING _			<sub>0</sub> ,	1/09/2025
NAME OF P	ROVIDER OR SUPPLIER	<b>L</b>	<u> </u>	S	TREET ADDRESS, CITY, STATE, ZIP CODE	1 0	1/03/2023
					724 WIRELESS DRIVE		
UNIVERS	AL HEALTH CARE/B	LUMENTHAL			REENSBORO, NC 27455		
	0.000	V OTATEMENT OF REFIGIENCIES			·		
(X4) ID PREFIX TAG	(EACH DEFICI	Y STATEMENT OF DEFICIENCIES ENCY MUST BE PRECEDED BY FULL OR LSC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD I CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE	(X5) COMPLETION DATE
F 684	Continued From p	page 31	F	684			
	on 11/26/24. The	Orthopedic Surgeon indicated			On 11/18/2024 the x-ray of the left hip	was	
	an injury like Resi	dent #1's required an			obtained at 9:23 am. The x-ray result	ed	
	immediate transfe	er to the hospital for evaluation			on 11/18/2024 12:54 pm and the		
	by an orthopedic	specialist and that the risks of			impressions were an acute transverse	÷ <b>,</b>	
	complications incl	reased with the delay of care			nondisplaced intertrochanteric femur		
		n thrombosis (blood clots in			fracture. The residents□ RP and NP		
		body), pneumonia, and bed			informed of the results on 11/18/2024	at	
		ent practice affected 1 of 5			2:59 pm.		
	residents reviewe	d for falls (Resident #1).			On 11/19/2024 the NP assessed the		
					resident after reviewing the x-ray and		
		dy began on 11/18/24 when the			orders were given for the resident to b		
	1	cognize the seriousness of the			seen by an orthopedic doctor. The NI	,	
		the need for urgent orthopedic			elected not to send the resident out	חמ	
		k-ray results verified the resident verse left femur fracture. The			immediately after conferring with the F who stated it was acceptable at the tir		
		dy was removed on 1/9/25 when			An orthopedic appointment was obtain		
	1 .	nented an acceptable credible			for 11/26/2024. The NP ordered	ieu	
		ediate Jeopardy removal. The			Tramadol 25 milligrams twice a day ar	nd to	
		out of compliance at a scope			be given every 12 hours as needed fo		
		" (no actual harm with potential			breakthrough pain.		
	1	imal harm that is immediate			The NP made a determination to treat	the	
	jeopardy) to ensu	re education is completed and			injury in-house because he considered	d the	
		ns put into place and are			resident to not be a good surgical		
	effective.				candidate.		
					The Medical Director (MD) was not av		
	Findings included	:			of the fracture until he saw Resident #		
					11/22/24 at which time he ordered the		
		admitted to the facility on			resident to be sent to the emergency		
		gnoses that included vascular			department if she could not be seen b	У	
		weakness, difficulty in walking,			the orthopedist that day.		
		ited 11/12/24), traumatic brain			Resident #1 was seen by the orthoped		
	• • • •	9, history of a stroke, chronic			on 11/22/24 and was sent directly to the		
		nary disease/asthma, and			hospital and a left femur intramuscula		
	dysarthria (slurred	а эреесп).			nail surgery was performed on 11/23/2	<del>14</del> .	
	Review of the ann	nual Minimum Data Set (MDS)					
		d 8/30/24 revealed that Resident			# - 2 Address how the facility will iden	tif∨	
		vision/hearing, usually			other residents having the potential to	-	
		stands, and was severely			affected by the same deficient practice		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		` IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING		(X3) DATE SURVEY COMPLETED	
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		345006	B. WING _			01	/09/2025
NAME OF PF	ROVIDER OR SUPPLIER				TREET ADDRESS, CITY, STATE, ZIP CODE		
UNIVERSA	AL HEALTH CARE/BLUM	IENTHAI		3	724 WIRELESS DRIVE		
ONVERO	L HEALIN GARE/BEON	IENTIAE		G	REENSBORO, NC 27455		
(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 684	Continued From page	e 32	F 6	684			
	cognitively impaired.	She did not have any falls					
		sessment, and there was no			On 12/27/24 the Director of Nursing, U	nit	
		n medication regimen in			Managers and Regional Director of		
		ne review period. Resident			Clinical Services, reviewed the last 30		
	#1 was 62 inches tall	and weighed 89 pounds.			days of diagnostic results and progress	3	
		-			notes for all residents to identify any		
	Review of physician of	orders for Resident #1			instances of delay in carrying out order	s,	
	-	assessment using 0-10 (0 =			changes in condition, abnormal results	,	
	no pain, 10 = excrucia				refusals or other clinical conditions that		
	-	ol every shift was ordered on			had not been properly identified and ad		
	11/9/24.				upon. If there were instances identified	l,	
	D : ( ''	16.11			the Unit Manager completed proper		
		essed fall report dated			assessment and follow-up with residen		
		and completed by Nurse #1			medical providers and responsible part as needed.	.y	
		ified by Nurse Aide (NA)#1 on the floor next to her bed			as needed.		
		Resident #1 denied hitting					
	-	Il Provider and RP were			# -3 Address what measures will be pu	ıt	
		essed, and no injuries were			into place or systemic changes made t		
		e within normal limits.			ensure that the deficient practice will no		
	_	no pain or discomfort. She			recur;		
	was then assisted ba				,		
					The Staff Development Coordinator,		
	Review of a 72-hour	oost fall documentation note			Regional Director of Clinical Services,	and	
		21 AM and completed by			Unit Managers conducted in-person		
	Nurse #1 revealed that	at Resident #1 reported pain			education for Licensed Nurses, including	าg	
	in her left hip when th	e RP arrived at the facility.			agency nurses, on recognizing when to		
					seek medical treatment for residents w	ith	
		lated 11/17/24 at 2:32 PM			fracture and changes in condition and		
		nt #1 had a fall at 11:00 AM.			notification to the Physician/Medical		
		rted, and Resident #1			Director following an incident or change	e 01	
	•	esident #1 reported left hip			condition and when receiving ordered	٥.	
		to palpation (a method of			diagnostic test results. Requirements for notification included reporting of abnormal statements.		
	examination). Nurse	s or hands during a physical			labs and x-ray results, if an order is not		
	swelling and concern	· · · · · · · · · · · · · · · · · · ·			be carried out as ordered by the physic		
		as performed by the NP via			or nurse practitioner, refusal of treatme		
		no acute deficits noted. A			plan by the resident or responsible par		
		hip was ordered, as well as			Education also included knowing the ri		

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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NAME OF P	ROVIDER OR SUPPLIER				TREET ADDRESS, CITY, STATE, ZIP CODE			
UNIVERS	AL HEALTH CARE/BL	UMENTHAL			724 WIRELESS DRIVE			
				G	GREENSBORO, NC 27455			
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F 684	Continued From p	age 33	F 6	384				
	Tylenol 500 milliar	ams (mg) every 6 hours as			and benefits of not sending a resident	out		
		pain. Neurological checks			for treatment when needed and how to			
	should be perform	·			effectively communicate this informati	on		
	·	•			to the RP or resident if they are			
	Review of physicia	an orders for Resident #1			responsible for making their own			
	revealed that a on	e-time STAT x-ray of the left hip			healthcare decisions. Risks include			
		/17/24 at 3:04 PM. On the			worsening condition, delayed treatme			
		500mg tablet given every 6			plan, increased pain or discomfort and			
	hours as needed f	or pain was also ordered.			complications associated with the dise	ease		
					process. The Director of Nursing will			
		rviewed on 12/19/24 at 11:14			ensure that no staff member works	01 "		
		that on 11/17/24 around 11:00			without receiving this education. The			
	AM, NA #1 told her that Resident #1 had fallen in Development Coordinator is responsible for tracking that all staff received the		oie					
		r bottom next to her bed.			for tracking that all staff received the required education. Any new hires,			
		#1 was nonverbal, she could			including agency staff, will receive			
		ad to yes and no questions.			education prior to the start of their shift	<del>i</del> t		
		she was ok, and she said			Education will be completed by 1/8/20			
	"yes." She then as	sessed Resident #1, including nbs, hands, and feet), and			by the Staff Development Coordinator			
	,	r head. Resident #1 said "no."			The Staff Development Coordinator,			
	She was then put	back into bed with Nurse #1's			Regional Director of Clinical Services,	and		
	assistance. Nurse	#1 took vital signs and notified			Unit Managers initiated in-person trair	ning		
	her supervisor at t	he time (name unknown).			for all Licensed Nurses, including age	ncy		
		ructed to complete all			nurses, to ensure they understand the	<del>)</del>		
		ated to the fall and then called			requirements for orders received for			
		The RP came later (45			diagnostic tests. The requirements			
	,	said Resident #1 complained			included: If the diagnostic test is order			
		assessed her again, and			stat and the mobile diagnostic compa			
		she was in pain. She assessed			unable to perform the study stat or in			
	_	he was laying on her right side.			acceptable time at the direction of the			
	-	d on it, Resident #1 winced with as a bruise. She contacted the			medical provider the resident is to be to the hospital. The Director of Nursing			
		and told her that there was new			will ensure no staff will work without	y		
		n-Call NP ordered an x-ray			receiving this education. Any new hire	25		
		ated she gave Resident #1			including agency staff, will receive	,		
		then she left for the night at			education prior to the start of their shift	t.		
	7:00 PM.	and the second s			Education will be completed by 1/4/20			
					The Staff Development Coordinator w			

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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		345006	B. WING _		01/	09/2025	
NAME OF P	ROVIDER OR SUPPLIER	•		STREET ADDRESS, CITY, STATE	, ZIP CODE		
				3724 WIRELESS DRIVE			
UNIVERSA	AL HEALTH CARE/B	LUMENTHAL		GREENSBORO, NC 27455			
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F 684	Continued From բ	page 34	F 6	84			
	·	none interview was conducted		be responsible for trac	cking all staff to		
		12/19/24 at 6:05 PM. She		make sure they have	_		
		ology told her they would get to		required education. T			
		17/24 as soon as they could.		Development Coordin			
		notify the On-Call Provider that		her responsibility on 1			
		ot yet performed when she		education will also be			
		at 7:00 PM on 11/17/24. Nurse		new hire orientation p	-		
	#1 could not provi	ide a reason as to why she did		hired licensed nurses.	-		
	not notify the On-	Call Provider of the STAT x-ray		On 12/27/24, the Staf	f Development		
	delay.			Coordinator, Regional			
				Services, and Unit Ma	•		
		e interview with the Medical		in-person education for			
		/24 at 12:57 PM, he revealed		Nurses, including age	-		
	•	on of a STAT x-ray was for it to		procedure for handling	-		
	be performed on t	the same day it was ordered.		results. The training e			
	The Director of No	uraina (DON) was intensiowed		abnormal results mus Medical Director for fu	•		
		ursing (DON) was interviewed :49 AM. She revealed that if a					
		ot performed within 2-4 hours		Education will be com  Any staff who did not	· ·		
		ed or before a shift was		in-person training will			
		Nurse #1 should have contacted		their next scheduled s			
		der for further instructions on		Development Coordin			
		receive other orders.		for tracking that all sta	-		
				required education. Ti			
	The RP was inter	viewed via telephone on		be included in the nev	v hire orientation for		
	12/18/24 at 1:56 F	PM. She revealed that Nurse #1		all newly hired license	ed staff.		
	called her on 11/1	7/24 when Resident #1 fell and					
		. She visited 45 minutes later,		On 12/27/24 the Direct	ctor of Nursing and		
		f anything hurt, Resident #1		Staff Development Co			
		hip. The RP was told by Nurse		in-person training for a			
		as ordered. She waited until		aides, including agend			
	8:00 PM, but no c	one came.		reporting and recognize	-		
	During a talantar	o intension with News #2		resident⊡s condition s	•		
		ne interview with Nurse #3 on		pain, impaired skin int			
		AM, he revealed that when he		vital sign, changes in	-		
	_	ht shift on 11/17/24, he was day shift nurses to pay more		appetite. The Staff De Coordinator will be res			
		ent #1 due to her trying to get		tracking that all staff h	-		
		ance. Resident #1 needed		required education. T			

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDIN	ULTIPLE CONSTRUCTION			(X3) DATE SURVEY COMPLETED	
		345006	B. WING _				C 01/09/2025	
	ROVIDER OR SUPPLIER	MENTHAL		3724	STREET ADDRESS, CITY, STATE, ZIP CODE  3724 WIRELESS DRIVE  GREENSBORO, NC 27455		01103/2023	
(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 CORRECTIC (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE .	(X5) COMPLETION DATE	
F 684	Continued From paç	ge 35	F 6	884				
	on her feet.  Review of a medica 11/18/24 at 10:00 A revealed that Reside She denied hitting h following the fall. Rebaseline mental state left hip with palpation Review of a health service 10:18 AM and computate that radiology service Resident #1 to perform 11/17/24.  Review of a health service on 11/17/24.	status note dated 11/18/24 at obleted by Nurse #2 revealed ses were in the facility for orm the STAT x-rays ordered status note dated 11/18/24 at obleted by Nurse #2 revealed			completed by 1/4/25. Any staff who contreceive the in-person training will educated before their next scheduled shift. The Staff Development Coordi will be responsible for tracking that a staff receive the required education. training will also be included in the nihire orientation for all newly hired nualdes.  The Regional Director of Clinical Sereducated the Nurse Management teand the Administrator regarding the clinical morning meeting process to include a review of residents with fall change of condition, to validate the notification of the Medical Director and new orders received. This education completed on 1/3/2025.	be If Inator II This II This II This II This II This II		
	revealed an acute tr The x-rays were tak 12:54 PM.  Review of a 72-hour dated 11/18/24 at 2: Nurse #2 revealed t nondisplaced fractur reported a pain leve Review of the Nove administration recor #2 administered 500	results dated 11/18/24 ransverse left femur fracture. en at 9:23 AM and reported at r post fall documentation note 18 PM and completed by hat Resident #1 had a re to the left femur and			#4-Indicate how the facility plans to monitor its performance to make surposolutions are sustained.  The Director of Nursing or designee review all clinical documentation dail identify instances related to resident changes in condition, abnormal x-ray laboratory results and pain assessments of the ensure that collaboration has with medical director or physician extended has occurred and that the resident has been assessed properly for an effect treatment plan to be developed.  The reviews will occur daily for 12 wountil substantial compliance is achieved.	will y to and ents the ers as ive		

` '		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		345006	B. WING _			1	09/2025
	ROVIDER OR SUPPLIER	ENTHAL		37	TREET ADDRESS, CITY, STATE, ZIP CODE 724 WIRELESS DRIVE REENSBORO, NC 27455		00:2020
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PREFIX (EACH CORRECTIVE ACTION SHOUL			(X5) COMPLETION DATE
F 684	PM. Nurse #2 reveals Resident #1 from 7:00 Resident #1 from 7:00 Resident #1 was not a nonverbal but able to when asked a questic had bruising on her le ordered. On 11/18/24 #1 had a left hip/leg fr Resident #1 how she medication pass on 1 hurting, and she woul working with her and noticed that Resident seemed she had pain of 10 on the pain scal During a telephone in 12/19/24 at 11:41 AM if he received any spenotified of the fracture night shift on 11/18/24 nonverbal but would sresponses. During the indicated that he coul had any significant signain/discomfort.  Review of a medical pain/discomfort.  Resident #1 had an a transverse intertrochar Resident #1's RP was contact her for consul same day. The RP reevaluation. The NP diabout potential surger that orthopedics woul	ed that she had worked with D AM - 7:00 PM on 11/18/24. Alert and oriented and was shake her head yes or no on. She stated Resident #1 off hip, and an x-ray was it was found that Resident racture. Nurse #2 would ask was feeling during 1/18/24 and if she was d nod yes if in pain. When turning her in bed, Nurse #2 #1 would grimace some. It from between a 4 to 7 out the on 11/18/24.  It erview with Nurse #3 on the stated he did not recall exial instructions or was the when he arrived for the lateral instructions of week of 11/18/24, he do not recall if Resident #1 gins or symptoms of the lateral instructions of week of 11/18/24, he do not recall if Resident #1 gins or symptoms of the lateral instructions of week of 11/18/24, he do not recall if Resident #1 gins or symptoms of the lateral instructions of week of 11/18/24, he do not recall if Resident #1 gins or symptoms of the lateral instructions of week of 11/18/24, he do not recall if Resident #1 gins or symptoms of the lateral instructions or was a when he arrived for the lateral instructions or week of 11/18/24, he do not recall if Resident #1 gins or symptoms of the lateral instructions or week of 11/18/24, he do not recall if Resident #1 gins or symptoms of the lateral instructions or week of 11/18/24, he do not recall if Resident #1 gins or symptoms of the lateral instructions or week of 11/18/24, he do not recall if Resident #1 gins or symptoms of the lateral instructions or week of 11/18/24, he do not recall if Resident #1 gins or symptoms of the lateral instructions or week of 11/18/24, he do not recall if Resident #1 gins or symptoms of the lateral instructions or week of 11/18/24, he do not recall if Resident #1 gins or symptoms of the lateral instructions or week of 11/18/24, he do not recall if Resident #1 gins or symptoms of the lateral instructions or week of 11/18/24, he do not recall if Resident #1 gins or symptoms of the lateral instructions or we were also we were als	F	684	finding from the audits to the Quality Assurance Performance Improvement committee for recommendations and/o modifications until a pattern of compliar is achieved.  The Administrator is responsible for this plan of correction.  Date of completion:1/9/25	nce	

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		' '	PLE CONSTRUCTION  G	(X3) DATE SURVEY COMPLETED		
		345006	B. WING		01/09/202	25
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE  3724 WIRELESS DRIVE  GREENSBORO, NC 27455	1 01/03/202	25
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F 684	Manager on 12/19/24 that she spoke to the wanted Resident #1 The Unit Manager in NP, who then told he surgical candidate du Unit Manager indicat scoring tool with pair and all nurses should assessments during Review of physician revealed that on 11/2 consultation for a left ordered.  An order note dated Nurse #2 revealed the for an orthopedic corleft femur fracture afficent of the series of a health state of the consultation for orthopedic to the series of a 72-hour dated 11/19/24 at 2:2 Nurse #2 revealed the "Current status of the of pain from the fall: nondisplaced intertronoted. No other acut Interventions are cur additional falls: keep	radycardia.  Inducted with the Unit 4 at 12:22 PM. She revealed RP on 11/19/24, and she to be sent out to the hospital. Instructed her to speak to the er that Resident #1 was not a use to her low body mass. The lived there was a non-verbal in assessments on the MAR, ind have performed pain each shift.  Inducted with the Unit assessment was a not the mass. Inducted there was a non-verbal in assessments on the MAR, inducted there was a non-verbal in assessment was a non-verbal in the there was a non-verbal in assessment was	F 68	34		

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDI		CONSTRUCTION	COMP	B) DATE SURVEY COMPLETED	
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F 684	Continued From page	÷ 38	F	684				
	and Nurse Aides rour Resident's response in the bed, Tylenol giv	to new interventions remains						
	PM. Nurse #2 reveal Resident #1 from 7:00 The nurse stated she was feeling during me and if she was hurting	ewed on 12/19/24 at 12:09 ed that she had worked with 0 AM - 7:00 PM on 11/19/24. asked Resident #1 how she edication pass on 11/19/24 g, and she would nod yes if an order for Tramadol was						
	2:40 PM and complet revealed that Resider bedside with some codue to the left hip/leg her family told her that to the hospital for 24-to the RP that Reside managed at the facilit pain was getting wors decision to send her of Manager spoke with the scheduled Tramadol	fracture. The RP stated that at Resident #1 needed to go hour care. It was explained nt #1's pain could be by; however, if she felt the se, the family could make the but to the hospital. The Unit the NP, who ordered						
		cians order for Tramadol aily due to the resident n.						
	1:56 PM the RP indic and found out about t results. She requeste she was not contacte	ia telephone on 12/18/24 at atted they visited on 11/18/24 he left hip/leg fracture x-ray d to speak to the NP, but d until 11/19/24. He (the NP)						

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F 684	surgical candidate du and the fracture could On 11/19/24, the RP Manager that Reside the RP wanted her to The RP stated she copain level due to her resident) reached for her left hip was hurtin they could send Resident and the send her right back. Tordered stronger pair her main concern was sent to the hospital in During a telephone in 12/18/24 at 10:28 AN when she spoke to the told her that he would hospital due to her side difficult for the surger RP recalled the facility appointment originally During a follow-up tel RP on 12/20/24 at 9:5 when she spoke to the spoke to	ut because she was not a be to her small body frame d possibly heal on its own. Stated she told the Unit and #1 was still in pain, and be sent out to the hospital. Sould not rate Resident #1's dementia but when she (the something she would saying. When the RP asked if dent #1 to the hospital, the rather that the hospital would w	F	584	DEFICIENCY)		
	not sending Resident Review of a medical   11/20/24 and comple revealed that Resider neurological checks r indicated staff were to	ted by the Medical Director ont #1 denied pain and remain normal. The note o provide closer supervision s were in place. Laboratory					

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F 684	Continued From page	ge 40	F 6	84		
	telephone on 12/21, that she did not ass on 11/18/24, 11/19/2 that she took the inf fall documentation r and copied the deta just so that some kin completed during he Supervisor indicated would review the documentation was would have done it	pervisor was interviewed via /24 at 7:48 AM. She revealed ess Resident #1 for pain at all 24, or 11/20/24 She stated formation in the 72-hour post notes from the previous shift ills into the notes she wrote and of documentation was er shift. The Night Nurse d that as a supervisor, she becumentation that needed to enurses during her shift. If not completed, then she herself. Resident #1 was ould not verbally provide a				
	worked with Reside from 7:00 PM on 11 11/21/24, she reveal fallen 3 days prior, a had worked with Refor her shift, she wan NA that Resident #1 cautious during care Resident #1 said "o care episode when did not notify anyon was notified about the shift. She made Resident #1 during  Review of a medica 11/21/24 and complied revealed that Resident #1 during #1	interview with NA #3, who nt #1 during the night shift /20/24 until 7:00 AM on led that Resident #1 had and this was the first time she sident #1. When she arrived is notified by the off coming l's left hip was hurt and to be a. NA #3 remembered that w'' during an incontinence she touched her left hip. She is of the pain because she he left hip at the beginning of sure not to change or move the shift unless necessary.  I progress note dated eted by the Medical Director ent #1 denied all pain and ole. There was no injury since protocols were already in				

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F 684	A telephone intervier on 12/19/24 at 10:53 Resident #1 during the PM on 11/21/24 untile revealed that it apperson of pain during her stream, was not willing not willing to roll side nonverbal, but when bed, Resident #1 wowas telling NA #2 to Review of the MAR that pain assessmer "check mark" from 1 numerical value or longer to the that at the time of Resident #1 complains and completed by the that at the time of Resident #1 complains recent x-ray of the legintertrochanteric fem Director documented orthopedics was made the time of the pointer or the pedical Director on revealed that he did x-ray results from 11	sults and radiology reviewed.  W was conducted with NA #2  B AM. She worked with he overnight shift from 7:00  17:00 AM on 11/22/24. NA #2 hared Resident #1 was in a lot hift because she would refuse to get out of bed, and was he to side. Resident #1 was has NA #2 tried to turn her in the hould grab her arm as if she hould grab her a	F	584			
	week. When he saw	odate from the NP that entire Resident #1 on 11/22/24, pain, and the Medical Director					

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULT A. BUILDIN	IPLE CONSTRUCTION  NG		(X3) DATE SURVEY COMPLETED		
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F 684	was told that Reside appointment the folk she needed to go the Medical Director star have gone to the horesults came in on 1 would have made the surgical candidate of An interview was confunded and the surgical candidate of An interview was confunded and the surgical candidate of An interview was confunded and the surgical candidate of An interview was confunded and the surgical candidate of An interview was confunded and the surgical candidate of An interview was confunded and the surgical candidate of An interview was the fall be (date unknown) that wheelchair. Howeve the 11/17/24 fall, Refunded and the surgical candidate of the sur	eded to be sent out edical Director indicated he int #1 had an orthopedic owing week, but he told them at day (11/22/24). The ted that Resident #1 should spital as soon as the x-ray 1/18/24, and the surgeon e decision if she was a r not.  Inducted with the Unit 4 at 12:22 PM. She revealed sident #1 was not in pain the ecause there was one day she got out of bed into her rr, for most of that week after sident #1 remained in bed, is usually up daily. Every time er) asked if Resident #1 was er head no. The RP told sident #1 was in pain, but r themselves, she would On 11/22/24, after the v the x-ray results and #1, he wanted her to be sent appointment that same day.	F	584			
	12/18/24 at 10:28 Al Resident #1 remains 11/22/24, the day sh Scheduler called the that the orthopedics rescheduled for that provided. The ortho	same day. No reason was pedics office saw the nt #1 was then sent to the					

l' '		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '			(X3) DATE SURVEY COMPLETED	
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F 684	The NP stated radiol #1's left hip on 11/18 a left femur fracture. concerned whether F for surgery due to as NP indicated on 11/1 #1 be sent to the first orthopedics office to surgical candidate. T wanted Resident #1 why an orthopedic content of the following week (1) that he did not send emergency department unsure if she was as she would be better of that the fracture coul #1 was having a little managed with pain in unmanageable on 11 the orthopedics office her to the emergency surgery.  Review of an Orthop 11/22/24 revealed the acute distress, and the perfused (adequate is pointed to the left group to the results of visit (intertrochanteric Resident #1 was sen appointment.	wed on 12/18/24 at 1:00 PM. ogy took an x-ray of Resident /24 and the results indicated He revealed that he was Resident #1 would be suitable ymptomatic bradycardia. The 9/24 he requested Resident a available appointment at an determine if she was a the RP told the NP that she to go to surgery, which was onsultation was scheduled for 11/26/24). The NP indicated Resident #1 to the ent (ED) because he was surgical candidate or whether conservatively managed so d heal on its own. Resident bit of pain, which was nedication. The pain became /22/24, and she was seen by e on 11/22/24, who then sent of department (ED) for  edic Visit note dated at Resident #1 was in no ne left leg was warm and blood flow). Resident #1 bin area as a source of pain. the x-rays taken during the c fracture of the left femur), tt to the hospital from the	F	684			
	11/26/24 revealed the intertrochanteric frac	Discharge Summary dated at Resident #1 had a closed ture of the left femur. She opedic office on 11/22/24 for					

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F 684	Continued From pag		F	684			
	which showed an in left femur. She was evaluation, and a let surgery was perform discharge summary aspiration event whi in acute hypoxic restantibiotics were initiaresident was present for three days after of the couled that the Resident #1's left his change with the delays of complications delay. Such complications delay. Such complications of the day in the surgery with the delays of the toleration of the surgery within 24 in jury like this would for surgery within 24 in jury like this would to the hospital. If she seen, she would have ED, and they would for surgery. If this ty	y still, then the left hip pain ed. However, if she was ir or back to bed or rolling in ignificantly painful for her. In id of care was that if someone such as the femur), they raluated by an orthopedic d then make the final decision 1-48 hours after the injury. An in need an immediate transfer e came to the clinic to be re been sent directly to the not let her go home and wait pe of fracture was not treated there are good outcome					

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NAME OF PROVIDER OF		IENTHAL		37	REET ADDRESS, CITY, STATE, ZIP CODE  24 WIRELESS DRIVE  REENSBORO, NC 27455	, <u> </u>	<u> </u>	
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periope would of surgery  The DC AM. Sh a non-vassessithe numperform Resided done was comple the on-whether Resided pain or decision observe have as Resided his judged During 12/30/2 not specifical.  The Adjeopard The fact Credibly removal.	decrease if the within 48 hours within 48 hours interviewer ball pain too ing Resident # ses chose "N/ning the pain and #1 denied provider for to wait or cont #1 was noted discomfort. Then, and if any peed, the provide greed on furthing the provide greed on furthing the provide greed on furthing the provide greed on the provide greed on furthing the provided the p	y rate. That mortality rate injury was treated with irs.  ewed on 12/30/24 at 11:58 at nurses should have used I or a pain scale when I for pain. She believed that A" in the MAR when issessments because in If a STAT x-ray was not is or before a shift was nurse should have contacted or further instructions implete other orders. In its during that week without the providers made their ain or discomfort was in its ers and managers would iter steps. The DON stated in eglected, and the NP made keep her at the facility.  With the Administrator on I, he revealed that he could use due to not having a institute of immediate in the following Acceptable is Immediate Jeopardy into who have suffered, or serious adverse outcome as	F	584				

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F 684	at 11:05 am by the conformation obtained Resident #1 was obbed sitting on her both assessed by the character of the resident was as charge nurse and the without incident. The resident's Responsil Practitioner (NP) and On 11/17/24 at 11:2 was entered in the earth at the resident repelbow when the RP facility failed to immorprovider was not call time the medical prostat x-ray and Tylench needed for pain. The entered until 3:05pm On 11/18/2024 the xobtained at 9:23 am 11/18/2024 12:54 proportion and NP were infertrochanteric fem RP and NP were infertional transverse intertrochanteric fem RP and NP were	charge nurse, based on a from certified nursing aide. served on the floor next to her ottom. The resident was arge nurse and no injuries ring the initial assessment. Sisted back to bed by the ecertified nursing aide echarge nurse called the ble Party (RP) and the Nurse do no new orders were given. A AM another progress note electronic record which stated forted pain in her left hip and arrived to the facility. The ediately notify the medical led until 2:14 PM and at that evider gave new orders for a soil 500mg every 6 hours as the Tylenol order was not an on 11/17/2024.  Caray of the left hip was and the impressions were, nondisplaced our fracture. The residents' formed of the results on our.	F	584			
	after reviewing the x given for the resider doctor. The NP elec out immediately after stated it was accept	NP assessed the resident (a-ray and new orders were not to be seen by an orthopedic coted not to send the resident er conferring with the RP who able at the time. An ment was obtained for					

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		' '	IPLE CONSTRUCTION  NG		(X3) DATE SURVEY COMPLETED		
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F 684	11/26/2024. The NP milligrams twice a da hours as needed for  The NP made a dete in-house because he not be a good surgic. The Medical Director fracture until he saw which time he ordere the emergency depa seen by the orthoped Resident #1 was see a left femur intramus performed on 11/23/2. The facility failed to in Resident #1's left into after the fall on 11/17 for orthopedic evalual intervention, obtain the medical provider failed to explain to the the resident out for the fracture in-house orthopedic consultati medical management resident at risk for consult	ordered Tramadol 25 by and to be given every 12 breakthrough pain.  rmination to treat the injury considered the resident to al candidate.  was not aware of the Resident #1 on 11/22/24 at d the resident to be sent to rtment if she could not be dist that day.  on by the orthopedist on not directly to the hospital and cular nail surgery was 24.  dentify the seriousness of certrochanteric femur fracture 7/24, identify the urgent need ation and surgical the x-ray stat as ordered by In addition, the facility also the RP the risk of not sending the eatment versus managing without a physician and/or on. The delay in orthopedic the care and treatment put the templications such as DVT,	F6	584			

, ,		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	,		' '	(X3) DATE SURVEY COMPLETED	
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F 684	Continued From pag	e 48	F 6	84			
	been properly identification were instances ident completed proper as resident, medical proper as needed.  Specify the action the	cal conditions that had not led and acted upon. If there lified, the Unit Manager sessment and follow-up with widers and responsible party					
	process or system failure to prevent a serious adverse outcome from occurring or recurring, and when the action will be complete:						
	Director of Clinical Sconducted in-person Nurses, including agwhen to seek medica fracture and changes to the Physician/Medincident or change of receiving ordered dia Requirements for not of abnormal labs and not to be carried out or nurse practitioner, the resident or responsible for making a resident of and how to effectivel information to the RF responsible for making decisions. Risks included yed treatment pladiscomfort and compagnets of the process. The ensure that no staff responsion where the process is the staff of the process of the process.	agnostic test results.  Itification included reporting I x-ray results, if an order is as ordered by the physician refusal of treatment plan by nsible party. Education also risk and benefits of not at for treatment when needed y communicate this or resident if they are ng their own healthcare ade worsening condition, an, increased pain or dications associated with the lie Director of Nursing will nember works without					
	receiving this educat Coordinator is respon	ion. The Staff Development sible for tracking that all juired education. Any new					

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F 684	Continued From page	e 49	F 6	684				
	hires, including agen education prior to the Education will be con Staff Development C	e start of their shift. npleted by 1/8/2025 by the						
	Director of Clinical So- initiated in-person tra Nurses, including ago understand the requi for diagnostic tests. I the diagnostic test is diagnostic company	ent Coordinator, Regional ervices, and Unit Managers ining for all Licensed ency nurses, to ensure they rements for orders received The requirements included: If ordered stat and the mobile is unable to perform the ceptable time at the direction						
	of the medical provid to the hospital. The E ensure no staff will w education. Any new will receive educatior shift. Education will b The Staff Developme	er the resident is to be sent Director of Nursing will Fork without receiving this hires, including agency staff, in prior to the start of their be completed by 1/4/2025. ent Coordinator will be						
	have received the red Development Coordin responsibility on 12/2 also become a part of	ng all staff to make sure they quired education. The Staff nator was informed of her 27/24. This education will of the new hire orientation hired licensed nurses.						
	Regional Director of Managers conducted Licensed Nurses, incorprocedure for handling The training emphasion must be reported to the further orders. Educative 1/4/2025. Any staff win-person training will	ff Development Coordinator, Clinical Services, and Unit I in-person education for all cluding agency nurses, on the ng abnormal x-ray results. ized that abnormal results he Medical Director for ation will be completed by who did not receive the I be educated before their The Staff Development						

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULT A. BUILDII	IPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
		345006	B. WING _			C 01/09/2025		
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F 684	Continued From pag		F 6	584				
	staff receive the requ	nsible for tracking that all irred education. This training in the new hire orientation for ed staff.						
	Development Coordi training for all certifie agency nurse aides of changes in a resident of pain, impaired skir sign, changes in mot Staff Development Coresponsible for tracking received the required will be completed by receive the in-person before their next scheduler coording tracking that all staff education. This train	ng that all staff have I education. This education 1/4/25. Any staff who did not training will be educated eduled shift. The Staff nator will be responsible for						
	Administrator regardi meeting process to in with falls and change notification of the Me	or of Clinical Services Management team and the ng the clinical morning nclude a review of residents of condition, to validate the dical Director and the new seducation was completed						
	responsible to ensure	e Administrator will be e implementation of this removal for this alleged						
	Alleged Date of Imme	ediate Jeopardy Removal:						

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		' '	(X2) MULTIPLE CONSTRUCTION  A. BUILDING		(X3) DATE SURVEY COMPLETED	
		345006	B. WING _			C <b>01/09/2025</b>
	ROVIDER OR SUPPLIER	IENTHAL		STREET ADDRESS, CITY, STATE, ZI 3724 WIRELESS DRIVE GREENSBORO, NC 27455	P CODE	01/03/2023
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F 684 F 697 SS=G	A review of the in-ser education was providincluding agency nurseek medical treatmetracture(s), changes it to the Physician/Medincident or change of receiving ordered dia Requirements for not of abnormal labs and not carried out as ord nurse practitioner, refresident or responsibincluded knowing the sending a resident ou and how to effectively information to the RP responsible for makindecisions. Risks includedayed treatment pladiscomfort and comp disease process. Intellicensed nurses verifit training. The immedio 01/09/25 was validate Pain Management	vas conducted on 01/09/25. vice records revealed that ed to all Licensed Nurses, ses, on recognizing when to ent for residents with in condition and notification ical Director following an condition and/or when gnostic test results. ification included reporting x-ray results, if an order is lered by the physician or fusal of treatment plan by the le party. Education also risk and benefits of not let for treatment when needed or communicate this and/or resident if they are led worsening condition, an, increased pain or lications associated with the erviews conducted with ed their knowledge of this late jeopardy removal date of ed.		684		1/9/25
	The facility must ensure provided to residents consistent with profest the comprehensive pland the residents' gos	ure that pain management is who require such services, ssional standards of practice, erson-centered care plan,				

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION  A. BUILDING			(X3) DATE SURVEY COMPLETED	
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TVAINE OF T	TOVIDER OR GOLF EIER				_		
UNIVERSA	AL HEALTH CARE/BLUN	MENTHAL		3724 WIRELESS DRIVE			
				GREENSBORO, NC 27455			
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F 697	Continued From pag	e 52	F 69	7			
	Based on record rev	iew, and Medical Director, esponsible Party and staff / failed to effectively		F697-Pain Management			
	interviews, the facility failed to effectively intervene for complaints of pain, failed to provide thorough and ongoing pain assessments, and failed to effectively manage a resident's pain. This			# 1 - Address how corrective accomplished for those reside have been affected by the details.	ents found to		
	was for 1 of 1 resider (Resident #1).	nt reviewed for pain		practice;  An incident report was completed.	eted on		
	Findings included:			11/17/2024 at 11:05 am by the nurse, based on information of	e charge obtained		
		nitted to the facility on		from certified nursing aide. R			
		ses that included vascular		was observed on the floor nex			
		eakness, difficulty in walking,		sitting on her bottom. The res			
		tion where the heart beats		assessed by the charge nurse			
		11/12/24), traumatic brain		injuries were discovered durir	-		
		nistory of a stroke, chronic		assessment. The resident wa			
		y disease/asthma, and		back to bed by the charge nu			
	dysarthria (slurred sp	•		certified nursing aide without The charge nurse called the r	esident□s		
		Minimum Data Set (MDS)		Responsible Party (RP) and t			
		30/24 revealed that Resident		Practitioner (NP) and no new			
		nitively impaired. She did not		given. On 11/17/24 at 11:21 A			
	· ·	he previous assessment,		progress note was entered in	the		
	and there was no pai			electronic record which stated			
	_	n place at the time of the		resident reported pain in her l	•		
	review period.			elbow when the RP arrived to	•		
				The facility failed to immediate			
	Review of physician	orders for Resident #1		medical provider of the new o			
		assessment using 0-10 (0 =		The medical provider was not			
	no pain, 10 = excruci			2:14 PM and at that time the i			
	non-verbal scoring tool every shift was ordered on 11/9/24.			provider gave new orders for	a stat x-ray		
				and Tylenol 500mg every 6 he			
				needed for pain. The Tylenol			
	Review of an unwitne	essed fall report dated		not entered until 3:05pm on 1	1/17/2024.		
		l and completed by Nurse #1		On 11/18/2024 the x-ray of th	e left hip was		
		tified by Nurse Aide (NA)#1 on the floor next to her bed		obtained at 9:23 am. The x-ra on 11/18/2024 12:54 pm and			

	OF DEFICIENCIES CORRECTION	IDENTIFICATION NUMBER:		(2) MULTIPLE CONSTRUCTION . BUILDING			(X3) DATE SURVEY COMPLETED	
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		345006	B. WING			01/	09/2025	
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UNIVERSA	AL HEALTH CARE/BLU	MENIHAL		G	REENSBORO, NC 27455			
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F 697	Continued From pag sitting on her bottom her head. The on-cal party (RP) were notif to have regular white She was assessed, a Vital signs (VS) were Resident #1 reported was then assisted bath as the sisted bath as the sist	e 53  Resident #1 denied hitting Il provider and responsible ied. Resident #1 was noted e socks on both of her feet. and no injuries were noted. e within normal limits (WNL). Il no pain or discomfort. She ack to her bed.  post fall documentation note e21 AM and completed by at Resident #1 reported pain the RP arrived at the facility.		697		ere et exercised described to the the ere on	DATE	
	revealed that a one-t was ordered on 11/1 same day, Tylenol 50	orders for Resident #1 ime STAT x-ray of the left hip 7/24 at 3:04 PM. On the 00mg tablet given every 6 pain was also ordered at			the orthopedist that day. Resident #1 was seen by the orthoped on 11/22/24 and was sent directly to the hospital and a left femur intramuscular nail surgery was performed on 11/23/24 # - 2 Address how the facility will idention other residents having the potential to be	e 4. fy		
	- 11/22/24 revealed t on 11/17/24 at 11:08	#1's vital signs from 11/17/24 hat she had a pain value of 0 AM and 4:14 PM. On 1 had pain values of 7 at			affected by the same deficient practice  On 12/27/24 the Director of Nursing/Assistant Director of Nursing/L	;		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				(X3) DATE SURVEY COMPLETED	
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	ROVIDER OR SUPPLIER  AL HEALTH CARE/BLUI	<b>MENTHAL</b>		STREET ADDRESS, CITY, STATE, ZIP CODE  3724 WIRELESS DRIVE  GREENSBORO, NC 27455			
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F 697	were entered. Where not included.  Nurse #1 was intervious. AM. She revealed the documentation related called the responsible nonverbal. She check after the fall, and she pain/concerns. The Fisaid Resident #1 confassessed her again, was in pain. She assigned with bruise. She contacted her that the pain had just then. She was in ASAP. She told the Fito the emergency root time was uncertain. The and she would be oken gave her some Tylen night at 7:00 PM but documented as given the Novem administration record #2 administered 500 Resident #1 on 11/18 level of 7.  Review of a health no PM and completed by that Resident #1's RI some concerns of inchip/leg fracture. The	the pain was located was  ewed on 12/19/24 at 11:14 at she completed all at to Resident #1's fall and at party (RP). She was ked on her multiple times at did not voice any RP came later that day and applained of pain. She and Resident #1 said she and there was a d the doctor again and told anot been discovered until astructed to order an x-ray RP that Resident #1 could go am (ER) because the x-ray The RP said no to the ER, waiting (not too long). She ol and then she left for the the Tylenol was not	F	697	Manager conducted a quality review a of current resident s plan of care for programming and seessment, pain medicate administered per physician sorder and documented on medication administrate record for the previous 30 days to ensure residents experiencing pain have pain medications ordered and do not preser with unrelieved pain and newly admitter residents with a history of pain have appropriate pain medications ordered.  #-3 Address what measures will be purint place or systemic changes made to ensure that the deficient practice will not recur;  On 1/4/25 the Director of Nursing and Staff Development Coordinator provided re-education to all licensed nurses including agency nurses on assessing residents for pain and administering parmedication per physician, proper documentation and notification. This education will become a part of the new hire orientation process for all newly hir licensed nurses.  The Director of Nursing, Assistant Director of Nursing and Unit Managers complete a daily review of physician orders, facility twenty-four-hour shift reports and new admission orders to ensure physician notification for resider experiencing pain without pain medications ordered and/or patients with unrelieved pain.	ain tto ion d iion ure nt d  t o o t w red  will	

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	ROVIDER OR SUPPLIER	IENTHAL		37	TREET ADDRESS, CITY, STATE, ZIP CODE 724 WIRELESS DRIVE REENSBORO, NC 27455	1 017	03/2023	
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F 697	Resident #1's pain confacility; however, if she worse, the family counter out to the hospital with the Nurse Practifus scheduled Tramadol moderately severe paraware.  The NP was interviewed and he revealed that little bit of pain on 11/pain medication.  Review of physician or revealed that on 11/1 ordered twice daily an hours.  Review of the MAR for that pain assessment "check mark" from 11 without a numerical vonon-verbal pain scorin record.  Review of a 72-hour plated 11/19/24 at 2:2 Nurse #2 revealed the bed and Tylenol was pain medication admit documented. An inter with Nurse #2 related.  Review of a 72-hour plated 11/19/24 at 2:2 Nurse #2 revealed the bed and Tylenol was pain medication admit documented. An inter with Nurse #2 related.	as explained to the RP that build be managed at the se felt the pain was getting ld make the decision to send I. The Unit Manager spoke tioner (NP), who ordered (treats moderate to ain). The RP was made  yed on 12/18/24 at 1:00 PM, Resident #1 was having a 19/24 but was managed with proders for Resident #1 9/24, 25mg of Tramadol was and as needed every 12  or November 2024 revealed as were completed with a 1/19/24 through 11/22/24 alue or location for pain or a ang tool result in the medical cost fall documentation note 9 PM and completed by at Resident #1 remained in given for pain. However, this	F	697	#4-Indicate how the facility plans to monitor its performance to make sure to solutions are sustained.  Director of Nursing, ADON or UM to complete Quality Improvement Monitor on 10 residents ☐ medication record da 2x/weeks, weekly x4weeks, and then monthly to ensure the resident is receivally appropriate pain management and treatment plan.  The Director of Nursing will report the findings from the audits to the Quality Assurance Performance Improvement committee for recommendations and/o modifications until a pattern of compliations achieved.  The Administrator is responsible for this plan of correction.  Date of completion: 1/9/25	ring ving r nce		
	Night Nurse Supervis	or revealed that it read the n Nurse #2's 72-hour post						

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F 697	Continued From page		F	697				
	Review of a 72-hour dated 11/20/24 at 10. Night Nurse Supervishad a nondisplaced freported a pain level  The Night Nurse Sup 12/21/24 at 7:48 AM. #1 was not assessed Supervisor on 11/18/She stated that she to 72-hour Post Fall Doprevious shift and conotes she wrote just documentation was of the Night Nurse Sup supervisor, she would that needed to be conher shift. If document then she would have was nonverbal, so sha 4. She stated that fron 11/18/24 - 11/20/2 because a NA (name bed and into the whehad a broken hip/leg. not display any nonverse #3, who worked the overnight shifts from 11/21/24, was intervited AM. He revealed that 11/18/24, he could not supported to the supervisor.	post fall documentation note 45 PM and completed by the for revealed that Resident #1 racture to the left femur and of 4 in the left hip.  ervisor was interviewed on She revealed that Resident for pain by the Night Nurse 24, 11/19/24, or 11/20/24. The pook the information in the cumentation notes from the pied the details into the so that some kind of completed during her shift. The ervisor indicated that as a direview the documentation mpleted by the nurses during ation was not completed, done it herself. Resident #1 the could not quantify her pain Resident #1 was not in pain 4 during the overnight shifts a unknown) got her up out of the elchair without knowing she however, Resident #1 did the erbal expressions of pain.  In the fact that a completed with the second of pain.  In the fact that a completed with the second of pain.  In the fact that Resident #1 during om 11/17/24 through the week of the second of th						
	signs/symptoms of particles of	vith NA #3, who worked with						

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F 697	PM on 11/20/24 until revealed that Resider and this was the first. Resident #1. When sl was notified by the of #1's left hip was hurt care. NA #3 remember "ow" during an incont she touched her left hanyone of the pain be about the left hip at the made sure not to chat during the shift unless. An interview was con 12/19/24 at 10:53 AM #1 during the overnig 11/21/24 until 7:00 AM revealed that it appear of pain during her shift care, was not willing to not willing to roll side nonverbal, but when bed, Resident #1 wow was telling NA #2 to see Review of a 72-hour plated 11/22/24 at 2:2 Nurse #3 revealed that nondisplaced fracture reported a pain level of AM. He stated that he post fall documentation	re overnight shift from 7:00 7:00 AM on 11/21/24, she at #1 had fallen 3 days prior, time she had worked with the arrived for her shift, she f going NA that Resident and to be cautious during tered that Resident #1 said tinence care episode when tip. She did not notify teause she was notified the beginning of her shift. She tinge or move Resident #1 s necessary.  I ducted with NA #2 on The She worked with Resident that shift from 7:00 PM on M on 11/22/24. NA #2 The Resident #1 was in a lot fit because she would refuse to get out of bed, and was to side. Resident #1 was NA #2 tried to turn her in the fitted grab her arm as if she top.  The She worked with the shift from 7:00 ph The	F6	97			

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F 697	Continued From page	e 58	F	697				
	AM. She revealed that have pain after the far performed on 11/18/2 leg/hip fracture.  During a follow-up into 12/18/24 at 1:56 PM, 11/19/24, Resident # the Unit Supervisor to medication. Resident entire week until 11/2 hospital. The RP stat Resident #1's pain leg	1 was still in pain. She asked o order stronger pain #1 remained in bed the 2/24 when she went to the						
	her hip was hurting.  An interview was con							
	that she thought Resi week after the fall be (date unknown) that s wheelchair. However the 11/17/24 fall, Res even though she was she (the Unit Manage in pain, she shook he nursing staff that Res when staff asked her shake her head no. O Medical Director saw evaluated Resident # out to an orthopedic a Review of a medical and completed by the that at the time of Re	the x-ray results and 1, he wanted her to be sent appointment that same day.  progress note date 11/22/24 a Medical Director revealed sident #1's last fall on						
		injury and denied pain. examination on 11/21/24,						

AND DUAN OF CORDECTION IN INCIDENTIFICATION NUMBER:		1 ` ′	PLE CONSTRUCTION  G		(X3) DATE SURVEY COMPLETED	
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F 697	recent x-ray of the leintertrochanteric ferridocumented an imminus made for today.  During an interview of 12/20/24 at 8:27 AM Resident #1 on 11/2 When the MD saw Fishe said she was in provider communical about the fracture of Review of an Orthop 11/22/24 revealed the acute distress, and the perfused. Resident area as a source of x-rays taken during the fracture of the left fet to the hospital from the Review of the emergence of the terms of the twift of t	with the Medical Director on he revealed that he saw 0/24 and she denied pain. Resident #1 on 11/22/24, and pain, he went to look at the tion book and found out in that day.  Dedic Visit note dated at Resident #1 was in no he left leg was warm and #1 pointed to the left groin pain. Due to the results of the the visit (intertrochanteric mur), Resident #1 was sent the appointment.  Dency department note dated at Resident #1 was sent the appointment.  Dency department note dated at Resident #1 was seen for all 5 days prior. She was Tylenol and Tramadol at the has had left hip pain "for a	F 6	97		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		l l	PLE CONSTRUCTION  G	(X3) DATE SURVEY COMPLETED		
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F 697	assessment was chee displayed in vital sign results were not nece During a follow-up int 12/20/24 at 12:47 PM nurses who complete from 11/19/24 through chosen "not applicable the results did not shown that the results did not shown that 12/30/24 at 12:00 PM nurses should have opain assessments aft During an interview we 12/30/24 at 12:32 PM not speak on the issue assessment from 11/1 delayed pain medicate clinical background. Physician Delegation CFR(s): 483.30(e)(1)(e)	arrough 11/22/24. If the pain cked off in the MAR but not s, then the pain assessment ssarily a 0.  erview with the DON on l, she revealed that the d the pain assessments in 11/22/24 must have e" as a response because ow up in the medical record.  erview with the DON on l, she revealed that all ontinued with the complete er 11/18/24.  with the Administrator on l, he revealed that he could e of missing pain 19/24 through 11/22/24 and ion due to not having a	F 69		1/9/25	
	§483.30(e)(1) Except (e)(4) of this section, tasks to a physician a or clinical nurse speci (i) Meets the applical this chapter or, in the specialist, is licensed (ii) Is acting within the defined by State law;	as specified in paragraph a physician may delegate ssistant, nurse practitioner, alist who- ble definition in §491.2 of case of a clinical nurse as such by the State; e scope of practice as				

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		345006	B. WING		C 01/09/2025
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE  3724 WIRELESS DRIVE  GREENSBORO, NC 27455	1 01/09/2023
(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD E CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)	DATE
F 714	task when the regular physician must perform delegation is prohibit facility's own policies §483.30(f) Performan NFs.  At the option of State in a NF (including tas specify must be performan physician) may also by a nurse practition physician assistant of facility but who is worth physician. This REQUIREMENT by:  Based on record revolved Director and Nurse Form the NP failed to common with the Medical Director and the modisplaced (the bost completely and the restransverse (horizontat bone) left femur (leg) unwitnessed fall on a consult with the Med the decision the residuant in the modisplaced of the modisplaced that the medical of the modisplaced is the modisplaced that the medical of the modisplaced that the modisplaced that the medical of the modisplaced that the modisplac	sician may not delegate a tions specify that the rm it personally, or when the ed under State law or by the conce of physician tasks in the educations of the educations of the educations of the education of the	F 71	<u> </u>	d to
	Director was not awa saw Resident #1 on ordered the resident department if she co- orthopedist that day.	coordination the Medical are of the fracture until he 11/22/24 at which time he to be sent to the emergency ald not be seen by the Resident #1 was seen by /22/24 and was sent directly		injuries were discovered during the init assessment. On 11/17/24 at 11:21 AM another progress note was entered in electronic record which stated that the resident reported pain in her left hip ar elbow when the responsible party (RP arrived at the facility. The on-call medi	the nd )

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	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	l ' '		CONSTRUCTION	(X3) DATE COMP	SURVEY PLETED
			A. BUILDI	NG _		Ι ,	c
		345006	B. WING				09/2025
NAME OF PI	ROVIDER OR SUPPLIER			S	TREET ADDRESS, CITY, STATE, ZIP CODE		00.2020
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UNIVERSA	AL HEALTH CARE/BLUN	MENIHAL		G	REENSBORO, NC 27455		
(X4) ID		ATEMENT OF DEFICIENCIES	ID		PROVIDER'S PLAN OF CORRECTION		(X5)
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F 714	Continued From page	e 62	F	714			
	· -	left femur intramuscular nail			provider was called at 2:14 PM and at	that	
		ed on 11/23/24. The lack of			time the medical provider gave orders		
		collaboration between the NP			a stat x-ray.		
	and Medical Director	delayed orthopedic medical			On 11/18/2024 the x-ray of the left hip	was	
	management, care a	nd treatment and put the			obtained at 9:23 am. The x-ray resulte	d	
		or complications such as			on 11/18/2024 at 12:54 pm and the		
	•	s, pneumonia, and bed			impressions were an acute transverse,		
		ad an aspiration event			nondisplaced intertrochanteric femur		
		ents, or fluids are breathed nospitalized which resulted in			fracture. The resident □s responsible		
	acute hypoxic respira			party (RP) and Nurse Practitioner (NP) were informed of the results on			
	oxygen in your blood			11/18/2024 at 2:59 pm. The NP made	a		
		The resident was prescribed			determination to treat the injury in-house		
		otics for three days after			but did not consult with the Medical		
		e facility on 11/26/24. This			Director regarding this treatment plan		
	failure affected 1 of 3	reviewed for accidents			before making the decision to treat in		
	(Resident #1).				house because he considered the		
					resident to not be a good surgical		
		pegan on 11/18/24 when the			candidate.		
		ate and communicate with			The Medical Director (MD) saw the		
	the Medical Director				resident on 11/20/24 and 11/21/24 but was unaware of the fracture because of	r	
	Resident #1 had an a	-ray results confirmed			the lack of communication and	1	
		ur fracture. Immediate			coordination from the facility and the N	D	
		ed on 1/5/25 when the facility			Coordination from the facility and the N	٠.	
	• •	eptable credible allegation of					
		removal. The facility will			# - 2 Address how the facility will identi	fy	
		ance at a scope and severity			other residents having the potential to	-	
	of "D" (no actual harn	n with potential for more			affected by the same deficient practice	;	
		at is immediate jeopardy) to					
		completed and monitoring			On 12/20/2024, the MD reviewed the		
	systems put into plac	e and are effective.			NP□s notes for the previous 30 days,		
					including the on-call providers, to ensu		
	The findings included	1:			the plan of care was appropriate for the	)	
	Resident #1 was admitted to the facility on			residents. Any opportunities identified during this audit were corrected by the	MD		
		ses that included vascular			on 12/20/2024.	טוטו	
	_	akness, difficulty in walking,			OII 12/20/2027.		
		ion where the heart beats			On 12/20/2024, the Regional Director of	of	
	, , , , , , , , , , , , , , , , , , , ,		1		, ,		1

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		345006	B. WING _				09/ <b>2025</b>	
NAME OF PR	ROVIDER OR SUPPLIER		<u> </u>	S	TREET ADDRESS, CITY, STATE, ZIP CODE	1 0	<u> </u>	
				3	724 WIRELESS DRIVE			
UNIVERSA	AL HEALTH CARE/BLUN	IENTHAL		G	REENSBORO, NC 27455			
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F 714	Continued From page	e 63	F 7	714				
	injury (TBI) in 1999, h obstructive pulmonar dysarthria (slurred sp Review of the annual assessment dated 8/	Minimum Data Set (MDS) 30/24 revealed that Resident			Clinical Services, Nurse Practitioner, Medical Director, and the Director of Nursing reviewed Resident #1 s plan care and collaborated on what the best course of treatment should have been the resident.	t		
	#1 was severely cognitively impaired, had adequate hearing/vision, could speak clearly, and usually understood/understands.  Review of an Unwitnessed Fall Report dated 11/17/24 at 11:05 AM and completed by Nurse #1 revealed she was notified by Nurse Aide (NA) #1 that Resident #1 was on the floor next to her bed sitting on her bottom. She was assessed, and no injuries were noted. Vital signs (VS) were within normal limits (WNL). Resident #1 reported no pain or discomfort and was then assisted back to her bed.				# -3 Address what measures will be pu into place or systemic changes made to ensure that the deficient practice will no recur;	o		
					On 1/4/25 the Regional Vice President educated the Medical Director, NPs, ar covering providers on collaborating/consulting following a fracture and/or a significant change of condition. The Medical Director, Nurse Practitioners and covering providers wi collaborate 3 times a week via phone,	nd e		
	note dated 11/17/24 a by Nurse #1 revealed pain in her left hip wh (RP) arrived at the fa				in-person, or virtual to discuss the plan care for the residents that have obtaine fracture or a significant change in condition. The Regional Vice Presiden educated The Director of Nursing and the Administrator to participate in the meet	ed a nt the		
	11/17/24 at 4:15 PM a provider revealed that 11:00 AM on 11/17/24 and Resident #1 denificality and now Resident tenderness to pacheck was performed acute deficits noted. A of the left hip was ord milligrams (mg) every	ovider progress note dated and completed by the on-call t Resident #1 had a fall at 4. No injuries were reported, led pain. The RP visited the dent #1 reported left hip pain alpation. A neurological I via video and there were no A STAT (immediately) x-ray lered, as well as Tylenol 500 of 6 hours as needed for pain.			On 1/4/2025, the Medical Director reviewed the guidelines for how the Nu Practitioners and other covering provid to communicate with the Medical Director and Regional Vice President discussed this agreement withe NPs and other providers on 1/4/25. The Regional Director of Clinical Service educated the Nurse Management Tean and the Director of Nursing regarding the nurse practitioners notes, including or call to ensure communication and	ers tor. e th ces n		

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		345006	B. WING _		_	C 01/09/2025		
NAME OF P	ROVIDER OR SUPPLIER	1	<u> </u>	STREET ADDRESS, CITY, STA	ATE, ZIP CODE	1 01/0	.0.2020	
				3724 WIRELESS DRIVE				
UNIVERSA	AL HEALTH CARE/BLU	MENTHAL		GREENSBORO, NC 2745	55			
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F 714	Continued From pag	e 64	F 7					
	revealed that a one-twas ordered on 11/12 Review of a medical 11/18/24 at 10:00 AM revealed that Reside She denied hitting he following the fall. Resides baseline mental statuleft hip with palpation Review of a health statuleft hip with and complethat Resident #1 conpain/discomfort in her Review of a health statuleft hip and thigh meet) for Review of Resident #1 succute nondisplaced in the electronic med on the x-ray results the statuleft hip and thigh meet) for Review of Resident #1 in the electronic med on the x-ray results the statuleft hip and thigh meet) for Review of Resident #1 in the electronic med on the x-ray results the statuleft hip and thigh meet) for Review of Resident #1 in the electronic med on the x-ray results the statuleft hip and thigh meet in the electronic med on the x-ray results the statuleft hip with palpation and the x-ray results the statuleft hip with palpation hip and the x-ray results the x-ra	progress note dated  If and completed by the NP int #1 had a fall on 11/17/24.  In head, injury, or pain sident #1 appeared at her is and had tenderness to the interpretation.  If atus note dated 11/18/24 at eted by Nurse #2 revealed is were in the facility to early ordered for Resident #1  If atus note dated 11/18/24 at eted by Nurse #2 revealed tinued to have in left hip.  If atus note dated 11/18/24 at eted by Nurse #2 revealed tinued to have in left hip.  If atus note dated 11/18/24 at eted by Nurse #2 revealed esults of the left hip were an intertrochanteric (where the		collaboration is comof Nursing, unit mandevelopment nurse of Nursing will review practitioner notes, in providers daily and Medical Director SWhen the Medical Director SWhen the Medical Director of the notes generated earnicluding agency stateducation prior to the telephone or in perswas completed on 1 Regional Director of #4-Indicate how the monitor its performate solutions are sustain.  The facility Administrated audit daily x4 weeks then weekly x6 weeks then weekl	nagers, staff and Assistant Direct w and print the nurse including the on-call place them in the communication bodo Director is not in the eve an electronic HIF ine medical progress ch day. Any new him aff, will receive the start of their shift son. This education 1/4/2025 by the ff Clinical Services. If facility plans to ance to make sure the the start of their shift the start will complete start of make sure the character will complete state have been place tor sommunication by the medical  e quality assurance the dots and the complete ance Improvement conditions and/or	ctor se  pk.  PAA seres, via that  an ks an ks an ced con		
		nterview with the Medical at 11:13 AM, he revealed		The Administrator is plan of correction.	responsible for this	s		

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			(X2) MULT A. BUILDI	CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		345006	B. WING _			1	09/ <b>2025</b>
	ROVIDER OR SUPPLIER AL HEALTH CARE/BLUN	IENTHAL		37	TREET ADDRESS, CITY, STATE, ZIP CODE 724 WIRELESS DRIVE REENSBORO, NC 27455		<del></del>
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F 714	results in his mailbox. The Medical Director cleared all the lab and computer without lool Resident #1. He did rany resident if he did He stated that he reliemailbox or provider be evaluation/orders.  Review of a medical part 11/19/24 and completed Resident #1 had an attransverse intertrochas Resident #1's RP was contact her for consusame day. The RP reevaluation. The NP dabout potential surge that orthopedics would overall health, specifinew asymptomatic brown asymptomatic brown asymptomatic brown and completed by that Resident #1's RF some concerns of inchip/leg fracture. The I her that Resident #1's pain confacility; however, if shworse, the family course.	or provider book to review. stated on 11/18/24 he had d x-ray results from the king at the x-ray report for not review the x-ray results of not place the original order. ed on the paperwork in his book for further  orogress note dated the death of the NP revealed that the cute nondisplaced anteric femur fracture. It is waiting for the NP to ditation, which took place the quested an orthopedic iscussed complications ry with the RP and told her d consider Resident #1's cs about the fracture, and	F	714	Date of completion: 1/9/25		
	The RP was made av	ered scheduled Tramadol. vare. orders for Resident #1					

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F 714	Continued From page		F 7	14			
	revealed that on 11/1 consultation for a left ordered.	9/24, an orthopedic surgery hip/leg fracture was					
	revealed that Resider	ted by the Medical Director  nt #1 denied pain and  emain normal. Staff to  rision and fall protocols were					
	revealed that Resider appeared comfortable her last fall and fall pi	progress note dated ted by the Medical Director nt #1 denied all pain and e. There was no injury since rotocols were already in ults and radiology reviewed.					
	and completed by the that at the time of Re 11/17/24, she denied Since her last clinical Resident #1 complair recent x-ray of the lef intertrochanteric femu	ur fracture. The Medical an immediate referral to					
	Medical Director on 1 revealed that he did r x-ray results from 11/did not receive an up week. When he saw Resident #1 was in p told staff that she need	was conducted with the 2/19/24 at 10:19 AM. He not review Resident #1's 18/24 until 11/22/24, and he date from the NP that entire Resident #1 on 11/22/24, ain, and the Medical Director eded to be sent out dical Director indicated he					

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	ROVIDER OR SUPPLIER	MENTHAL		STREET ADDRESS, CITY, STATE, ZIP CODE 3724 WIRELESS DRIVE GREENSBORO, NC 27455	I	01/03/2020	
(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 CORR (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AF DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE	
F 714	appointment the following she needed to go that	nt #1 had an orthopedic wing week, but he told them at day (11/22/24). The	F 7	14			
	have gone to the hos results came in on 1	ed that Resident #1 should spital as soon as the x-ray 1/18/24, and the surgeon e decision if she was a not.					
	Unit Manager on 1/3, revealed that the NP Director of Nursing (I	wwas conducted with the //25 at 8:33 AM, and she did consult with her and the DON) on 11/18/24 about the dident #1 in the facility and consultation.					
	The NP stated radiol #1's left hip on 11/18 a left femur fracture. concerned whether F for surgery due to as (asymptomatic). The requested Resident available appointmendetermine if she was	nt at an orthopedics office to a surgical candidate. The she wanted Resident #1 to go					
	consultation was sch week (11/26/24). The send Resident #1 to unsure if she was a s she would be better of that the fracture coul #1 was having a little managed with pain n unmanageable on 11	eduled for the following NP indicated that he did not the ER because he was surgical candidate or whether conservatively managed so d heal on its own. Resident bit of pain, which was nedication. The pain became /22/24, and she was seen by e on 11/22/24, who then sent					

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F 714	Continued From page	e 68	F	714				
	NP on 12/20/24 at 8:: did not recall why the to 11/22/24. The NP is to keep Resident #1 consultations with the DON.  During a follow-up te NP on 1/2/25 at 3:34 not trained to commun Director on specific to Medical Director community require additional assevere issues (for explockage in the lower the only time he wou Medical Director about he had a question about he should have consultational director on 1 revealed the NP consultations but he should have consultations of experience at x-rays and make dicase, the NP made the stockage in the should have consultations of experience at x-rays and make dicase, the NP made the stockage in the should have consultations of experience at x-rays and make dicase, the NP made the stockage in the stockage in the should have consultations of experience at x-rays and make dicase, the NP made the stockage in the stockage in the stockage in the stockage in the source of the stockage in the stockage in the source of the stockage in the stockage in the source of the stockage in the stockage in the source of the stockage in the stockage in the source of the stockage in the stockage in the source of the stockage in the stocka	lephone interview with the PM, he revealed that he was inicate with the Medical opics. The NP and the immunicate on things that sessments or moderate to ample: a suspected arterial r extremities). The NP stated ld communicate to the ut x-rays, or a fracture, was if						
	results were received indicated that he had 11/20/24, and she de of the fracture on that hat an x-ray was ord Provider. He became 11/22/24 from the pro-	d. The Medical Director seen Resident #1 on nied pain. He was unaware t date, and he was unaware						

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F 714	Continued From pag	e 69	F 7	14			
	communication report fracture on that day. in the communication	he went to look at the rt and found out about the The fracture report was not book the days prior.					
	Medical Director on revealed that the NP decision on his own	telephone interview with the 1/2/25 at 3:09 PM, he could have made the to wait for surgery for the had a lot of experience					
	made those types of Medical Director stat comfortable managir	dent practitioner. The NP decisions daily and well. The ed that if the NP was ng those type of situations					
	the Medical Director. indicated that he exp communicate with hi	m when he was					
	· ·	t something or had a NP did regularly. The Medical and the NP spoke daily.					
	acute distress, and the perfused. Resident area as a source of parays taken during the fracture of the left fer	at Resident #1 was in no the left leg was warm and #1 pointed to the left groin to bain. Due to the results of the the visit (intertrochanteric mur), Resident #1 was sent					
	11/26/24 revealed the intertrochanteric fract was seen in the orthor further evaluation, are which showed an interest femur. She was seen in the second seco	Discharge Summary dated at Resident #1 had a closed ture of the left femur. She opedic office on 11/22/24 for and an x-ray was obtained ertrochanteric fracture of the sent to the ER for further femur intramuscular nail					

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F 714	Continued From page surgery was performed	ed on 11/23/24. The	F	714				
	aspiration event while in acute hypoxic resp antibiotics were initiat resident was prescrib							
	12:03 PM, she reveal	ith the DON on 12/30/24 at ed that she was unaware of communication protocol.						
	DON on 1/6/25 at 8:5 NP giving the order for consultation and an e	xplanation why Resident #1 surgical candidate but did						
	revealed that he could	ducted with the 0/24 at 12:34 PM, and he d not speak on the medical issue due to not having a						
	The Administrator wa jeopardy on 1/3/25 at	s notified of immediate 8:48 AM.						
		he following Acceptable te Jeopardy removal.						
	at 11:05 am by the chinformation obtained to Resident #1 was obset bed sitting on her bott assessed by the charwere discovered during	arge nurse, based on from certified nursing aide. erved on the floor next to her tom. The resident was ge nurse and no injuries and the initial assessment. On another progress note was						

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F 714	the resident reported elbow when the response the facility. The on-ca called at 2:14 PM and provider gave orders On 11/18/2024 the x- obtained at 9:23 am.	painic record which stated that pain in her left hip and consible party (RP) arrived to all medical provider was d at that time the medical for a stat x-ray.  Tray of the left hip was The x-ray resulted on com and the impressions	F 7	14		
	intertrochanteric femuresponsible party (RF (NP) were informed of at 2:59 pm. The NP treat the injury in-houthe Medical Director before making the debecause he consider good surgical candidation The Medical Director 11/20/24 and 11/21/2 fracture because of the surgical candidation of the medical Director 11/20/24 and 11/21/2 fracture because of the surgical candidation of the surgical candid	ur fracture. The resident's P) and Nurse Practitioner of the results on 11/18/2024 made a determination to use, but did not consult with regarding this treatment plan ucision to treat in house ed the resident to not be a				
	for the previous 30 da providers, to ensure the appropriate for the re- identified during this at MD on 12/20/2024. On 12/20/2024, the F Services, Nurse Pract and the Director of No #1's plan of care and	MD reviewed the NP's notes ays, including the on-call the plan of care was sidents. Any opportunities audit were corrected by the Regional Director of Clinical stitioner, Medical Director, ursing reviewed Resident collaborated on what the lent should have been for				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:		PLE CONSTRUCTION	, ,	(X3) DATE SURVEY COMPLETED	
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NAME OF PROVIDER OR SUPPLIER  UNIVERSAL HEALTH CARE/BLUMENTHAL				STREET ADDRESS, CITY, STATE, ZIP CODE  3724 WIRELESS DRIVE  GREENSBORO, NC 27455		11/03/2025	
(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 714	the Medical Director, on collaborating/cons and/or a significant or Medical Director, Nurcovering providers with via phone, in-person, of care for the reside fracture or a significant Regional Vice Preside Nursing and the Admineeting.  On 1/4/2025, the Meguidelines for how thother covering provided Medical Director. The Regional Vice Preside agreement with the North 1/4/25.  The Regional Director deducated the Nurse of Director of Nursing repractitioners' notes, incommunication and of the Director of Nursing will review an otes, including the communication book is not in the facility, helpar to the start of their sheerson. This education is and the start of their sheerson. This education	nal Vice President educated NPs, and covering providers sulting following a fracture hange of condition. The ree Practitioners and ill collaborate 3 times a week or virtual to discuss the plan and that have obtained a nt change in condition. The ent educated The Director of inistrator to participate in the dical Director reviewed the e Nurse Practitioners and lers to communicate with the e Medical Director and ent discussed this IPs and other providers on or of Clinical Services Management Team and the egarding the nurse including on call to ensure collaboration is completed. In an angers, staff and Assistant Director of and print the nurse practitioner on-call providers daily and	F 7				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		345006	B. WING	B. WING		C 01/09/2025	
NAME OF PROVIDER OR SUPPLIER  UNIVERSAL HEALTH CARE/BLUMENTHAL		1	3	TREET ADDRESS, CITY, STATE, ZIP CODE 724 WIRELESS DRIVE GREENSBORO, NC 27455		30/2020	
(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 714	•	e Administrator will be e implementation of this	F	714			
F 842 SS=D	immediate jeopardy removal for this alleged non-compliance.  Alleged Date of Immediate Jeopardy Removal: 1/5/2025  An onsite validation was conducted on 01/09/25. The in-service conducted by Regional Vice President with the Medical Director, Nurse Practitioners, and covering providers on collaborating/consulting following a fracture and/or a significant change of condition was reviewed. The Medical Director, Nurse Practitioners and covering providers will collaborate 3 times a week via phone, in-person, or virtual to discuss the plan of care for the residents that have obtained a fracture or a significant change in condition. Interviews completed with the Medical Director and Nurse Practitioner verified knowledge of the new process for collaborating and consulting following a significant change in condition. The immediate jeopardy removal date of 01/05/25 was validated. Resident Records - Identifiable Information		F	842			1/9/25

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
	345006 B. WING			C 01/09/2025			
NAME OF PROVIDER OR SUPPLIER  UNIVERSAL HEALTH CARE/BLUMENTHAL			•	3	STREET ADDRESS, CITY, STATE, ZIP CODE 8724 WIRELESS DRIVE GREENSBORO, NC 27455		
(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 DEFICIENCY)		(X5) COMPLETION DATE
F 842	professional standard must maintain medicat that are- (i) Complete; (ii) Accurately docum (iii) Readily accessibl (iv) Systematically orgen standard programment of the formation contain regardless of the formation standard programment propresentative where (ii) Required by Law; (iii) For treatment, particular operations, as permit with 45 CFR 164.506 (iv) For public health neglect, or domestic activities, judicial and law enforcement purpurposes, research programment purpurposes, research propresentation in compliance \$483.70(h)(3) The factorial record information agunauthorized use.	ecords.  ordance with accepted  Is and practices, the facility al records on each resident  ented; e; and ganized  cility must keep confidential ned in the resident's records, n or storage method of the a release is- or their resident permitted by applicable law;  yment, or health care ted by and in compliance	F	842			

STATEMENT OF DEFICIENCIES (X1 AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDIN	IPLE CONSTRUCTION  NG		(X3) DATE SURVEY COMPLETED	
		345006	B. WING _			C 1/09/2025	
NAME OF PROVIDER OR SUPPLIER  UNIVERSAL HEALTH CARE/BLUMENTHAL			•	STREET ADDRESS, CITY, STATE, ZIP COD 3724 WIRELESS DRIVE GREENSBORO, NC 27455			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG			(X5) COMPLETION DATE	
F 842	(EACH DEFICIENCY MUST BE PRECEDED BY FULL		F8	F842-Resident Records-Idea Information # 1 - Address how corrective accomplished for those resid have been affected by the depractice; Resident #1 chart was review incorrect documentation on the post fall evaluations. The 72 fall evaluations for 11/18/24 a 11/19/24 at 10:29PM and 11/10:45pm were correctly label	action will be ents found to efficient eved for the he 72-hour -Hour post at 11:43PM, 1/20/24 at led as		
	in her left hip when the arrived at the facility.  Review of a 72-hour	at Resident #1 reported pain ne responsible party (RP)  post fall documentation note 8 PM and completed by		incorrect documentation in the chart.  # - 2 Address how the facility other residents having the poaffected by the same deficier	will identify otential to be		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING			(X3) DATE SURVEY COMPLETED		
			7 50.25			l c		
		345006	B. WING			01/09/2025		
NAME OF PI	E OF PROVIDER OR SUPPLIER  STREET ADDRESS, CITY, STATE, ZIP CODE					00/2020		
				37	724 WIRELESS DRIVE			
UNIVERSAL HEALTH CARE/BLUMENTHAL		MENTHAL		GREENSBORO, NC 27455				
(X4) ID	SUMMARY STATEMENT OF DEFICIENCIES		ID		PROVIDER'S PLAN OF CORRECTION		(X5)	
PRÉFIX TAG	,	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFI TAG		( (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)			
F 842	Continued From page	e 76	F	842				
	Nurse #2 revealed the	at Resident #1 had a						
	nondisplaced fracture	e to the left femur and			On January 2, 2025, the Regional Dire	ctor		
	reported a pain level	of 4 in the left hip.			of Clinical Services completed a review	of		
					all 72 Hour post fall documentation for			
		post fall documentation note			previous 30 days to ensure that there v			
		43 PM and completed by the			no occurrences of documentation that	nad		
		sor revealed that it read the			been copied and pasted into any			
		m Nurse #1's 72-hour post			resident⊡s medical records.			
	fall documentation note dated 11/17/24 at 11:21				# 2 Address what was sures will be no			
	AM for Resident #1.				# -3 Address what measures will be pu into place or systemic changes made to			
	Review of a 72-hour post fall documentation note				ensure that the deficient practice will no			
	dated 11/19/24 at 2:29 PM and completed by				recur;	,,		
	Nurse #2 revealed that the note read in part:				roodi,			
	"Current status of the			Effective 1/6/2024 the Director of Nursi	ng			
	of pain from the fall: A				and the Staff Development Coordinato	-		
		chanteric fracture femur is			began education for all licensed nurses			
	noted. No other acute	e fracture or dislocation.			including agency staff. This education			
	Interventions currentl				included:			
		wheelchair beside bed, call			" How to accurately complete a 72-ł	iour		
	bell within reach, bed			post fall evaluation				
	and Nurse Aides rour			" Importance of accurate and truthfu	ı			
	Resident's response			documentation in medical records				
	in the bed, Tylenol given	ven for pain.			" Consequences of inaccurate			
	Peview of a 72 hour	post fall documentation note			documentation such as errors, miscommunication and potential harm	to		
		29 PM and completed by the			the patient.	10		
		sor revealed that it read the			" Proper assessment and			
		m Nurse #2's 72-hour post			documentation of findings in the medic	al		
		ote dated 11/19/24 at 2:29			record			
	PM for Resident #1.				" Components of Quality Nursing			
					Documentation.			
		post fall documentation note			Any staff member that did not receive t	he		
		45 PM and completed by the			education on 1/6/2025 will receive	ĺ		
		or revealed that it read the			education by the beginning of their nex			
		m Nurse #2's 72-hour post			scheduled shift. All newly hired license	:d		
	fall documentation note dated 11/18/24 at 2:18				staff will be education by the Staff			
	PM.				Development Coordinator. The Staff	ĺ		
					Development Coordinator will be			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		345006	B. WING			C		
NAME OF D	POVIDED OD SLIDDLIED	0.0000	1	STREET ANDR	RESS, CITY, STATE, ZIP CODE		01/09/2025	
NAME OF PROVIDER OR SUPPLIER								
UNIVERSA	AL HEALTH CARE/BLUI	MENTHAL		3724 WIRELE				
				GREENSBO	DRO, NC 27455	:7455		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG		PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL ROSS-REFERENCED TO THE APPRO DEFICIENCY)	_D BE	(X5) COMPLETION DATE	
F 842	Continued From pag	e 77	F8	42				
	telephone on 12/21/2	pervisor was interviewed via 24 at 7:48 AM. She revealed s not assessed for pain on			sible for assuring that all staf d the education.	ff have		
	that Resident #1 was not assessed for pain on 11/18/24, 11/19/24, or 11/20/24. She stated that she took the information in the 72-hour Post Fall Documentation notes from the previous shift and copied the details into the notes she wrote just so that some kind of documentation was completed during her shift. The Night Nurse Supervisor indicated that as a supervisor, she would review the documentation that needed to be completed by the nurses during her shift. If documentation was not completed, then she would have done it herself. Resident #1 was nonverbal, so she could not quantify her pain a 4.  Review of a 72-hour post fall documentation note dated 11/22/24 at 2:24 AM and completed by Nurse #3 revealed that it read the same information from Nurse #2's 72-hour post fall			monitor solutions The Dire audits o accurac be perform weeks a The Dire respons and will Perform recomm until a p	cate how the facility plans to rits performance to make suns are sustained. The ector of Nursing will conduct of all 72-Hour assessments for and originality. These authormed daily x4 weeks, bi-we and then weekly x4 weeks. The ector of Nursing will be sible for the findings and auch and the equality Assuration and the endations and/or modification of compliance is achieved in the expension of correction.	re that t daily for dits will ekly x4 dits unce ee for ons eved.		
	AM. He stated that h post fall documentation Nurse Aide (NA) was in pain on 11/22  The Director of Nursion 1/6/25 at 8:54 AM Nurse Supervisor and documentation that will to assess the pain of shift and record their Nurse Supervisor and	ewed on 12/23/24 at 9:58 e could not recall the 72-hour ion note dated 11/22/24, and notified him that Resident #1 //24.  ing (DON) was interviewed I. She revealed that the Night d Nurse #3 should only enter was factual and accurate. i each nurse was supposed f Resident #1 during each observations. The Night d Nurse #3 should have #1 for each note entered.		Date of	completion: 1/9/25			