

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

DEC 31 2012

PRINTED: 12/20/2012  
FORM APPROVED  
OMB NO. 0938-0391

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION                       |   | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>345181 | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING _____<br>B. WING _____  | (X3) DATE SURVEY COMPLETED<br><br>C<br>12/13/2012 |
|--|---|--|---|---|
| NAME OF PROVIDER OR SUPPLIER<br><br>UNIVERSAL HEALTH CARE / GREENVILLE |   |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br>2578 WEST 5TH STREET<br>GREENVILLE, NC 27834   |   |
| (X4) ID PREFIX TAG   | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  | ID PREFIX TAG  | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)   | (X5) COMPLETION DATE                              |
| F 328<br>SS=D  | <p>483.25(k) TREATMENT/CARE FOR SPECIAL NEEDS</p> <p>The facility must ensure that residents receive proper treatment and care for the following special services:<br/>Injections;<br/>Parenteral and enteral fluids;<br/>Colostomy, ureterostomy, or ileostomy care;<br/>Tracheostomy care;<br/>Tracheal suctioning;<br/>Respiratory care;<br/>Foot care; and<br/>Prostheses.</p> <p>This REQUIREMENT is not met as evidenced by:<br/>Based on record review, and staff interviews, the facility failed to obtain a physician order for use of a continuous positive airway pressure (CPAP) device, and failed to clarify the pressure settings for the CPAP device, that was applied to 1 of 3 residents reviewed for respiratory care (Resident #1).</p> <p>The findings included:<br/><br/>Resident #1 was readmitted on 11/9/12. Diagnoses included Obstructive Sleep Apnea, Pneumonia, and Dysphagia.</p> <p>The admission Minimum Data Set (MDS) completed on 9/12/12 indicated Resident #1 mental status was severely impaired. Extensive assistance of one person was required with bed mobility and transfers. The MDS indicated there were no problems with shortness of breath. Oxygen therapy and CPAP was indicated while a</p> | F 328  | <p><i>"Submission of this response to the Statement of Deficiencies by the undersigned does not constitute an admission that the deficiencies existed and/or were correctly cited and/or require correction".</i></p> |   |

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

TITLE

(X6) DATE

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

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| F 328  | <p>Continued From page 1 resident.</p> <p>The readmission MDS completed on 12/1/12 indicated Resident #1 mental status was severely impaired. Extensive assistance of one person was required with bed mobility and transfers. The MDS indicated there were no problems with shortness of breath and that oxygen therapy was required while a resident.</p> <p>A review of the care plan dated 9/10/12 identified as a problem "Ineffective airway clearance related to diagnoses of sleep apnea." Maintain CPAP settings as ordered were listed as an intervention.</p> <p>A review of the nurses' notes completed on 9/5/12 at 10:00 pm, 9/12/12 at 8:39 am, 9/14/12 at 8:12 am, 10/1/12 at 9:00 pm, 10/13/12 at 3:25 am, 10/16/12 at 6:30 am, 10/18/12 at 2:50 am, and 10/19/12 at 3:05 am; documented "BPAP" was used on Resident #1. There was no pressure settings indicated in the nursing note entries.</p> <p>A review of the physician orders from 9/5/12 through 10/19/12 revealed no attempted physician clarification or physician order, regarding use or indicated pressure settings for the CPAP device.</p> <p>A review of the physician progress notes dated 10/5/12 mentioned no guidance regarding CPAP pressure settings or usage of the device.</p> <p>A review of the physician telephone order dated 11/30/12 "late entry for 11/26/12" read "Hold use of CPAP machine until sleep study appointment on 12/6/12 or until settings for machine could be obtained."</p> | F 328  | <p>1. Resident # 1 is presently not residing at the Facility.</p> <p>2. There is presently 1 Resident in the Facility with a CPAP machine. An MD order with settings has been obtained.</p> | 12-31-12             |   |

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| F 328  | Continued From page 2<br><br>In an interview on 12/12/12 at 4:10 pm, Nurse #1 revealed that Resident #1 brought the CPAP device from home. Nurse #1 added the CPAP device should have been evaluated for the correct pressure settings prior to usage; by contacting the physician for guidance regarding the appropriate pressure settings, or the company where the device was obtained, if known. Nurse #1 concluded there were no documented pressure settings in the medical record during usage.<br><br>In a telephone interview on 12/13/12 at 8:30 am, Nurse #2 indicated that she had placed the CPAP device in the past on Resident #1 but could not confirm what the pressure settings were. Nurse #2 concluded she did not recall a physician order for the CPAP device, nor ordered pressure settings.<br><br>In an interview on 12/13/12 at 9:00 am, Nurse #3 stated the CPAP device was brought into the facility by a relative. Nurse #3 added expectations was that before the CPAP device was applied on Resident #1, a physician order and the appropriate pressure settings should have been obtained from the physician.<br><br>In an interview on 12/13/12 at 9:25 am, the Director of Nursing (DON) accompanied by the administrator when asked regarding her expectation related to a physician order, verification or clarification of the pressure settings, prior to usage of the CPAP device stated, "I refuse to answer that question." The DON concluded per her review of the medical record she could not find a physician order or | F 328  | 3. Nurses have been in-serviced on the Importance of obtaining an MD order with CPAP machine settings for all Residents who have the potential to be affected by this practice upon the Residents admission or while residing at the Facility. |                      | 12-31-12  |

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| F 328  | Continued From page 3<br>indicated pressure settings, for the CPAP device during usage.<br><br>In a telephone interview on 12/13/12 at 10:00 am, Nurse #4 indicated she recalled the CPAP device on Resident #1 several times during the 11 pm - 7 am shift. Nurse #4 added a physician order and pressure settings should have been documented in the chart. Nurse #4 concluded she did not recall what the pressure settings were. | F 328  | 4. DON and/or designee will monitor new MD orders on a daily basis in the morning Clinical meeting and any negative findings will have corrective action and will be followed up for compliance. All finding will be addressed in the monthly QA meeting until deemed necessary. |                      |   |

12-31-12