

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

PRINTED: 10/31/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345213	(X2) MULTIPLE CONSTRUCTION: A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/25/2012
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NAME OF PROVIDER OR SUPPLIER UNIVERSAL HEALTH CARE LILLINGTON	STREET ADDRESS, CITY, STATE, ZIP CODE 1995 EAST CORNELIUS HARNETT BOULEVARD LILLINGTON, NC 27546
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F 280 SS=D	<p>483.20(d)(3), 483.10(k)(2) RIGHT TO PARTICIPATE PLANNING CARE-REVISE CP</p> <p>The resident has the right, unless adjudged incompetent or otherwise found to be incapacitated under the laws of the State, to participate in planning care and treatment or changes in care and treatment.</p> <p>A comprehensive care plan must be developed within 7 days after the completion of the comprehensive assessment; prepared by an interdisciplinary team, that includes the attending physician, a registered nurse with responsibility for the resident, and other appropriate staff in disciplines as determined by the resident's needs, and, to the extent practicable, the participation of the resident, the resident's family or the resident's legal representative; and periodically reviewed and revised by a team of qualified persons after each assessment.</p> <p>This REQUIREMENT is not met as evidenced by: Based on staff interviews and facility record review the facility failed to update a working care plan for a resident with a lower dental partial for 1 of 1 residents reviewed (resident #103) with a dental appliance.</p> <p>Findings include: Resident #103 was admitted to the facility on 3/28/2008. Her diagnoses included dementia, stroke and generalized muscle weakness.</p>	F 280	<p>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.</p> <p>1. Corrective action for Resident # 103 has been accomplished. The resident's oral/dental status has been assessed by a RN supervisor. The care plan and C.N.A. Care Guide has been updated & oral care is being delivered by the assigned C.N.A.s per this assessment.</p> <p>2. Oral/dental assessments for all current residents completed on 11/5/2012 and Care plans & care guides updated to reflect the residents current oral care needs including partial plates that need removal for cleaning.</p> <p>3. Measures/systems in place to ensure continued compliance: All residents will have an oral/dental assessment completed by licensed nurse on admission, quarterly, and with changes in dental status including new dental appliances.</p> <p>All dental consult reports will be reviewed by the Interdisciplinary team (IDT) in the daily clinical meetings. All changes will be reflected in the resident's care plan & on the C.N.A. care guide.</p> <p>Licensed nurses and C.N.A.'s in-serviced by the staff development coordinator (SDC)</p>	
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Cheryl Smith</i>	TITLE Administrator	(X6) DATE 9 Nov 12
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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 280	<p>Continued From page 1</p> <p>The minimum data set assessments for resident #103 dated May 2011 and January 2012 indicated she was cognitively impaired for daily decision making and was dependent on staff for personal hygiene such as oral care. She was not coded to have any dental problems such as loose fitting dentures or gum problems.</p> <p>The care plan for resident #103 dated 7/30/10 and updated on 12/10/10, 2/22/11, 5/11/11, 9/8/11 and 10/18/11 indicated she needed extensive to total assistance with activities of daily living. Approaches on the care plan included "provide oral care every shift", there was no mention of a lower dental partial in the care plan.</p> <p>An undated resident care card for resident #103 did not have a dental partial listed under the dental section.</p> <p>Dental consult notes in the cart for resident #103 dated 10/15/10 revealed upper dentures and a lower partial were delivered to resident #103. Notes dated 1/14/11 indicated resident #103 was evaluated by the dentist and her upper dentures and lower partial fit well. Notes from 1/13/12 indicated resident #103 had gingival overgrowth over her lower dental partials and the partials were hard to remove. The note indicated when the partial was removed it caused pain and bleeding to resident #103. The Dentist's note stated "Patients gingival were so inflamed that it was very difficult to remove her lower partial. It did not appear that the teeth had been cleaned or the partial removed in quiet a while."</p> <p>On 10/25/12 at 2:00 PM minimum data set assessment nurse (MDS) #1 indicated residents</p>	F 280	<p>on 11/5/2012 regarding proper dental care including removing and cleaning partial plates at least daily and ensuring the C.N.A. care guide is updated.</p> <p>The licensed nurses & transportation drivers in-serviced on 11/5/2012 to forward dental consult reports to IDT for review prior to filing in medical record.</p> <p>Residents and responsible parties will be notified of all dental appointments and requested to turn in any written communication or verbal communication to the licensed nurse.</p> <p>Director of Nursing (DON), Assistant Director of Nursing (ADON) and/or nurse supervisor will review dental consults daily for 4 weeks, weekly for 8 weeks, and monthly for 3 months.</p> <p>4. The findings will be reviewed at the monthly QA meeting for 6 months and then quarterly.</p>		

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F 280	Continued From page 2 are assessed in person for complications with dental appliances or oral health on the MDS assessment. She said she was never aware resident #103 had a dental partial. MDS nurse #1 indicated the MDS nurses updated the care plans at quarterly and annual MDS reviews but they could also be updated from care concerns brought up in the morning meetings held by nursing. MDS nurse #1 and #2 said unless there was a specific order by a physician regardless of a resident having dentures or partials the care plan stated "oral care". On 10/25/12 at 2:25 PM the Director of Nursing (DON) indicated it was the responsibility and expectation of the nurse on the resident's hall to read the consult notes, update the care plan, update the resident care card and inform the nursing assistant of changes in care such as dental partial care.	F 280			
F 312 SS=D	483.25(a)(3) ADL CARE PROVIDED FOR DEPENDENT RESIDENTS A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene. This REQUIREMENT is not met as evidenced by: Based on family and staff interviews and facility record reviews the facility failed to remove and clean a dental partial for 1 of 3 residents (resident #103) reviewed for activities of daily living. Findings include:	F 312	1. Corrective action for Resident # 103 has been accomplished. The resident's oral/dental status has been assessed by a RN supervisor. The care plan and C.N.A. Care Guide has been updated & oral care is being delivered by the assigned C.N.A.s per this assessment. 2. Oral/dental assessments for all current residents completed on 11/5/2012 and Care plans & care guides updated to reflect the residents current oral care needs including partial plates that need removal for cleaning.		

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F 312	Continued From page 3 Resident #103 was admitted to the facility on 3/28/2008. Her diagnoses included dementia, stroke and generalized muscle weakness. The minimum data set assessments for resident #103 dated May 2011 and January 2012 indicated she was cognitively impaired for daily decision making and was dependent on staff for personal hygiene such as oral care. The care plan for resident #103 dated 7/30/10 and updated on 12/10/10, 2/22/11, 5/11/11, 9/8/11 and 10/18/11 indicated she needed extensive to total assistance with activities of daily living. Approaches on the care plan included "provide oral care every shift", there was no mention of a lower dental partial in the care plan. An undated resident care card for resident #103 did not have a dental partial listed under the dental section. Dental consult notes in the cart for resident #103 dated 10/15/10 revealed upper dentures and a lower partial were delivered to resident #103. Notes dated 1/14/11 indicated resident #103 was evaluated by the dentist and her upper dentures and lower partial fit well. Notes from 1/13/12 indicated resident #103 had gingival overgrowth over her lower dental partials and the partials were hard to remove. The note indicated when the partial was removed it caused pain and bleeding to resident #103. The Dentist's note stated "Patients gingival were so inflamed that it was very difficult to remove her lower partial. It did not appear that the teeth had been cleaned or the partial removed in quiet a while." The Dentist	F 312	3. Measures/systems in place to ensure continued compliance: All residents will have an oral/dental assessment completed by licensed nurse on admission, quarterly, and with changes in dental status including new dental appliances. All dental consult reports will be reviewed by the Interdisciplinary team (IDT) in the daily clinical meetings. All changes will be reflected in the resident's care plan & on the C.N.A. care guide. Licensed nurses and C.N.A.'s in-serviced by the staff development coordinator (SDC) on 11/5/2012 regarding proper dental care including removing and cleaning partial plates at least daily and ensuring the C.N.A. care guide is updated. The licensed nurses & transportation drivers in-serviced on 11/5/2012 to forward dental consult reports to IDT for review prior to filing in medical record. Residents and responsible parties will be notified of all dental appointments and requested to turn in any written communication or verbal communication to the licensed nurse. The oral dental care provided to residents with partial plates by the C.N.A.'s will be		

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F 312	<p>Continued From page 4</p> <p>also noted he had planned to extract all her teeth in 2007 and would proceed with the plan.</p> <p>On 10/23/12 at 3:10 PM family member #1 indicated that resident #103 had visited the dentist in early 2012 and her gums had grown over her lower dental partial.</p> <p>On 10/24/12 at 9:25 AM resident #103 was observed in her room after breakfast, she was clean and well groomed. She did not have any teeth, her mouth was clean and there was no odor noted.</p> <p>On 10/25/12 at 9:25 AM nursing assistant (NA) #1 indicated she was assigned to resident #103 on a regular basis approximately one year ago and was never aware that the resident had a lower partial. NA #1 said she had attempted to take the residents lower teeth out on one occasion because she was surprised that the resident had a full set of lower teeth and when the lower area would not come out she assumed it was a permanent dental system. NA #1 said she was not told by the previous NA assigned to resident #103 that she had a lower partial and said there was nothing on the residents care card to indicate she had a lower partial. NA #1 said she brushed and had resident #103 use mouth wash daily. (The Administrator indicated on 10/25/12 at 3:00 PM that NA #1 was consistently assigned to resident #103 for morning care since November 18, 2011.)</p> <p>On 10/25/12 at 2:25 PM the Director of Nursing (DON) indicated it was the responsibility and expectation of the nurse on the resident 's hall to read the consult notes, update the care plan,</p>	F 312	<p>monitored by nurse supervisor daily for 4 weeks and then weekly times 4 weeks, bimonthly x 4 weeks, then monthly x 3 months.</p> <p>4. The findings will be reviewed at the monthly QA meeting for 6 months and then quarterly.</p>	11/12/12
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F 312	Continued From page 5 update the resident care card and inform the nursing assistant of changes in care such as dental partial care. The DON said her expectation was that any resident with a partial would have the partial removed and cleaned daily and as needed and that the care card and care plan would reflect the partial.	F 312		
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K 000	INITIAL COMMENTS This Life Safety Code (LSC) survey was conducted as per The Code of Federal Register at 42 CFR 483.70(a); using the 2000 existing Health Care section of the LSC and its referenced publications. This facility is Type II protected construction and is not equipped with an automatic sprinkler system. Only hazardous spaces are protected with sprinkler coverage.	K 000		
K 012 SS=D	CFR#: 42 CFR 483.70 (a) NFPA 101 LIFE SAFETY CODE STANDARD Building construction type and height meets one of the following, 19.1.6.2, 19.1.6.3, 19.1.6.4, 19.3.5.1 This STANDARD is not met as evidenced by: Based on the observations and staff interviews on 11/15/2012 the following Life Safety item was observed as noncompliant, specific findings include: The "A" hall conference room had unsealed penetrations in the rated ceiling due to water damage.	K 012	1. Ceiling located in A-hall conference room will be cut out and replaced with new fire rated dry wall following roof leak repair by 12/30/12 2. Facility tour completed to identify possible unidentified unsealed penetrations in the rated ceilings due to water damage. 3. Quarterly inspection of roof and ceiling will be conducted by maintenance staff. 4. Inspection results will be monitored quarterly at QA meeting.	
K 029 SS=D	CFR#: 42 CFR 483.70 (a) NFPA 101 LIFE SAFETY CODE STANDARD One hour fire rated construction (with ¾ hour fire-rated doors) or an approved automatic fire extinguishing system in accordance with 8.4.1 and/or 19.3.5.4 protects hazardous areas. When the approved automatic fire extinguishing system option is used, the areas are separated from other spaces by smoke resisting partitions and	K 029	1. Ceiling in soiled linen room located on Band C hall will be repaired with fire rated dry wall by 12/30/12. 2. Facility tour completed to identify possible unidentified unsealed penetrations in the rated ceilings. 3. Quarterly inspection of roof and ceiling will be conducted by	

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

TITLE

(X6) DATE

Cheryl Smith

Administrator

12/14/12

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K 029	Continued From page 1 doors. Doors are self-closing and non-rated or field-applied protective plates that do not exceed 48 inches from the bottom of the door are permitted. 19.3.2.1 This STANDARD is not met as evidenced by: Based on the observations and staff interviews on 11/16/2012 the following Life Safety item was observed as noncompliant, specific findings include; There were unsealed penetrations in the rated ceilings of the soiled linen rooms on the "B" and "C" hallways. The penetrations were around the exhaust fans.	K 029	maintenance staff. 4. Inspection results will be monitored quarterly at QA meeting.		
K 052 SS=D	CFR#: 42 CFR 483.70 (a) NFPA 101 LIFE SAFETY CODE STANDARD A fire alarm system required for life safety is installed, tested, and maintained in accordance with NFPA 70 National Electrical Code and NFPA 72. The system has an approved maintenance and testing program complying with applicable requirements of NFPA 70 and 72. 9.6.1.4 This STANDARD is not met as evidenced by: Based on the observations and staff interviews on 11/16/2012 the following Life Safety item was	K 052	1. All dust and lint will be removed from the smoke sampling tubes of duct detectors by 12/30/12. 2. All duct detectors were examined for possible buildup. 3. Duct detectors in the mechanical room will be monitored quarterly. 4. Inspection results will be monitored quarterly at QA meeting.		

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K 052	Continued From page 2 observed as noncompliant, specific findings include: The duct detectors in the mechanical rooms were not well maintained as there was a bulldup of dust and lint on the smoke sampling tubes. CFR#: 42 CFR 483.70 (a)	K 052			

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K 000	INITIAL COMMENTS This Life Safety Code (LSC) survey was conducted as per The Code of Federal Register at 42 CFR 483.70(a); using the 2000 existing Health Care section of the LSC and its referenced publications. This facility is Type II protected construction and is not equipped with an automatic sprinkler system. Only hazardous spaces are protected with sprinkler coverage. There were no Life Safety Code Deficiencies noted during the survey. CFR#: 42 CFR 483.70 (a)	K 000			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE *Cheryl Smith* TITLE *Administrator* (X6) DATE *12/14/12*

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