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

in 14/13 ottelka.

PRINTED: 12/27/2012 FORM APPROVED OMB NO. 0938-0391

AND PLAN OF CORRECTION IDENTIFICATIO		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY COMPLETED	
			A. BUILDING			С		
		345538	B. WNG			12/11/2012		
	ROVIDER OR SUPPLIER TH POST-ACUTE CARE	-RALEIGH		24	EET ADDRESS, CITY, STATE, ZIP CODE 20 LAKE WHEELER ROAD ALEIGH, NC 27603			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE	
F 280 SS=D	483.20(d)(3), 483.10(k)(2) RIGHT TO PARTICIPATE PLANNING CARE-REVISE CP			F 280 Corrective action to ensure the			12-11-13	
	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. 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.		Programme and the state of the		With falls, will have their Care Plan individual and care guide	vise CP. The Care Plan and ual Care Guide were updated the Survey to reflect the ntion for the identified t. live action for those with lal to be affected. All residents		
	by: Based on observation interviews and medificated to update a calcand received injury. residents reviewed for (Resident # 3) Findings include: According to the mir 11/19/12 Resident # cognition; she required.	T is not met as evidenced on, resident and staff cal record reviews the facility are plan after Resident #3 fell This was evident for 1 of 3 for care plan updates. Inimum data set (MDS) dated a had moderately impaired and extensive assistance for ar to admission with a left ident # 3 wore a straight leg			updated to ensure interventio have been addressed.	essed.		
ABORATORY	DIRECTOR'S OR PROVIDER	RUSUPPLIER REPRESENTATIVE'S SIGNATUR	RE.		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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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTI A. BUILDIN	IPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		345538	B. WING	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	(1	
NAME OF PR	OVIDER OR SUPPLIER			DEST ADDRESS OFF STATE 210 COOP	12/11	/2012	
	H POST-ACUTE CARE-	RALEIGH		REET ADDRESS, CITY, STATE, ZIP CODE 2420 LAKE WHEELER ROAD RALEIGH, NC 27603			
(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 CORRI (EACH CORRECTIVE ACTION SI- CROSS:REFÉRENCED TO THE AP DEFICIENCY).	SHOULD BE COMPLETION		
F 280	Continued From page	e 1	F 280	Systemic Changes to Prevent	: Deficient	1-6-13	
	brace to her left leg. Review of the Incident report dated 10/28/12 revealed resident fell attempting to get out of bed without calling for assistance. She was assessed and had no apparent injury. The interventions following this incident were to place resident bed in the lowest position and remind her to call for assistance. Review of the physician's note dated 10/29/12 revealed in part: "pt fell 10/27/12 and complained of increased pain to left leg. X-rays done showed positive acute fracture of distal femur fracture. Examined pt increased swelling, increased tenderness, decreased ROM (range of			Practice. Any new incidents	of falls will		
				have Care Plans and Care Gu			
				updated to reflect intervent			
				DHS and ADHS or designee will		A management of the state of th	
				review and ensure all interve	ntions		
				for falls are updated on care	plans and		
				care guides. Interventions fo	r falls		
	motion) distal Left fra			to be discussed at A.M. clinic	al		
	Review of Admission Interim Care Plan dated 9/17/12 revealed: resident at risk for falls. The		5-501-7	meeting with MDS and clinica	al		
	interventions include	d: call bell within reach, cue	İ	: staff.	; !		
	transfers when necessary.			How Corrective Action will b	e .	1-6-13	
		nt ' s individual care guide ent ' s closet door dated		Monitored. 100% of nurses	will		
9/27/11. (This is use		d by the staff to provide the ach resident.) The care plan		Be in serviced on updating ca	re		
	revealed no intervention for bed in the lowest position.			Plans and care guides for falls	ans and care guides for falls.		
	An interview on 12/11/12 at 1:00 PM with nursing assistant (NA) who cared for Resident #3 revealed the staff followed the care plan on the resident 's closet door for care of each resident. He indicated there was no intervention for bed in the lowest position on the care plan.			!			
	An interview on 12/1	1/12 at 1:15 PM with the					

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	345538	B. WING		12/11/201:			
NAME OF PROVIDER OR SUPPLIER UNIHEALTH POST-ACUTE CARE-RALEIGH			STREET ADDRESS, CITY, STATE, ZIP CODE 2420 LAKE WHEELER ROAD				
(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL	ID PREFIX TAG	ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH CORRECTIVE ACTION SHOULD BE COM				
director of nursing (D resident sustained the ameeting with the accomminimum data set nurside administrator, DON, (ADON) and social work of placing her bed in added to her care placed that added to her care placed and the DON acknowled on the resident's care and an interview with the 2:00 PM revealed she	e fall on 10/27/12 there was obministrative staff (including area (MDS nurse), assistant director of nursing vorker) and the intervention the lowest position was to be an. The MDS nurse should be care plan and the NA care of the resident's closet door, aged there were no updates are plan. MDS Nurse on 12/11/12 at the was unaware an updated	F 280	100% audit of all residents Falls will be done immedia Ensure interventions in cal and Care Guide are update be monitored 5 times a we 3 weeks and then 1 time a For 3 weeks until substanti Compliance is achieved and As indicated by PI committed	s with ately to re plan ed. Will eek for week ial d then ee			
		;					
	CORRECTION OVIDER OR SUPPLIER SUMMARY ST (EACH DEFICIENCE REGULATORY OR Continued From page director of nursing (Deresident sustained the ameeting with the accomminimum data set nursimimum data set nursi	CORRECTION IDENTIFICATION NUMBER: 345538 OVIDER OR SUPPLIER	OVIDER OR SUPPLIER SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 2 director of nursing (DON) revealed after the resident sustained the fall on 10/27/12 there was a meeting with the administrative staff (including minimum data set nurse (MDS nurse), administrator, DON, assistant director of nursing (ADON) and social worker) and the intervention of placing her bed in the lowest position was to be added to her care plan. The MDS nurse should have added this to the care plan and the NA care guide located on each resident 's closet door. The DON acknowledged there were no updates on the resident 's care plan. An interview with the MDS Nurse on 12/11/12 at 2:00 PM revealed she was unaware an updated	OVIDER OR SUPPLIER TH POST-ACUTE CARE-RALEIGH STREET ADDRESS, CITY, STATE, ZIP CODE 2420 LAKE WHEELER ROAD RALEIGH, NC 27603 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) COntinued From page 2 director of nursing (DON) revealed after the resident sustained the fall on 10/27/12 there was a meeting with the administrative staff (including minimum data set nurse (MDS nurse), administrator, DON, assistant director of nursing (ADON) and social worker) and the intervention of placing her bed in the lowest position was to be added to her care plan. The MDS nurse should have added this to the care plan and the NA care guide located on each resident's closet door. The DON acknowledged there were no updates on the resident's care plan. An interview with the MDS Nurse on 12/11/12 at 2:00 PM revealed she was unaware an updated needed to be added to the care plan. An interview with the MDS nurse on 12/11/12 at 2:00 PM revealed she was unaware an updated needed to be added to the care plan. As indicated by PI committed that includes all administrations at a staff. The Medical Director of the providers of the APPR o	OVIDER OR SUPPLIER SUMMARY STATEMENT OF DEFICIENCIES (FACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSO IDENTIFYING INFORMATION) COntinued From page 2 director of nursing (DON) revealed after the resident sustained the fall on 10/27/12 there was a meeting with the administrative staff (including minimum data set nurse (MDS nurse), administrator, DON, assistant director of nursing (ADON) and social worker) and the intervention of placing her bed in the lowest position was to be added to the care plan. An interview with the MDS Nurse on 12/11/12 at 2:00 PM revealed she was unaware an updated needed to be added to the care plan. As indicated by PI committee that includes all administrative staff. The Medical Director		