MAY 1 6 2013

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

PRINTED: 05/02/2013 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULT		(X3) DATE SURVEY COMPLETED		
AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:	A BUILD!	NG	ł .	***	
		345538	345538 B. WING			04/20	
NAME OF PR	OVIDER OR SUPPLIER	1		STRE	EET ADDRESS, CITY, STATE, ZIP CODE		
		r pat ficii			20 LAKE WHEELER ROAD		
UNIHEAL	ih post-acute car	E-RALEIGH		R/	ALEIGH, NC 27603		
(X4) ID PREFIX TAG	/FACH OFFICIE!	STATEMENT OF DEFICIENCIES NOY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD I CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)	3E.	(X6) COMPLETION DATE
F 309 SS=D	HIGHEST WELL BEING  Each resident must receive and the facility must		F	F 309 F-309 PROVIDING CARE FOR HIGHEST WELL BEIL Immediate action taken			
	or maintain the hig mental, and osych	ary care and services to attain hest practicable physical, osocial well-being, in e comprehensive assessment			identified: 1. Resident # 4 no longer reside: In the facility. 2. Resident #5 pain medication was applied on 04/14/13 and	S	
	by: Based on record of facility falled to foll administer schedu (Resident #4 and if falled to monitor by standing physician and #9) of 3 samp a bowel movement.  The findings inclured the falled to monitor by standing physician and #9 of 3 samp a bowel movement.  The findings inclured the findings inclured #45/13 and had discompression Franch for the findings inclured the fall fall for the finding fall fall fall fall fall fall fall fal	ded: as admitted to the facility on agnoses that included ctures of the Thoracic Spine. harge Summary for Resident #4 or Discharge Medications resident was to receive Norco (mg) one tablet in the morning bedlime. Norco is a narcotic to treat moderate to severe pain.  desement dated 4/6/13 showed had severe pain with movement sysical activity due to			laxative was given per protocol.  3. Resident #9 was given laxativ ordered.  Identification of other resident potential to be affected:  1. Licensed Nurses completed audit on 100% of the resident the facility on 04/25/13.  2. The Licensed Nurse is compled Pain observation on all new Residents upon admission.  3. Nurse #1 have been counse and re-educated on ensuring Physician's orders are carried to include pain medication administration.  4. The Bowel Movement recorreviewed to ensure the resident a BM within 3 days and the BM protocol has been for per physician order.	e as  s with a Pain nts in eting a led g d out ds were dent hav /or that	
L	N DIDECTOR'S OR PROM	DERVS PPLIER REPRESENTATIVE'S SIGNAT	URE		TILE		(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.

If continuation sheet Page 1 of 11

Fac(thy ID: 990762

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MUL	(IPLE	CONSTRUCTION	(X3) DATE :	(X3) DATE SURVEY COMPLETED		
		IDENTIFICATION NUMBER:	A, BUILDI	KG	1			
	345638		B. WNG			04/2	26/2013	
NAME OF PROVIDER OR SUPPLIER  UNIHEALTH POST-ACUTE CARE-RALEIGH				24	EET ADDRESS, CITY, STATE, ZIP CODE 120 LAKE WHEELER ROAD ALEIGH, NC 27603			
(X4) ID PREFIX TAG	IGACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOL CROSS-REFERENCED TO THE APPRI DEFICIENCY)	JLD BE	COMPLETION DATE	
F 309	musculoskeletal prol stenosis. The form s to receive Norco 6/3 Norco 7.6/325mg ev for pain.  The Admission Minin Assessment dated 4 resident had short to moderately cognitive pain.  The Care Area Assenot completed prior facility on 4/10/13.  The Medication Adr April 2013 revealed Resident #4 to recember an interview on 4/2 #4 was admitted on The DNS stated the it was brought to he did not receive her over the weekend. spoke with Nurse fand the nurse told pain medication with Nurse told pain medication seand the resident state pain medication at that pain medication with pain. The DNS state pain medication with the nurse told pain medication at that pain medication with pain. The DNS state pain medication with the nurse told pain medication at that pain medication with pain. The DNS state pain medication with pain.	blems, arthritis and spinal howed that the resident was 25 mg BID (twice a day) and erry 4 hours PRN (as needed)  mum Data Set (MDS) M/10/13 revealed that the erm memory loss and was ely impaired and had frequent to the resident leaving the ministration Record (MAR) for an entry dated 4/5/13 for elve Norco 5/325mg 1 tablet by	F.	309	5. Nurses education has been Provided for assessment of Resident pain and the Bow Movement Protocol to cur and will be provided to not hires during their general orientation to the facility.  6. CNA Education has been provided to current staff on immediate reporting of pain and doctof the Bowel Movements be provided to new hires during their general orientation to the facility.  Systemic Changes  1. Education related to Mediadministration, Administration, Administration and the Movement protocol has beincluded in the general or for all Licensed Nurses.  2. Education related to report residents in pain and doctof the Bowel Movements shift has been added to orientation for the Certification for the Certification for the Certification for documentation administration of Medical MARS for documentation administration of Medical	f yel crent staff ew sumentation and will lead on creen crentation of Bowel peen crentation orting of sumentation severy general led Nursing on of		

CENTERS FOR MEDICARE & MEDICARD SERVICES							
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MUL A. BUILD		l	LETED		
		345538	B. WING				26/2013
NAME OF PR	OVIDER OR SUPPLIER			STR	EET ADDRESS, CITY, STATE, ZIP CODE		٠.
UNIHEALT	H POST-ACUTE CARE-	RALEIGH		1	420 LAKE WHEELER ROAD ALEIGH, NC 27603		
(X4) ID PREFIX . TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREF TAC		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPF DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
F 309	pain medication per p DNS stated that the fit correction on 4/10/13 education and an autenew admissions. The initiated chart audits residents that were in 4/25/13.  A telephone interview #1 on 4/26/13 at 11: she was unable to read and did not recall an pain medication.  The DNS stated in a PM that the nurse th (Nurse #1) told her to scheduled pain med thought that the pair 2. Resident #5 was a 4/7/13 and had diag Fracture and Demer A review of the Physoreder dated 4/8/13 for (mcg) patch and to a hours. Fentanyl is a treat pain. The Medi (MAR) revealed an patch to be given even box was marked off the medication was The MAR revealed on 4/8/13 and was a 2013. There were in	chysician's orders. The acility initiated a plan of a that included staff dit of pain medications for DNS stated that they of pain medications for ot new admissions on was conducted with Nurse 45 AM. The Nurse stated that acall much about Resident #4 issue with the resident's in interview on 4/26/13 at 5:19 at worked on the weekend hat she did not see the ication on the MAR and a medication was PRN.	F	309	3x per week for 3weeks; then weekly x4; then more months.  4. The DHS / ADHS / CCC of Supervisor will audit the Movement records to end the Bowel Protocol has be nitiated if necessary. This 2X per week for 3 weeks weekly X 4 weeks, then months.  Performance Improvement  1. The DHS will present the and trending of the MAR audit to QAPI committee revisions if applicable moreview and appropriate a  2. The DHS will present the and trending of the Bowel audits to the QAPI committee review and appropriate and trending of the Bowel audits to the QAPI committee and trending of the Bowel audits to the QAPI committee review and appropriate and trending of the Bowel audits to the QAPI committee and trending of the Bowel audits	or Nursing Bowel Issure een Is is conduced then nonthly X 4  tracking administrat for onthly for ctions. tracking Il Movemen onttee month	ion

FORM APPROVED DEPARTMENT OF HEALTH AND HUMAN SERVICES <u> 1980-8860 ,ON BMC</u> CENTERS FOR MEDICARE & MEDICAID SERVICES (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION (X1) PROVIDER/SUPPLIER/CLIA COMPLETED STATEMENT OF DEFICIENCIES IDENTIFICATION NUMBER: A BUILDING \_\_ AND PLAN OF CORRECTION С 04/26/2013 B, WING 346538 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 2420 LAKE WHEELER ROAD RALEIGH, NC 27603 UNIHEALTH POST-ACUTE CARE-RALEIGH DĂTE (X5) PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (X4) ID PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG DEFICIENCY) TAG F 309 Continued From page 3 F 309 review of the Controlled Drug Record for Fentanyl for Resident #5 revealed there was not a Fentanyl patch signed out for the resident on 4/11/13. The MAR and the Controlled Drug Record revealed that the Fentanyl patch was not administered until 4/14/13. The Admission Minimum Data Set (MDS) Assessment dated 4/12/13 revealed that Resident #5 had short and long term memory loss and was severely cognitively impaired and had pain constantly. The Care Area Assessment for Pain dated 4/16/13 revealed that the resident had scheduled and PRN (as needed) pain medications related to recent left hip fracture and that the pain medications were effective. The Care Plan for Resident #5 dated 4/16/13 for Pain related to left hip fracture directed the staff to administer PRN and scheduled pain medications as ordered. On 4/25/13 at 1:50 PM an interview was conducted with the nurse (Nurse #2) that worked on the evening shift on 4/11/13. Nurse #2 stated that she did not administer the Fentanyl patch on 4/11/13 because she thought the time on the MAR was 9:00 AM Instead of 9:00 PM. The Director of Nursing Service (DNS) stated in an Interview on 4/25/13 at 2:10 PM that a medication error report had been written regarding the omitted Fentanyl patch on 4/11/13 and that nursing education had been initiated. 3. Resident #5 was admitted to the facility on

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

INMEGE PROVIDER OR SUPPLIER  UNIHEALTH POST-ACUTE CARE-RALEIGH  SUMMANY STATEMENT OF DEFICIENCES  GACH INFECTION OF DEFICIENCE AND REPRECED DIT YILL  RESULATORY OR TO DESCRIPTION INFORMATION  Fround From page 4  4/7/13 and had diagnoses that included Left Hip Fracture and Dementia.  The Admission Minimum Data Set (MDS) Assessment dated 4/12/13 showed that the resident had short and iong torm memory lose and was severely conjuliely imparted. The MDS revealed that the resident required extensive seislance with bed mobility and was dependent on staff for transfers and was not ambulatory. The MDS revealed that the resident required extensive seislance with bed mobility and was dependent incontinence dated 4/16/13 showed that the resident was frequently incontinent and received regular and frequent incontinence care by the staff.  The Care Plan dated 4/16/13 showed the resident received pain medications due to fracture of the left hy. The Care Plan directed staff to chock and provide incontinenc care as needed.  The MDS Nurse stated in an interview on 4/26/13 at 2.25 PM that the BM (powel movement) Report showed that the resident tall not have a bowel movement during the 4/17/13 or 4/18/13.	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		TIPLE CON		E SURVEY IPLETED C			
UNINEALTH POST-AGUTE CARE-RALEIGH    Cop ID   Summary stratement of DEFICIENCIES   EACH DEFICIENCY MUST are PRECEDED BY SULL REGULATORY OR LIST DEPRECEDED BY SULL REGULATORY OR LIST DEPARTMENT OF			346538			B, WNG				
F 300 Continued From page 4 4/7/13 and liad diagnoses that included Left Hip Fracture and Dementia. The Admission Minimum Data Set (MDS) Assessment dated 4/12/13 showed that the resident had short and long term memory lose and was soverely cognitively impaired. The MDS revealed that the resident required extensive assistance with bed mobility and was dependent on staff for transfers and was not another the resident that the resident required extensive assistance of total the resident required extensive assistance for total that the resident twas frequently incontinent and received regular and frequent incontinence care by the staff.  The Care Plan dated 4/16/13 showed that the resident twas frequently incontinent and received regular and frequent incontinence care by the staff.  The Care Plan dated 4/16/13 showed the resident received pain medications due to fracture of the left hip. The Care Plan directed staff to check and provide incontinent care as needed.  The MDS Nurse stated in an interview on 4/25/13 at 2:26 PM that the BM (bowel movement) Report showed that the resident did not have a bowel movement during the 4/7/13 to 14/21/3 assessment period so bowel status could not be rated on the MDS. The MDS Nurse provided a copy of the BM report showing that the resident did not have a bowel movement record for 4/7/13 or 4/8/13. The owners not an entry on the bowel movement record for 4/7/13 or 4/8/13.			-raleigh		24201	lake wheeler road				
Aff/13 and had diagnoses that included Left Hip Fracture and Dementia.  The Admission Minimum Data Set (MDS) Assessment deted 4/12/13 showed that the resident had short and long torm memory loss and was severely cognitively impaired. The MDS revealed that the resident required extensive assistance with bed mobility and was dependent on staff for fransfers and was not ambulatory. The MDS revealed that the resident required extensive assistance for folleting and personal hygiene. The MDS showed that bowel incontinence was not rated.  The Care Area Assessment for Urinary incontinence dated 4/16/13 showed that the resident was frequently incontinence by the staff.  The Care Plan dated 4/16/13 showed the resident received regular and frequent incontinence care by the staff.  The Care Plan dated 4/16/13 showed the resident received pain medications due to fracture of the left hip. The Care Plan directed staff to chock and provide incontinent care as needed.  The MDS Nurse stated in an interview on 4/25/13 at 2:25 PM that the BM (bowel movement) Report showed that the resident did not have a bowel movement during the 4/7/13 to 4/12/13 assessment period so bowel status could not be rated on the MDS. The MDS Nurse provided a copy of the BM report showing that the resident did not have a bowel movement for 4/8/13 through 4/12/13. There was not an entry on the bowel movement record for 4/7/13 to 4/18/13.	PREFIX	I (FACH DEFICIENT	CY MUST BE PRECEDED BY FULL	PREF		(EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP	OULD BE	COMPLETION		
A review of the resident 's medical record	F 309	The Admission Mini Assessment dated a resident had short a and was severely or revealed that the reassistance with bed on staff for transfers. The MDS revealed extensive assistance hygiene. The MDS incontinence was not the Care Area Ass Incontinence dated resident was frequeregular and frequeregular and frequerestaff.  The Care Plan date received pain mediteft hip. The Care Provide incontinent. The MDS Nurse state 2:25 PM that the showed that the removement during the assessment period rated on the MDS. copy of the BM repudid not have a bow through 4/12/13. The work movement resident movement reside	mum Data Set (MDS) 4/12/13 showed that the and long term memory loss orgalitively impaired. The MDS sident required extensive impolity and was dependent and was not ambulatory, that the resident required er for tolleting and personal showed that bowel of rated.  essment for Urinary 4/16/13 showed that the antity incontinent and received at incontinence care by the end of the callons due to fracture of the callons due to fracture of the callons due to fracture of the callon an interview on 4/25/13 and Moswell movement) Report sident did not have a bowel the 4/7/13 to 4/12/13. It so bowel status could not be the MDS Nurse provided a cort showing that the resident relimited in the resident of movement for 4/9/13 there was not an entry on the ecord for 4/7/13 or 4/8/13.	F	309					

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

STATEMENT OF DEFICIENCIES LYID PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	TIPLE COI		(X3) DATE SURVEY COMPLETED		
		345538	B. WNG			C 04/26/2013		
	ROVIDER OR SUPPLIER TH POST-AGUTE CARE-	A Administrative Community of the Administrative Community of		STREET 2420	ADDRESS, CITY, STATE, ZIP CODE LAKE WHEELER ROAD EIGH, NC 27803	<del></del>	<u> </u>	
(X4) 1D PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES  LY MUST BE PRECEDED BY FULL  LSC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIC CROSS-REFERENCEO TO TH DEFICIENCY	ON SHOULD BE BE APPROPRIATE	(X6) COMPLETION DATE	
F 309	revealed that the res medications for pain Narcotic pain medications.  The Assistant Direction an interview on 4/2 standing orders for the initiated when a resignovement in 3 days.  The physician 's standing protocol was as folion give MOM (milk of mouth. If no results, rectally. If no results rectally.  The Medication Adm April 2013 for Residing at 18 M Protocol documentation on the protocol had been in the resident did or dishift. The Unit Coordination of the resident did or dishift. The Unit Coordination of the resident did or dishift. The Unit Coordination of the resident did or dishift. The Unit Coordination of the Unit Coordination	ident was taking narcotic due to a fractured hip. ations are known to cause or of Nursing (ADON) stated 26/13 at 4:50 PM that the he bowel protocol should be dent had not had a bowel with the highest protocol should be dent had not had a bowel with the highest protocol should be dent had not had a bowel with the highest protocol should be dent had not had a bowel with the bowel highest protocol with the bowel highest protocol with the showed an entry that highest protocol with the bowel highest protocol w	F	309				

CENTERS FOR MEDICARE & MEDICAID SERVICES						OMB NO.	0938-0391	
STATEMENT OF DEFICIENCIES (X1) PF		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		346538	B, WING			· C 04/26/2013		
•	OVIDER OR SUPPLIER IH POST-ACUTE CARE-			242	ET ADDRESS, CITY, STATE, ZIP CODE 20 LAKE WHEELER ROAD ALEIGH, NC 27603	, ,,,,,,,		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		PREF	1D PROVIDER'S PLAN OF COR PREFIX (EACH CORRECTIVE ACTION OF TAG CROSS-REFERENCED TO THE A DEFICIENCY)		OULO BE COMPLETI		
F 309	of April 2013 and produced 4/10/13 and 4/4/10/13 contained the under the column "I "There was a colum (started on nights)" Information regarding.  The BM Report for R not include an entry not have a BM on 4/that the resident did from 4/9/13 through on the report for 4/1/that the resident did 4/17/13 at 12:43 PM formed bowel mover BM Report for Resid Signature Sheet for documentation that movement until 4/17 movement was documentation that movement until 4/17 movement was documentation to documentation the initiated or that othe constipation. A review April 2013 for Resid Information regarding interventions provided movements.  Nurse #3 stated in a 4/26/13 at 5:54 PM 3 nights per week or resided. The Nurse BM Audit Sheets or	vided BM Audit Sheets 20/13. The sheet dated e name of Resident #5 and Last BM " read: "unknown. In tilled "MOM given that contained no g Resident #5.  resident #5 for April 2013 did that the resident did or did 7/13 or 4/8/13 and revealed not have a bowel movement 4/14/13. There was no entry 5/13 or 4/16/13 to Indicate or did not have a BM. On , a medium sized, soft, ment was documented on the ent #5. The ADL Care Plan April 2013 showed no the resident had a bowel //13 when a small bowel mented on the 7AM to 3 PM is MAR for April 2013 showed that the bowel protocol was remedications were given for the of the nurse 's notes for	F	309				

FORM APPROVED OMB NO. 0938-0391 CENTERS FOR MEDICARE & MEDICAID SERVICES (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/GLIA IDENTIFICATION NUMBER: A. BUILDING\_ С B. WNG 345538 04/26/2013 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2420 LAKE WHEELER ROAD UNIHEALTH POST-ACUTE CARE-RALEIGH RALEIGH, NC 27603 PROVIDER'S PLAN OF CORRECTION (X5) COMPLETION DATE SUMMARY STATEMENT OF DEFICIENCIES (X4) ID (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG DEFICIENCY F 309 Continued From page 7 Nurse #4 stated in a telephone interview on 4/26/13 at 5:58 PM that she worked 7PM to 7AM 3 nights per week on the unit where the resident resided. The Nurse stated that she filled out the BM Audit Sheet on the nights that she worked from information that the NAs gave her and put the audit sheets in the report book. The Unit Coordinator was present during the interview and stated that she did not think to look in the report book. The Unit Coordinator stated that she would look to see if she could find the additional audit sheets. The DNS stated in an interview on 4/26/13 at 7:07 PM that the NAs let the nurses know on each shift if the resident had a bowel movement. The DNS stated that according to the BM Report, the bowel protocol should have been initiated on 4/11/13. The DNS was observed to review the resident 's MAR for April 2013 and stated that the staff did not initiate the bowel protocol. The DNS stated that the staff was unable to find any more of the BM Audit Sheets. 4. Resident #9 was admitted to the facility on 4/2/13 with diagnoses including Acute Cerebrovascular Accident (Stroke). The Admission Minimum Data Set (MDS) Assessment dated 4/9/13 showed that the

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of bowel.

resident was cognitively intact and required extensive assistance with bed mobility, transfers, toileting and personal hygiene. The MDS revealed that the resident was frequently Incontinent of urine and occasionally incontinent

The Care Area Assessment (CAA) for ADL

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A BUILDING			(Xs	(X3) DATE SURVEY COMPLETED	
		4.4444				С		
		346638	B. WING	_			04/28/2013	
	OVIDER OR SUPPLIER IH POST-ACUTE CARE-	RALEIGH		2	REET ADDRESS, CITY, STATE, ZIP CODE 2420 LAKE WHEELER ROAD RALEIGH, NC 27603			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENY OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC (DENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR DEFICIENCY)	ILD BE	(X6) COMPLETION DATE	
F 309	(activities of daily living Potential dated 4/12/required extensive as ADLs and continued bowel and bladder with incontinence care.  A review of the BM F Plan Signature Shee Resident #/9 revealed have a bowel moven 4/21/13.  On 4/26/13 at 5:38 P stated that the nursing document in the complete that the nursing the resident did or display the the 11PM to 7AI complete a BM audit with 11PM to 7AI complete a BM audit similate the BM Protoinad a BM in 3 days, that she was only abfor the month of April Audit Sheets dated 4/1/9 last had a BM on additional information regarding intervention.  A review of the resided an entry for protocol PRN (as ne	ng) Functional/Rehabilitation 13 revealed that the resident selstance from staff with episodes of incontinence of ith regular and frequent  report and the ADL Care to Form for April 2013 for I that the resident did not ment on 4/18/13 through  M the Unit Coordinator ag assistants (NAs) aputer on each resident that d not have a bowel ang their shift and sometimes e ADL Care Plan Signature rdinator stated in an interview M Nurse was supposed to for all residents every night Sheet and was suppose to col for residents who had not The Unit Coordinator stated le to find 2 BM Audit sheets I 2013 and provided BM I/10/13 and 4/20/13. The BM 20/13 revealed that Resident 4/17/13. There was no in on the Audit sheet ins for Resident #9.	F	308				

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '		CONSTRUCTION	(X3) DATE SURVEY  GOMPLETED		
		346538	B. WING			C 04/28/2013		
	OVIDER OR SUPPLIER TH POST-ACUTE CARE-	RALEIGH		24	EET ADDRESS, CITY, STATE, ZIP GODE 20 LAKE WHEELER ROAD ALEIGH, NG 27603			
(X4) ID PREFIX TAG	(EACH DEFICIENC	AYEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(XS) COMPLETION DATE	
F 309	administer Milk of Ma mouth if no BM in 3 d Bisacodyl 1 supposite enema of choice. The on the MAR showing been initiated.  A review of the Nurse for 4/18/13 through 4 information regarding to the resident not have the resident not have the stated in a 4/26/13 at 5:54 PM til 3 nights per week on resided. The Nurse s BM Audit Sheets on from the ADL sheet to Nurse #4 stated in a 4/26/13 at 5:58 PM til 3 nights per week on resided. The Nurse s BM Audit Sheet on the from information that the audit sheets in the Coordinator was presided that she did nook. The Unit Coordinator was presided that she did nook. The Unit Coordinator was presided that she did nook. The Unit Coordinator was presided that she did nook. The Unit Coordinator was presided that she did nook. The Unit Coordinator was presided that she did nook to see if she consheets.	ignesia 30 milliliters by lays. If no results, give by rectally. If no results, give by rectally. If no results, give by was no documentation that the bowel protocol had by a Notes for Resident #9 /21/13 did not include a interventions provided due wing a bowel movement.  It is provided to the worked 7PM to 7AM the unit where the resident that she completed the the nights that she worked	F	309				

#### PRINTED: 05/02/2013 **DEPARTMENT OF HEALTH AND HUMAN SERVICES** FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES QMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY COMPLETED (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING\_ С 345538 B. WNG 04/28/2013 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2420 LAKE WHEELER ROAD UNIHEALTH POST-ACUTE CARE-RALEIGH RALEIGH, NC 27603 (X4) ID PREFIX SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X6) COMPLETION DATE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY Continued From page 10 F 309 Resident #9 on 4/21/13. The DNS was observed to review the resident 's MAR and stated that the bowel protocol was not initiated. The DNS stated that the staff was unable to find any more of the BM Audit Sheets for the month of April 2013.