STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345142	A. BUILDING _____ B. WING _____	C 05/07/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
UNIVERSITY PLACE NURSING AND REHABILITATION CENTER	9200 GLENWATER DRIVE CHARLOTTE, NC 28262

(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 157 SS=D	483.10(b)(11) NOTIFY OF CHANGES (INJURY/DECLINE/ROOM, ETC) A facility must immediately inform the resident; consult with the resident's physician; and if known, notify the resident's legal representative or an interested family member when there is an accident involving the resident which results in injury and has the potential for requiring physician intervention; a significant change in the resident's physical, mental, or psychosocial status (i.e., a deterioration in health, mental, or psychosocial status in either life threatening conditions or clinical complications); a need to alter treatment significantly (i.e., a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or a decision to transfer or discharge the resident from the facility as specified in §483.12(a). The facility must also promptly notify the resident and, if known, the resident's legal representative or interested family member when there is a change in room or roommate assignment as specified in §483.15(e)(2); or a change in resident rights under Federal or State law or regulations as specified in paragraph (b)(1) of this section. The facility must record and periodically update the address and phone number of the resident's legal representative or interested family member. This REQUIREMENT is not met as evidenced by: Based on record review, staff and resident representative interview, the facility failed to notify the resident's legal guardian of a significant	F 157	University Place Nursing and Rehabilitation Center acknowledges receipt of the statement of deficiencies	6/3/14

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Electronically Signed | 05/27/2014

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F 157	Continued From page 1 change in condition for 1 of 4 sampled residents. (Resident #3). The findings included: Resident #3 was admitted to the facility on 04/11/14 with diagnoses that included malignant growth in lungs, advanced lung cancer, bipolar disorder, and schizophrenic disorder among others. Resident #3 expired on 4/20/14. The Minimum Data Set (MDS) was not completed due to the resident's short stay in the facility. Review of the medical record indicated Resident #3 began having changes in her mental condition with increasing behaviors on 04/16/14. Review of nurses' notes revealed Nurse #1 notified Resident #3's Power of Attorney (POA) of the changing behavioral conditions and changes in medication regimen. Further review of the medical record revealed on 04/19/14 Resident #3 was indicated to have become lethargic in the morning. Her temperature was 101.5F. She was given Tylenol and temperature was rechecked after 30 minutes and noted to be 102.0F. Resident #3 was indicated to have been short of breath and crackles were heard in her lungs. Resident #3 was revealed to have fixed pupils and was not responsive to verbal stimuli. The Hospice nurse was notified and responded to Resident #3's needs. Further review of the medical record on 04/19/14 acknowledged Resident #3 was made comfortable and was continued to be closely monitored. There was no indication of Resident #3's POA being notified of her change in condition. Review of nurses' notes from 04/20/14 at 12:01 AM revealed Resident #3 remained lethargic with no response to verbal stimuli. Her temperature remained elevated at 101.0F. Review of the medical record indicated at 12:40	F 157	and proposes this plan of correction to the extent that the summary of finding is factually correct and in order to maintain compliance with applicable rules and provisions of quality of care of residents. This plan of correction is submitted as a written allegation of compliance. University Place Nursing and Rehabilitation Center□s response to this statement of deficiencies does not denote agreement with the statement of deficiencies nor does it constitute an admission that any deficiency is accurate. Further, University Place Nursing and Rehabilitation Center reserves the right to refute any of the deficiencies on this statement of deficiencies through informal dispute resolution, formal appeal procedure and/or any other administrative or legal proceeding. F 157 Notification of Changes Unable to correct for Resident #3 due to the resident had expired on 04/20/2014. The All current residents medical chart will audited by the Director of Nursing or Designee to assure the Resident or responsible party was notified of a change in condition by June 03, 2014. The licensed nurses will be re-educated on notification of family members/responsible parties by 05/12/2014.	

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F 157	Continued From page 2 AM, Nurse #2 documented Resident #3's condition had deteriorated with respirations now 50 per minute and she was non-responsive to verbal stimuli or to touch. At 1:00 AM Resident #3 was indicated to be without respirations; and at 1:15 AM she was revealed to have no pulse or blood pressure and was pronounced deceased. The medical record indicated at this point, the on-call person for Resident #3's POA was notified of her death. An interview was conducted with Nurse #2 at 4:20 PM on 05/07/14. She revealed she had cared for Resident #3 the night she expired. She stated she received report from Nurse #3 when she began her shift at 11:00 PM on 04/19/14. Nurse #2 indicated she called Resident #3's representative after she had expired, but not before. She stated she did not receive any information whether Resident #3's POA had been called earlier in the evening. Nurse #2 acknowledged she had assumed that someone had notified the POA earlier that day. An interview was conducted with Nurse #3 at 7:20 PM on 05/07/14. She indicated she received report and began her shift caring for Resident #3 at 7:00 PM on 4/19/14. She revealed she was told that Resident #3 had taken a turn for the worse. Nurse #3 stated she knew Hospice was involved with Resident #3. Nurse #3 acknowledged she did not call the POA about Resident #3's changing condition on her shift. An interview was conducted with Resident #3's POA at 8:15 AM on 05/08/14. She stated her last contact with the facility as it concerned Resident #3's condition was on 04/16/14 when she spoke with Nurse #1. The POA acknowledged the facility was informed that over the Easter Holiday (April 18-20th), she could be reached by contacting the off-hours number which was available in Resident	F 157	The Director of Nursing or Licensed nurse designee will audit a 10% random sample of changes in condition utilizing the RP/Family Notification QI Audit Tool from the previous day to ascertain if the family member was notified daily for four weeks then weekly for four weeks and monthly thereafter for up to 6 months or 100% compliance is achieved and maintained. Any nurse not to have provided proper notification will be re-educated and family member notified of the change in condition. The DON will review the completed RP/Family Notification QI Audit Tool with the Administrator during the stand-up meeting for further recommendation as indicated. The Administrator or DON will review with the Quality assessment and assurance committee monthly for further recommendations and follow-up action as indicated.	

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F 157	Continued From page 3 #3's medical record. She revealed her office received no contact from the facility concerning Resident #3's changing condition until they were notified Resident #3 had expired. The POA indicated if the facility had called the after-hour numbers they were supplied, she or someone responsible for Resident #3 would have been notified of her deteriorating condition. An interview was conducted with the Director of Nursing (DON) at 5:50 PM on 05/07/14. She stated she was working on the evening Resident #3 expired. She indicated she was aware Resident #3 had a significant change in her condition. She stated she did not know if anyone notified Resident #3's POA of the change. The DON acknowledged it was her expectation if a resident had a significant change, such as Resident #3, the nurse on duty would notify the POA of the change in condition.	F 157		
F 244 SS=E	483.15(c)(6) LISTEN/ACT ON GROUP GRIEVANCE/RECOMMENDATION When a resident or family group exists, the facility must listen to the views and act upon the grievances and recommendations of residents and families concerning proposed policy and operational decisions affecting resident care and life in the facility. This REQUIREMENT is not met as evidenced by: Based on record review, resident and staff interviews the facility failed to respond to and act upon grievances discussed during 3 of 3 resident council meetings. The findings included:	F 244	F244 Listen/Act on group Grievance/Recommendation On May 8, 2014 at 2:15 pm the resident council conducted a special meeting with	6/3/14

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F 244	Continued From page 4 Review of the Resident Council minutes for February 20, 2014 revealed there was no documentation of any follow-up with resident council concerns. Review of the Resident Council minutes for March 20, 2014 revealed there was no documentation of any follow- up with resident council concerns. Review of the Resident Council minutes for April 17, 2014 revealed there was no documentation of any follow-up with resident council concerns. The minutes further revealed on April 17, 2014 residents voiced concern during the resident council meeting the facility needed to address the reoccurring concerns. Review of Resident # 4's most recent quarterly Minimum Data Set (MDS) dated 04/21/14 indicated he was cognitively intact. An interview was conducted on 05/07/14 at 11:58 AM with the Resident Council President (Resident #4). He reported that issues and concerns were discussed at each council meeting and stated there was no resolution of these issues discussed at the following resident council meetings discussed in the February, March or April of this year. An interview was conducted on 05/07/14 at 7:27 PM with the Activity Director. She explained the process for addressing resident council concerns. The Activity Director stated she wrote up the minutes of the meeting and gave copies to the Resident Council President and the Administrator. If there were individual concerns the facility would address them on a resident grievance form and they were given to the appropriate department head to address. The Activity Director revealed	F 244	the staff to review the resident council grievance policy and Procedure for council grievances. All grievances were documented on the Resident Council-Grievance Follow up and forwarded the appropriate department for investigation and follow-up. The Activity Director was re-educated on the University Place Policy and Procedure on following up on grievances obtained from the resident council by the Administrator on 05/08/2014. The Activity Director educated the Resident Council on May 8, 2014 on the proper University Policy and Procedure for Resident Council grievance investigation and follow up. The Activity Director or designee will complete the Resident Council meeting minutes and obtain resident grievances as needed from the council meeting monthly or as needed. The Activity Director or designee will review the resident council meeting minutes with the Administrator for signature, further follow up and recommendations as indicated. Any resident or group concern will be documented on the Resident Council-Grievance Follow up and investigated and resolved. The individual resident grievance will be documented from the Resident Council	

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F 244	Continued From page 5 old business was discussed in the meeting and if a problem had not been resolved then the staff would discuss with the Resident Council President. In a follow-up interview with the Activity Director on 05/07/14 at 7:58 PM she stated she could not provide any documentation that showed resident council concerns had been discussed at the following meeting nor could she provide any documentation where council concerns were addressed and resolved by department heads or by the facility. An interview was conducted on 05/07/14 at 8:10 PM with the Director of Nursing. She reported she did not attend resident council meetings and was only aware of resident council grievances if the Activities Director verbally told her. She further revealed she was unaware of any unresolved grievance from resident council. An interview was conducted on 05/07/14 at 8:25 PM with the Administrator who stated he had reviewed the minutes from resident council for February, March and April 2014 and did not offer any explanation why resident council issues were not addressed.	F 244	Meeting and addressed/investigated by the respective department manager. The department manager will provide the follow- up/resolution to the grievance to the individual resident with in five (5) days of the grievance. Group Grievances will be documented from the Resident Council Meeting and addressed/investigated by the respective department manager. The department manager will review the resolution with the Administrator or designee and resident council president with in five (5) days of the grievance. The resident council president and Activity Director or designee will review in the group meeting the resolution to the group grievances monthly or as needed. The Administrator or designee will assure the grievances are documented on the Resident Council-Grievance Follow up sheets and investigated and resolved in a timely manner. The Administrator will review the Resident Council Meeting Minutes and Grievances to assure proper follow up and resolution has been achieved monthly. The Administrator will review with the monthly Quality Assurance and Assessment Committee Monthly the outcome of the completed review of the council minutes and resolution to the grievances for further recommendation and follow-up as indicated.	