

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345105	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 12/30/2014
NAME OF PROVIDER OR SUPPLIER UNIHEALTH POST-ACUTE CARE-HIGH POINT			STREET ADDRESS, CITY, STATE, ZIP CODE 3830 N MAIN STREET HIGH POINT, NC 27265		
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F 252 SS=E	<p>483.15(h)(1) SAFE/CLEAN/COMFORTABLE/HOMELIKE ENVIRONMENT</p> <p>The facility must provide a safe, clean, comfortable and homelike environment, allowing the resident to use his or her personal belongings to the extent possible.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observations, a resident and staff interviews, the facility failed to eliminate odors of urine and feces on the hall and keep the floor clean on two of the three hallways (hallways 100 and 200).</p> <p>The findings included:</p> <p>During the initial tour on 12/29/14 at 9:15 AM, the 100 and 200 halls, dining area floors were observed to be dirty, covered with crumbs, papers and trash. A strong lingering urine smell was noticed in entire 100 and 200 hallways and the dining area. The resident 's central bathroom on 100 hall was observed to be dirty, with stained tiles on the floor and toilet paper around the toilet seat. A strong odor of urine was also noted. Room 112 was observed to have sticky floors and strong odor of feces and urine.</p> <p>On 12/29/14 at 9:20 AM during the interview, the residents who resided in rooms 103 and 230 stated that they consistently noticed a strong urine smell in the hallways.</p> <p>On 12/29/14 at 9:20 AM, floor technician indicated he worked first shift, sometimes during the weekend. He stated that he serviced the</p>	F 252	<p>This plan of correction constitutes a written allegation of compliance. Preparation and submission of this plan of correction does not constitute an admission or agreement by the provider of the truth of the facts alleged or the correctness of the conclusions set forth on the statement of deficiencies. The plan of correction is prepared and submitted solely because of requirements under state and federal law</p> <p>There were no Residents named in the 2567. Room 112 and Room 114 were deep cleaned on 12/31/2014 and Room 114 air mattress was replaced with a different air mattress on 1/5/2014.</p> <p>There was a 100% audit of all Resident rooms by the Environmental Director to determine if odors present and cause and for cleanliness. One mattress was found to be cause of odors and it was replaced. Audit was completed on December 31, 2014. Common areas and shower rooms were cleaned. Linen and trash barrels were removed from the halls on January 15, 2015.</p>	1/23/15	

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

TITLE

(X6) DATE

Electronically Signed

01/18/2015

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 252	<p>Continued From page 1</p> <p>floors in all three hallways. He vacuumed the carpet areas and cleaned the hard floors with chemical supplies. The housekeepers cleaned residents ' rooms daily and vacuumed the floor everyday and on the weekend.</p> <p>On 12/29/14 at 9:30 AM, during the interview, a housekeeper indicated her day began at 7:00 AM and indicated all rooms and common areas were cleaned every day. She was responsible for 17 rooms on the 100 hall and had difficulty keeping all of the rooms clean. She indicated she had not started cleaning for today. When asked when deep cleaning was done, she indicated deep cleaning was done on a schedule and she had not done any deep cleaning in December. When asked what was the difference between regular cleaning and deep cleaning she was unable to describe what was done when a room was deep cleaned.</p> <p>On 12/29/14 at 10:15 AM, the housekeeping supervisor indicated that the house keepers started the day at 7:00AM daily and there was housekeeper on duty until 11:00PM. He produced a cleaning schedule. The beginning of the day the common areas were cleaned first and then the rooms were cleaned after breakfast. The carpet required constant vacuuming to keep it cleaned. The linen/trash carts are stored in the linen room. House keepers took the trash outside to the dumpster through out the day and the dirty linen up to the laundry room to be washed. Some weekends there was a floor technician.</p> <p>During an interview on 12/29/14 at 11:15AM a resident, who resided on the 100 hallway, indicated the building had a " knock out " odor of feces and urine. The resident further stated the</p>	F 252	<p>Environmental Director will in-service 100% environmental aids on deep clean/detail room per schedule.</p> <p>Environmental Director will in-service 100% environmental aids on deep clean/detail room □s vs daily cleaning rooms.</p> <p>Environmental Director will in-service 100% environmental aids on daily mattress cleaning schedule.</p> <p>Clinical Competency Coordinator (CCC) will in-service 100% nursing department on bag at source: all linen and trash must be bagged before entering the hallway.</p> <p>Clinical Competency Coordinator (CCC) and Environmental Director will in-service 100% nursing and environmental departments all linen and trash barrels will be located in soiled utility room, no linen or trash barrels will be located on hallways.</p> <p>Environmental Director will in-service 100% environmental aids on common areas daily cleaning and schedules.</p> <p>Environmental Director will in-service 100% environmental aids on showers daily cleaning and weekly deep clean.</p> <p>In-services were started on January 13, 2015. All in-services will be completed 100% by January 19, 2015.</p>		

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F 252	<p>Continued From page 2</p> <p>staff left the dirty linen/trash bins in the hall way and the odor was all over the building.</p> <p>On 12/30/14 at 6:00 AM, during the observation of 100 halls, the floors had food crumbs and other debris, and a urine smell was noted in the entire hallway, stronger closer to rooms 112 and 114. The residents on the hallway indicated that it smelled like urine all the time.</p> <p>On 12/30/14 at 6:05 AM, during the interview, Nurse Aide #1, who worked on hall 100 indicated light cleaning was done during the third shift, by aides and no vacuuming was done.</p> <p>On 12/30/14 at 6:20 AM, Nurse Aide #2 indicated there was strong urine odor on 100 hall all the time. The aide explained that all dirty linen and trash was put into plastic bags and go in to the bins in the hallway. The bins were emptied at the end of the shift or as needed.</p> <p>On 12/30/14 at 6:30 AM, Nurse Aide #3 indicated there was strong smell of urine on 100 hall all the time. All of the trash from residents ' rooms was carried out in plastic bags to the bin in the hallway. The bin was emptied outside of the building into the trash container.</p> <p>On 12/30/14 at 6:50 AM, Nurse #3, who worked on the 100 hallway, indicated on third shift the aides cleaned. The charge nurse indicated that she was aware of an unpleasant lingering odor on 100 hall.</p> <p>On 12/30/14 at 7:00 AM, Nurse #2 indicated the aides put all of the trash from the resident ' s rooms in plastic bags and then move it to the bin, located in the hall outside of the room.</p>	F 252	<p>Monitoring of the effectiveness of the education and changes of monitoring for odors, cleaning of common areas and linen disposition will occur by use of daily compliance rounds by the Department Managers and Licensed nurses Monday thru Friday. Week end Manager on duty and week end licensed nurses will do the compliance rounds on Saturday and Sunday. If any areas are found not to be in compliance the Department Manager or Licensed Nurse will be responsible for initiating corrective action. All compliance rounds will be turned into the Administrator.</p> <p>The monitoring will occur daily for four (4) weeks, then weekly for four (4) weeks and then monthly for three (3) months or until compliance is continuous.</p> <p>Results of the monitoring for tracking and trending will be done by the Administrator and reported to the monthly Quality Assurance and Performance Improvement (QAPI) Committee for recommendations and suggestions for changes for continued improvement.</p>		

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

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F 252	Continued From page 3 Record review of the cleaning frequency chart, provided by facility, revealed that hallways were scheduled to be cleaned and dusted daily and vacuumed twice a day. Toilets in public restrooms were scheduled to be cleaned twice a day. Trash scheduled to be emptied twice a day from the public restrooms and nurses ' stations and three times a day from the dining area. During an interview on 12/30/14 at 4:00PM, the administrator and director of nursing had no comment about an unpleasant odor in the building.	F 252		