

STATEMENT OF ISOLATED DEFICIENCIES WHICH CAUSE NO HARM WITH ONLY A POTENTIAL FOR MINIMAL HARM FOR SNFs AND NFs	PROVIDER # 345529	MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	DATE SURVEY COMPLETE: 3/22/2018
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NAME OF PROVIDER OR SUPPLIER UNIVERSAL HEALTH CARE/NORTH RALEIGH	STREET ADDRESS, CITY, STATE, ZIP CODE 5201 CLARKS FORK DRIVE NW RALEIGH, NC
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F 745	<p>Provision of Medically Related Social Service CFR(s): 483.40(d)</p> <p>§483.40(d) The facility must provide medically-related social services to attain or maintain the highest practicable physical, mental and psychosocial well-being of each resident. This REQUIREMENT is not met as evidenced by: Based on record review and staff interviews, the facility did not process an order for a palliative care consult for one of three residents reviewed for behavioral symptoms, Resident #2.</p> <p>Findings included:</p> <p>Review of the Minimum Data Set (MDS) assessment dated 02/14/18, revealed Resident #2 was re-admitted to the facility on 02/07/18 with diagnoses which included, in part, heart failure, hypertension, chronic obstructive pulmonary disease, and dementia with behavioral disturbances.</p> <p>Review of the handwritten physician orders for Resident #2 revealed an order dated 03/15/18 for a palliative care consult.</p> <p>Review of the consult notes in Resident #2's chart revealed there were no palliative consult notes present between 3/15/18 and 3/21/18.</p> <p>In an interview with Nurse #1 on 3/21/18 at 3:12 PM, she stated that Resident #2 complained of pain at times during activities of daily living care and repositioning and that she offered pain medication at those times. She added she was not aware of a palliative consult for Resident #2 and added that a palliative consult would be processed by the Social Worker (SW.)</p> <p>In an interview with the SW on 3/22/18 at 10:00 AM, she stated she was not aware of a palliative consult order for Resident #22. The SW explained that typically, a new order for palliative care would be brought to her attention during the daily morning interdisciplinary staff meeting so she could process the order. She explained that she was responsible for speaking with the resident or the responsible party to select a palliative care provider, and then contacting the palliative care provider to arrange the consult.</p> <p>In an interview with the Director of Nursing (DON) on 3/22/18 at 11:09 AM, he stated that the nurse practitioner wrote the order for the palliative consult for Resident #2, and that the SW was the staff member who would make contact with the palliative care provider to arrange the consult. The DON explained that the palliative care consult would take place either the same day or the next day after the contact was made, and he did not know why the order dated 3/15/18 had not been processed. The DON stated it was his expectation that orders be processed as soon as possible.</p> <p>The Administrator was interviewed on 3/22/18 at 1:30 PM. She stated that the SW was out of the office a few days recently and that it was possible that the order might have been set aside at that time. The administrator explained that this issue would be discussed at the standards of care meeting that afternoon (3/22/18.)</p>
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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

The above isolated deficiencies pose no actual harm to the residents

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