

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345183	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 05/11/2018
NAME OF PROVIDER OR SUPPLIER UNIVERSAL HEALTH CARE & REHAB			STREET ADDRESS, CITY, STATE, ZIP CODE 430 BROOKWOOD AVENUE NE CONCORD, NC 28025		
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F 000	INITIAL COMMENTS A complaint investigation survey was conducted from 5/8/18 through 5/11/18. Immediate Jeopardy was identified at: CFR 483.25 at tag F689 at a scope and severity (J) The tags F689 constituted Substandard Quality of Care. Immediate Jeopardy began on 5/6/18 and was removed on 5/9/18. An extended survey was conducted.	F 000			
F 689 SS=J	Free of Accident Hazards/Supervision/Devices CFR(s): 483.25(d)(1)(2) §483.25(d) Accidents. The facility must ensure that - §483.25(d)(1) The resident environment remains as free of accident hazards as is possible; and §483.25(d)(2) Each resident receives adequate supervision and assistance devices to prevent accidents. This REQUIREMENT is not met as evidenced by: Based on record review, observations and staff interviews, the facility failed to provide supervision for to prevent a cognitively impaired resident from exiting the facility (Resident #1) for 1 of 3 residents reviewed for supervision. Resident #1 exited the facility while unsupervised and self-propelled her wheelchair 29 feet to the end of the sidewalk and fell to the asphalt pavement of the parking lot, sustaining a fractured nose, abrasions to her face, hands and knees and a laceration to her left forehead, as well as bruising	F 689	The creation and submission of this plan of correction does not constitute an admission by this provider of any conclusion set forth by the survey team, or of any violation of regulation. It is solely created to demonstrate our good faith attempt to continue to provide a quality of life for all our residents. On 5/6/18 at approximately 11:15a.m.	5/12/18	

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

TITLE

(X6) DATE

Electronically Signed

05/23/2018

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 689	<p>Continued From page 1 to her face.</p> <p>Immediate jeopardy began on 5/6/2018 when Resident #1 exited the facility through two sets of doors while unsupervised and self-propelled her wheelchair 29 feet to the end of the sidewalk and fell to the asphalt pavement of the parking lot, sustaining a fractured nose, abrasions to her face, hands and knees and a laceration to her left forehead, as well as bruising to her face. The Immediate Jeopardy was removed on 5/9/2018 when the facility provided and implemented an acceptable credible allegation of immediate jeopardy removal. The facility remains out of compliance at a lower scope and severity of D (isolated with no actual harm with potential for more than minimal harm that is not immediate jeopardy) to complete education and ensure monitoring systems put into place are effective related to supervision to prevent accidents.</p> <p>Findings included:</p> <p>Resident #1 was admitted to the facility on 9/26/2017 and readmitted on 3/27/2018 with diagnoses to include Alzheimer ' s disease, high blood pressure, weakness and cognitive communication disorder.</p> <p>An elopement risk assessment was completed on 3/27/2018 and Resident #1 was assessed to be at risk for elopement with potential risk factors identified as cognitive impairment and poor decision-making skills, a diagnosis of Alzheimer ' s disease, hearing/vision problems, wandering aimlessly with a wheelchair and changes in the resident status (illness).</p> <p>The physician orders were reviewed and revealed</p>	F 689	<p>Resident # 1 exited the facility via the facility main entrance door. Resident was observed by another resident's family member (family member #1) exiting the facility. Family member #1 notified the Activity Assistant (Activity Assistant #1) immediately that resident was outside. Activity Assistant who was working in the capacity of Receptionist (Receptionist #1) was informed at 11:15 a.m.</p> <p>On 5/9/2018 Interim Director of Nursing (DON) contacted family member #1 via phone, family member #1 stated, she witnessed resident #1 exiting the facility through the front door. Resident #1 was observed by family member #1 on 5/6/2018 at 11:15am on the ground outside the front door. Resident #1 sustained a nose fracture and discoloration above the eye that required medical intervention at the local hospital emergency department.</p> <p>ROOT CAUSE ANALYSIS <input type="checkbox"/> THE PROCESSES THAT LEAD TO THE ALLEGED DEFICIENCY CITED</p> <p>Family member #1 who was visiting on 5/6/18 notified the Activity Assistant (Activity Assistant #1) immediately that resident #1 was outside. Activity Assistant who was working in the capacity of Receptionist (Receptionist #1) was informed that resident #1 was outside at 11:15 a.m.</p> <p>Resident #1 was exercising her rights to go outside the facility. The facility did not</p>		

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F 689	<p>Continued From page 2</p> <p>an order written on 3/27/2018 for "wanderguard to ankle for safety. Check every shift." There was no time stamp on the order.</p> <p>A handwritten physician order dated 3/27/2018 was reviewed and it stated, "Resident not in need of wanderguard at this time. DC (discontinue) previous wanderguard orders." There was no time stamp on the order.</p> <p>The medication administration record (MAR) was reviewed for March and April 2018. An order was noted on the MAR "Check for function and placement and function of wanderguard daily" dated 3/27/2018 and a discontinue date of 4/9/2018. Nurse ' s initials on the MAR for 3/8-3/31/2018 and 4/1-9/2018 indicated this task was completed.</p> <p>The care plan for wandering behaviors dated 3/27/2018 was reviewed. The care plan specified observation of the resident when out of bed to determine whereabouts, redirection of the resident, apply wanderguard to right lower extremity and check the wanderguard device for function and placement per facility protocol. The care plan goal for wandering stated, "resident will wander safely throughout building with direction of staff through next review". The care plan was updated on 3/27/2018 with the handwritten notation "d/c (discontinue) WG (wanderguard) no longer at risk". The care plan was again updated on 3/31/2018 during the quarterly review and the handwritten statement read "WG has been d/c ' d".</p> <p>An elopement risk assessment dated 3/30/2018 was reviewed and Resident #1 was assessed to not be at risk for wandering and interventions</p>	F 689	<p>provide supervision for resident #1 while outside the facility on 5/6/2018. The most recent Minimum Data set MDS 3.0 assessment for resident #1 completed on 4/3/2018 indicates resident can make self-understood and usually understand others. Resident #1 is not deemed incompetent, and when asked by Registered nurse #1 on 5/6/2018, resident stated she wanted to sit outside. Interview with the Interim Director of Nursing conducted on 5/9/2018 by the Company Chief Clinical officer indicates that resident is able to choose her clothes to wear, time to be up or go back to bed and her where about, even though resident has episodes of behaviors as well. Resident #1 stated she wanted to go outside for a short while. Elopement risk assessment completed on 05/04/2018 indicates resident was not at risk for elopement hence, the facility maintained resident#1 rights to come and go as she pleased based on the assessment and per resident's bill of rights, however the facility did not monitor resident #1 while outside the facility. Resident #1 most recent elopement risk assessment completed on 5/4/2018 indicated, resident #1 was not at risk for elopement. This conclusion was set forth based on resident history of wandering safely in the facility since the last assessment, contrary to such attempts before the previous assessment. On 5/6/2018 at 11:15am the receptionist #1 who was on duty walked away from the front desk to obtain snack for another resident. Receptionist #1 left the unlocked front door unattended that</p>		

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F 689	<p>Continued From page 3</p> <p>included frequent monitoring. Resident #1 was assessed to not be at risk for elopement with potential risk factors identified as cognitive impairment and poor decision-making skills, a diagnosis of Alzheimer ' s disease, and changes in the resident status (illness).</p> <p>The most recent quarterly Minimum Data Set (MDS) assessment dated 4/3/2018 assessed the resident to be severely cognitively impaired with the need for extensive assistance for bed mobility, transfers, dressing, toileting, hygiene and bathing. The resident was unable to maintain her balance and required the assistance of staff. The resident required a wheelchair for mobility.</p> <p>A nursing note written by Nurse #4 dated 4/30/2018 documented behaviors (undressing in the hall, combativeness towards staff) by the resident.</p> <p>A nursing note dated 5/1/2018 written by Nurse #4 documented Resident #1 wandering into other resident rooms.</p> <p>An elopement risk assessment completed by Nurse #2 dated 5/4/2018 was reviewed and Resident #1 was assessed to be not at risk for elopement. The note did not specify if Resident #1 was exhibiting any wandering or exit-seeking behaviors.</p> <p>A nursing note dated 5/6/2018 at 11:33 AM documented that staff were called to the front door at approximately 11:15 AM. The resident was observed outside the facility, face down on the pavement and the wheelchair was on the sidewalk. The resident was bleeding from her face and hands. The nurse documented she</p>	F 689	<p>resulted in resident #1 exiting the facility. Based on the location of where resident was observed in relation to the location of wheel chair it is concluded that resident slid out of the wheel chair to the ground while on the front porch. Receptionist #1 will contact a licensed nurse who cares for and is familiar with the resident who is requesting to go outside to validate whether resident is safe to go outside or not. If resident is not safe to go outside alone Receptionist #1 will not allow the resident to go outside unsupervised. If resident desires to be outside, the facility will provide necessary supervision to prevent an accident while outside and allow resident #1 to exercise her rights effective 5/9/2018.</p> <p>THE PROCEDURE FOR IMPLEMENTING THE ACCEPTABLE PLAN OF CORRECTION</p> <p>Staff on duty was alerted by Activity Assistant #1 via overhead code green announcement that resident #1 had exited the facility via the main entrance door and was noted on the ground. Resident #1 head to toe assessment was completed by Registered nurse #1, Licensed Nurse #1, & Licensed Nurse #2 while outside the facility on 5/6/2018. Resident #1 was sent to the emergency room on 5/6/2018 at approximately 11:15am for an evaluation and treatment via the County Emergency Medical Services. The attending physician was notified on 5/6/2017 at 11:50AM and Responsible Party was also notified on 5/6/2017 at 11:35AM. Resident returned to the facility on</p>		

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F 689	<p>Continued From page 4</p> <p>contacted emergency medical services (EMS) and a family member, as well as the Director of Nursing (DON), the Administrator and the on-call physician.</p> <p>A fall incident report dated 5/6/2018 noted the resident was found by staff outside of the facility building on the asphalt of the driveway. The resident had fallen out of her wheelchair and had injuries to her face. The incident report noted Emergency Medical System (EMS) was called and Resident #1 was transported to the hospital.</p> <p>The hospital emergency room history and physical dated 5/6/2018 was reviewed. Resident #1 was diagnosed and treated for a fractured nasal bone, facial laceration, right hand contusion and bilateral knee contusions. The CT (computed tomography) scan revealed acute bilateral nasal bone fractures with soft tissue injury. An x-ray of Resident #1 hands and knees were negative for fractures.</p> <p>Resident #1 was observed on 5/8/2018 at 6:58 PM. She was sitting in her wheelchair and had bruising to her face, sutures above her left eye and abrasions to her bilateral knees and face. A wanderguard was on her right ankle.</p> <p>Resident #1 was interviewed on 5/8/2018 at 6:58 PM. She was confused and was unable to relate how she received her injuries.</p> <p>Nurse #1 was interviewed on 5/8/2018 at 9:18 PM. Nurse #1 related she was very familiar with Resident #1 and had been assigned to her on the day of her fall. Nurse #1 reported Resident #1 had been sleeping in her wheelchair beside the medication cart on 5/6/2018. She reported that</p>	F 689	<p>5/6/2018 at 7:25pm.</p> <p>The intervention implemented for resident #1 included placement of a wander control bracelet, care plan revision to include intervention such as keep resident in common areas as appropriate. Resident #1 care plan also included intervention for staff to be observant and notify the nurse when they see resident #1 pushing on the door or verbalizing that she wanted to go home or exhibiting any other exit seeking behaviors. Resident #1 care plan also includes the intervention that staff and/or family member will supervise the resident while the resident is exercising her rights to be outside effective 5/9/2018, and monitoring the front door by a designated staff member while the front door is unlocked during the hours from 8:00AM to 5:00pm, effective 5/9/2018 and indefinitely. If the staff member assigned to monitor the front door is not available for any reason, and for any duration of time the door will be locked. 6 of 7 other exit doors are secured with the keypad that requires secret code to open the door. Facility plant operation coordinator checked all exit doors for proper closure and functioning of the key pads on 5/6/2018. All doors are functioning properly. Facility plant operation coordinator will change the codes for all exit doors monthly. Four of seven exit doors had codes changed to an anonymous code, only known to the Administrator, and Facility Plant operation coordinator, on 5/9/2017.</p>		

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F 689	<p>Continued From page 5</p> <p>Resident #1 required staff to keep track of her whereabouts, but Nurse #1 had not noticed wandering or elopement behaviors. Nurse #1 reported she had left the medication cart to retrieve supplies and stopped to speak to the nursing supervisor on her way back to the cart. Nurse #1 guessed she was gone for no more than 10 minutes. Nurse #1 went on to describe receiving an overhead page calling for nursing staff to the front doors. She and the nursing supervisor arrived at the front doors to see Resident #1 on the ground outside the facility. Resident #1 ' s wheelchair was sitting on the sidewalk and Resident #1 was face down on the parking lot asphalt pavement. Nurse #1 reported she returned inside the building to call EMS, the DON, the administrator, the family member and the physician. EMS arrived and transported Resident #1 to the hospital for evaluation.</p> <p>The facility ' s front doors and the outside entrance were observed on 5/9/2018 at 3:37 PM. Nurse #1 identified the area on the pavement of the facility ' s parking lot where Resident #1 was found on 05/06/18 and the location of her wheelchair on the sidewalk. The Maintenance Director measured the distance of 29 feet from the doors to the pavement where Resident #1 had fallen outside of the facility while unsupervised.</p> <p>Nursing assistant (NA) #1 was interviewed on 5/9/2018 at 9:33 AM. She reported she had been notified that Resident #1 had fallen, but was not told her location. NA #1 was not assigned to Resident #1, but was familiar with Resident #1 and had checked her wanderguard prior to the hospitalization in March 2018. NA #1 reported she went around the building looking for her because</p>	F 689	<p>IDENTIFICATION OF OTHER RESIDENTS WITH A POTENTIAL TO BE AFFECTED</p> <p>100% of Elopement risk assessments for all current residents were completed on 05/09/2018 by the Interim Director of Nursing, Unit Coordinator #1, Licensed nurse #3 and Licensed nurse #1 to identify any other residents who might be at risk for exit seeking behaviors. Seven other residents who were previously identified to be at risk for elopement, re-identified during this assessment, and one new resident was also identified to be at risk. Elopement books were revised and placed at the front desk, and at each nurse □s station by Unit Coordinator #2 on 5/9/2018. These books contain a list of residents with exit seeking behaviors, their pictures and resident □s descriptions. These Elopement books were reviewed by the facility Regional nurse Consultant #2 on 5/09/2018 to validate all noted residents who are at risk are included. The Elopement books are located in a place accessible to all staff for easy identification of elopement risk residents (at the front desk, and at each nurse □s station). Unit coordinator #2 will review and revise elopement books at least monthly and as needed, such as when a new resident is added or removed from elopement management program.</p> <p>Effective 5/9/2018, if a resident expressed a desire to go outside to receptionist #1 or any other employee, the receptionist and/or the employee will contact a licensed nurse who cares for and is</p>		

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F 689	<p>Continued From page 6</p> <p>she was not told where she fell.</p> <p>The Medical Records staff was interviewed on 5/9/2018 at 9:47 AM. She reported she was working on 5/6/2018 and was in the front conference room. The Medical Records staff reported she heard the overhead page for staff to come to the front and she went to the lobby and observed Resident #1 outside on the parking lot pavement. Medical Records reported that Resident #1 had attempted to open doors in the past and made statements that she wanted to go home, but she had not shown those types of behaviors since she was readmitted from the hospital in March 2018.</p> <p>The Activity Aide (AA) was interviewed on 5/9/2018 at 9:57 AM. The AA reported that she had been assigned to the receptionist area which was beside the front doors in the facility on 5/6/2018. The AA reported a resident had approached her asking for a snack and she took the resident back to the activities room and provided her with a snack and turned on the TV for the resident. The AA guessed she was gone from the front desk for less than 10 minutes. The AA then reported as she headed towards the front desk, a visitor came into the building and said a resident had fallen outside. The AA reported she used the phone to call staff to the front STAT (without delay) and went around the corner where she could see the resident on the ground outside of the building. A visitor was beside Resident #1. The AA reported that staff arrived very quickly to the outside of the building. The AA concluded by reporting she had not seen Resident #1 in the hall or in the front lobby when the AA left the front desk, and no alarms were sounding when she returned to the front desk.</p>	F 689	<p>familiar with the resident who is requesting to go outside to validate whether resident is safe to go outside or not. If the resident is not safe to go outside alone Receptionist #1 will not allow the resident to go outside unsupervised. If resident desire to be outside, the facility will provide necessary supervision to prevent accidents while outside and allow the resident to exercise their rights effective 5/9/2018. 100% of all exit doors were audited by the facility Plant operation Coordinator on 5/9/2018 to validate all exit doors are secured properly. All exit doors are functioning properly. Findings of this audit are documented on the facility floor plan titled exit doors audit form located in the facility Compliance binder</p> <p>IDENTIFICATION OF OTHER RESIDENT WITH A POTENTIAL TO BE AFFECTED Effective 5/9/2018, and moving forward, licensed nurses will complete elopement risk assessments for all residents on admission/re-admission, quarterly, with any significant changes of resident's condition, and/or whenever a resident is noted to exhibit exit seeking behaviors/attempts. Any noted concerns will be addressed and corrected by licensed nurses immediately; interventions will be implemented and resident's care plan will be revised and updated immediately by licensed nurses. Direct care staff will be notified of new interventions put forth by a licensed nurse through resident's care guide which are located in the electronic nursing aide</p>		

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F 689	Continued From page 7 Nurse #2 was interviewed on 5/9/2018 at 11:55 AM. She reported she completed the elopement risk assessments for residents and specifically the assessment for Resident #1 completed on 5/4/2018. Nurse #2 reported that she had not observed elopement behaviors from Resident#1 and no one had reported that Resident #1 was exhibiting any wandering or exit-seeking behaviors to her, so on 5/4/2018 the nursing staff had determined the resident was not an elopement risk. The acting Director of Nursing (DON) was interviewed on 5/9/2018 at 11:58 AM. She reported the nursing staff had discussed the wanderguard placement on Resident #1 when she returned from the hospital on 3/27/2018. They decided to place a wanderguard on Resident #1 because she had a wanderguard and exit-seeking behaviors prior to her hospitalization, but three days later another elopement risk assessment was completed and because she was not getting out of bed, so the facility removed the wanderguard. The DON continued to explain that a chart audit had been completed on 4/9/2018 and staff found the wanderguard had not been discontinued, so another order had been written and the wanderguard was discontinued. The DON reported it was her expectation that wandering behaviors were reported to the nursing management staff and addressed with risk assessments and the staff at the front door monitored residents and reported elopement behaviors to the nursing management staff. An interview with Nurse #3 was conducted on 5/9/2018 at 12:25 PM. She reported she had	F 689	documentation software at each unit. Appropriate intervention to ensure residents who are cognitively impaired receive necessary supervision to prevent accidents while outside the facility will also be included in the residents' care plan effective 5/9/2018. Effective 5/9/2018, the center assigned an employee to monitor the front door while the front door is unlocked during the hours from 8:00am to 5:00pm daily continuously. If the employee is not available to monitor the front door for any reason, or any duration of time the front door will be locked by the Receptionist or designated person using a key code effective 5/9/2018. Visitors will ring a bell to be assisted by staff on duty to open the door. Receptionist #1 or designated staff member who monitor the front door will contact a licensed nurse who is familiar with the resident requesting to go outside to validate whether the resident is safe to go outside or not, if the resident is not safe to go outside alone, Receptionist #1 or designated staff member who monitor the front door will not allow the resident to go outside unsupervised. If any resident who is cognitively impaired desire to be outside, the facility will provide necessary supervision to prevent accident while outside and allow the resident to exercise their rights effective 5/9/2018. Effective 5/9/2018, the center interdisciplinary team, which includes Interim Director of Nursing, MDS nurse #1, Unit coordinator #1, Unit Coordinator		

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F 689	<p>Continued From page 8</p> <p>completed the elopement risk assessment dated 3/30/2018. She related Resident #1 was refusing to get out of bed at that time. Nurse #3 reported that Resident #1 had elopement behaviors prior to her readmission on 3/27/2018 and would ask for a ride home and wandered the facility in her wheelchair. Nurse #3 further reported that she had completed the elopement risk assessment on 5/1/2018 and she had not been told the resident was wandering in the facility or had combative behaviors.</p> <p>NA #2 was interviewed on 5/9/2018 at 2:01 PM. NA#2 reported she was a restorative aide and was responsible for checking the wanderguards every day. NA #2 reported that Resident #1 had a wanderguard in the past, but it was removed when she was sent to the hospital and when she returned on 3/27/2018. NA #2 had asked Nurse #2 if Resident #1 would have a wanderguard applied and she was told no and as far as she was aware, Resident #1 did not have a wanderguard on after she was readmitted on 3/27/2018.</p> <p>An interview was conducted with NA #4 on 5/9/2018 at 2:26 PM and she reported she had to "track down" the resident in the past, and had found her in the nursing office. NA #4 was not certain of the date of the incident or if it was before or after the hospitalization, and could not recall if she informed nursing staff the resident was wandering.</p> <p>The weather on 5/6/2018 per accuweather.com was partly cloudy without rain and a high of 82 degrees. Resident #1 was dressed in socks, shoes, pants, a blouse and a sweater, per an interview with Nurse #1 on 5/9/2018 at 2:28 PM.</p>	F 689	<p>#2, Social worker #1, and Activity Coordinator #1, initiated a process for reviewing all new admission/re-admissions, Monday through Friday for any prior history of aggressive behaviors, elopement, physical aggression and/or attempts to exit the facility. Any identified issues will be addressed promptly and plan of care developed as appropriate to include supervision necessary to prevent accidents while resident is outside the facility.</p> <p>Effective 5/9/2018, The Weekend RN supervisor and/or designated licensed nurse will review all new admission/re-admissions every Saturday & Sunday for any prior history of aggressive behaviors, elopement, physical aggression and/or attempts to exit the facility. Any identified issues will be addressed promptly and plan of care developed as appropriate.</p> <p>The Director of Nursing will review and sign for accuracy, the elopement books daily (Monday through Friday) and the Weekend RN supervisor on Saturday and Sundays, the Administrator will review and sign weekly for the previous week for the next 6 months. The review will validate the presence of resident's profile, pictures, appropriate intervention and accessibility of the wander guard books. Any negative findings will be addressed immediately and reported to the monthly QAPI committee meeting by the Director of Nursing.</p>		

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F 689	<p>Continued From page 9</p> <p>NA #1 was interviewed again on 5/9/2018 at 2:22 PM. She reported that on Thursday 5/3/2018 she observed Resident #1 attempting to open the front doors. NA #1 reported that she had redirected Resident #1 and called the nursing office to report to Nurse #2 on that date.</p> <p>The Administrator, DON and facility consultant were notified of Immediate Jeopardy on 5/9/2018 at 5:20 PM.</p> <p>Date: 05/09/2018 PROBLEM IDENTIFIED:</p> <p>Resident #1 exited the facility on 5/6/2018 at approximately 11:15AM through the front door of the facility; resident was observed by another resident family member #1 who was visiting the facility. Family member #1 notified the facility Activity Assistant #1 on 5/6/2018 at 11:15am, who was working in the capacity of the receptionist (receptionist #1) on 5/6/2018, immediately after observing the resident outside the front door. On 5/9/2018 Interim Director of Nursing (DON) contacted family member #1 via phone, family member #1 stated, she witnessed resident #1 exiting the facility through the front door. Resident #1 was observed by family member #1 on 5/6/2018 at 11:15am on the ground outside the front door. Resident #1 sustained a nose fracture and discoloration above the eye that required medical intervention at the local hospital emergency department.</p> <p>ROOT CAUSE ANALYSIS - THE PROCESSES THAT LEAD TO THE ALLEGED DEFICIENCY CITED</p>	F 689	<p>Effective 5/9/2018 Residents at risk for elopement will be identified using elopement books located at the front desk and at each nurse station. Elopement Books, contain pictures and detailed descriptions of all residents listed as elopement risks.</p> <p>Effective 5/9/2018 Interim Director of Nursing, Unit coordinator #1, Unit Coordinator #2, or designated staff will review and update the Elopement books with changes as they are identified at risk for elopement via risk assessments. Elopement books are in a location accessible to all staff for easy identification of elopement risk residents.</p> <p>On 5/9/2018, The Executive Director educated Receptionist #1 regarding not leaving the desk unattended while the door is unlocked during the daytime hours of 8AM to 5PM. Receptionist #1 was also educated to lock the front door if the receptionist leaves the front desk without a relief for any reason, effective 5/9/2018. A sign in/out sheet was implemented by the Regional Clinical Consultant #2 to ensure the reception desk is attended when doors are unlocked (8:00am-5:00pm). Receptionist #1 or designated staff member who monitor the front door will contact a licensed nurse who is familiar with the resident requesting to go outside to validate whether the resident is safe to go outside or not. If resident is not safe to go outside</p>		

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F 689	Continued From page 10 Family member #1 notified the facility Activity Assistant #1 on 5/6/2018 at 11:15am, who was working in the capacity of the receptionist on 5/6/2018, immediately after observing the resident outside the front door. Resident #1 exited the facility through the front door, family member #1 witnessed resident #1 exiting the facility, through the facility main entrance door, while visiting the facility on 5/6/2018 at 11:15AM. Resident #1 was exercising her rights to go outside the facility. The facility did not provide supervision for resident #1 while outside the facility on 5/6/2018. Most recent Minimum Data set MDS 3.0 assessment for resident #1 completed on 4/3/2018 indicates resident can make self-understood and usually understand others. Resident #1 is not deemed incompetent, and when asked by Registered nurse #1 on 5/6/2018, resident stated she wanted to sit outside. Interview with the Interim Director of Nursing conducted on 5/9/2018 by the Company Chief Clinical officer indicates that resident is able to choose her clothes to wear, time to be up or go back to bed and her where about, even though resident has episodes of behaviors as well. Resident #1 stated she wanted to go outside for a short while. Elopement risk assessment completed on 05/04/2018 indicates resident was not at risk for elopement hence, the facility maintained resident#1 rights to go and come as she is pleased based on the assessment and per resident 's bill of rights, however the facility did not monitor resident #1 while outside the facility. Resident #1 most recent elopement risk assessment completed on 5/4/2018. The assessment indicates, resident #1 was not at risk for elopement. This conclusion was set forth based on resident history of wandering safely in the facility since the last assessment, contrary to	F 689	alone Receptionist #1 or designated staff member who monitor the front door will not allow the resident to go outside unsupervised. If any resident who is cognitively impaired desire to be outside, the facility will provide necessary supervision to prevent accident while outside and allow the resident to exercise their rights effective 5/9/2018. Executive Director, and/or Interim Director of Nursing, conducted re-education for current scheduled staff, full time, part time and as needed employees for all departments on 5/9/2018, this education included checking Wander Control Transponder (bracelet) placement every shift, how to respond to exit door alarms, identification of residents who are at risk for elopement, and locking of the front door while the receptionist is away from the front desk. This education also included how to identify residents who are safe to go outside unsupervised by contacting the licensed nurse who is familiar with the resident requesting to go outside and validate whether the resident is safe to go outside or not, the education emphasized that, if resident is not safe to go outside alone Receptionist #1 or designated staff member who monitor the front door will not allow the resident to go outside unsupervised. Any staff not re-educated by 5/9/18 will not be allowed to work until educated on this requirement. Effective 5/9/2018 Education on the facility elopement policy and procedure and responding to door alarms is added		

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F 689	<p>Continued From page 11</p> <p>such attempts before the previous assessment. On 5/6/2018 at 11:15am the receptionist #1 who was on duty walked away from the front desk to obtain snack for a resident. Receptionist #1 left the unlocked front door unattended that resulted resident #1 exiting the facility. Based on the location of where resident was observed in relation to the location of wheel chair it is concluded that resident slid out of the wheel chair to the ground while on the front porch. Receptionist #1 will contact a licensed nurse who care and familiar with the resident who is requesting to go outside to validate whether resident is safe to go outside or not, if resident is not safe to go outside alone Receptionist #1 will not allow the resident to go outside unsupervised. If resident desire to be outside, the facility will provide necessary supervision to prevent accident while outside and allow resident #1 to exercise her rights effective 5/9/2018.</p> <p>THE PROCEDURE FOR IMPLEMENTATION THE ACCEPTABLE PLAN OF CORRECTION</p> <p>Staff on duty was alerted by Activity Assistant #1 via overhead code "green" announcement that resident #1 had exited the facility via the front door and was noted on the ground. Resident #1 head to toe assessment was completed by Registered nurse #1, Licensed Nurse #1, & Licensed Nurse #2 while outside the facility on 5/6/2018. Resident #1 was sent to the emergency room on 5/6/2018 at approximately 11:15am for an evaluation and treatment via the County Emergency Medical Services. Resident returned to the facility on 5/6/2018 at 7:25pm. The intervention implemented for resident #1 included placement of a wander control bracelet, care plan revision to include intervention such as keep</p>	F 689	<p>on new hires orientation education for all new facility employees. This education will also be provided annually for all staff.</p> <p>THE MONITORING PROCEDURE TO ENSURE THAT THE PLAN OF CORRECTION IS EFFECTIVE Effective 5/09/2018 Business office Manager will monitor the compliance with the receptionist monitoring of the front door by validating sign in log Monday through Friday for ten days then weekly for four weeks than monthly for three months or until the pattern of compliance is maintained.</p> <p>Effective 5/9/2018, Facility Executive Director will monitor compliance with checking of the exit doors conducted by the facility Plant operation coordinator or designated staff Monday through Friday for ten days then weekly for four weeks than monthly for three months or until the pattern of compliance is maintained.</p> <p>Effective 5/09/2018 the Interim Director of Nursing will monitor the accuracy of the elopement books, completion of elopement risk assessment on admission, re-admission and quarterly Monday through Friday for seven days then weekly for four weeks than monthly for three months or until the pattern of compliance is maintained.</p> <p>Effective 5/9/2018, Executive Director and/or Interim Director of Nursing will report findings of this monitoring process to the facility Quality Assurance and</p>		

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F 689	<p>Continued From page 12</p> <p>resident in common areas as appropriate. Resident #1 care plan also included intervention for staff to be observant and notify the nurse when they see resident #1 pushing on the door or verbalizing that she wanted to go home or exhibiting any other exit seeking behaviors. Resident #1 care plan also include the intervention for staff and/or family member will supervise the resident while the resident is exercising her rights to be outside effective 5/9/2018, and monitoring the front door by a designated staff member while the front door is unlocked during the hours from 8:00AM to 5:00pm, effective 5/9/2018 and indefinitely. If the staff member who monitor the front door is not available for any reason, and for any duration of time the door will be locked. The attending physician was notified on 5/6/2017 at 11:50AM and Responsible Party was also notified on 5/6/2017 at 11:35AM.</p> <p>6 of 7 other exit doors are secured with the keypad that requires secret code to open the door. Facility plant operation coordinator checked all exit doors for proper closure and functioning of the key pads on 5/6/2018. All doors are functioning properly. Facility plant operation coordinator change the codes for all exit doors monthly. Four of seven exit doors, had codes changed to an anonymous code, only known to the Administrator, and Facility Plant operation coordinator, on 5/9/2017.</p> <p>IDENTIFICATION OF OTHER RESIDENTS WITH A POTENTIAL TO BE AFFECTED</p> <p>100% of Elopement risk assessments for all current residents completed on 05/09/2018, by the Interim Director of Nursing, Unit Coordinator</p>	F 689	<p>Performance Improvement Committee for any additional monitoring or modification of this plan monthly for three months, or until the pattern of compliance is maintained. The QAPI committee can modify this plan to ensure the facility remains in substantial compliance.</p> <p>THE TITLE OF THE PERSON OF THE PERSON RESPONSIBLE FOR THE IMPLEMENTATION OF ACCEPTABLE PLAN OF CORRECTION</p> <p>Effective 5/9/2018 the facility Executive Director and the interim Director of Nursing will be ultimately responsible for the implementation of this plan of correction to ensure the facility attains and maintains substantial compliance.</p> <p>Compliance Date 5/09/2018</p>		

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F 689	<p>Continued From page 13</p> <p>#1, Licensed nurse #3 and Licensed nurse #1 to identify any other residents who might be at risk for exit seeking behaviors. Seven other residents who were previously identified to be at risk for elopement, re-identified during this assessment, and one new resident was also identified to be at risk. "Elopement books" revised and placed at the front desk, and at each nurse ' s station by Unit Coordinator #2 on 5/9/2018. These books contain a list of residents with exit seeking behaviors, their pictures and resident ' s descriptions. These "Elopement" books were reviewed by the facility Regional Nurse Consultant #2 on 5/09/2018 to validate all noted residents who are at risk are included. The Elopement books are located in a place accessible to all staff for easy identification of elopement risk residents (at the front desk, and at each nurse ' s station). Unit coordinator #2 will review and revise elopement books at least monthly and as needed, such as when a new resident is added or removed from elopement management program.</p> <p>Effective 5/9/2018, if a resident expressed a desire to go outside to the receptionist #1 or any other employee, the receptionist and/or the employee will contact a licensed nurse who cares and is familiar with the resident who is requesting to go outside to validate whether resident is safe to go outside or not, if resident is not safe to go outside alone Receptionist #1 will not allow the resident to go outside unsupervised. If resident desire to be outside, the facility will provide necessary supervision to prevent accident while outside and allow the resident to exercise their rights effective 5/9/2018.</p> <p>100% of all exit doors were audited by the facility</p>	F 689			

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F 689	<p>Continued From page 14</p> <p>Plant Operation Coordinator on 5/9/2018 to validate all exit doors are secured properly. All exit doors are functioning properly. Findings of this audit is documented on facility floor plan titled "exit doors audit form" located in the facility "Compliance binder"</p> <p>IDENTIFICATION OF OTHER RESIDENTS WITH A POTENTIAL TO BE AFFECTED</p> <p>Effective 5/9/2018, and moving forward, licensed nurses will complete elopement risk assessments for all residents on admission/re-admission, quarterly, with any significant changes of resident ' s condition, and/or whenever a resident is noted to exhibit exit seeking behaviors/attempts. Any noted concerns will be addressed and corrected by licensed nurses immediately; interventions will be implemented and resident ' s care plan will be revised and updated immediately by licensed nurses. Direct care staff will be notified of new interventions put forth by a licensed nurse through resident ' s care guide which are located in electronic nursing aide documentation software at each unit. Appropriate intervention to ensure residents who are cognitively impaired receive necessary supervision to prevent accidents while outside the facility will also be included in residents ' care plan effective 5/9/2018. Effective 5/9/2018, the center assigned an employee to monitor the front door, while the front door is unlocked during the hours from 8:00am to 5:00pm daily continuously. If the employee is not available to monitor the front door for any reason, or any duration of time the front door will be locked by the Receptionist or designated person using a key code effective 5/9/2018. Visitors will ring a bell to be assisted by staff on duty to open the door. Receptionist #1 or designated staff</p>	F 689			

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F 689	<p>Continued From page 15</p> <p>member who monitor the front door will contact a licensed nurse who is familiar with the resident requesting to go outside to validate whether the resident is safe to go outside or not, if resident is not safe to go outside alone Receptionist #1 or designated staff member who monitor the front door or will not allow the resident to go outside unsupervised. If any resident who is cognitively impaired desire to be outside, the facility will provide necessary supervision to prevent accident while outside and allow the resident to exercise their rights effective 5/9/2018.</p> <p>Effective 5/9/2018, the center interdisciplinary team, which includes Interim Director of Nursing, MDS nurse #1, Unit coordinator #1, Unit Coordinator #2, Social worker #1, and Activity Coordinator #1, initiated a process for reviewing all new admission/re-admissions, Monday through Friday for any prior history of aggressive behaviors, elopement, physical aggression and/or attempts to exit the facility. Any identified issues will be addressed promptly and plan of care developed as appropriate to include supervision necessary to prevent accident while resident is outside the facility.</p> <p>Effective 5/9/2018, week end RN supervisor and/or designated licensed nurse will review all new admission/re-admissions every Saturday & Sunday for any prior history of aggressive behaviors, elopement, physical aggression and/or attempts to exit the facility. Any identified issues will be addressed promptly and plan of care developed as appropriate.</p> <p>The Director of Nursing will review and sign for accuracy, of the elopement books daily (Monday through Friday) and week end RN supervisor on</p>	F 689			

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F 689	<p>Continued From page 16</p> <p>Saturday and Sundays, the Administrator will review and sign weekly for the previous week for next 6 months. The review will validate the presence of resident ' s profile, pictures, appropriate intervention and accessibility of the wander guard books. Any negative findings will be addressed immediately and reported to the monthly QAPI committee meeting by the Director of Nursing.</p> <p>Effective 5/9/2018 Residents at risk for elopement will be identified using elopement books located at the front desk and at each nurse ' s station. Elopement Books, contain pictures and detailed descriptions of all residents listed as elopement risks.</p> <p>Effective 5/9/2018 Interim Director of Nursing, Unit coordinator #1, Unit Coordinator #2, or designated staff will review and update the Elopement books with changes as they are identified for elopement via risk assessments. Elopement books are in a location accessible to all staff for easy identification of elopement risk residents.</p> <p>On 5/9/2018, The Executive Director educated the Receptionist #1 not leaving the desk unattended while the door is unlocked during the daytime hours of 8AM to 5PM. Receptionist was also educated to lock the front door if the receptionist leaves the front desk without a relief for any reason, effective 5/9/2018. A sign in/out sheet was implemented by the Regional Clinical Consultant #2 to ensure the reception desk is attended when doors are unlocked (8:00am-5:00pm). Receptionist #1 or designated staff member who monitor the front door will contact a licensed nurse who is familiar with the resident requesting to go outside to validate</p>	F 689			

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F 689	<p>Continued From page 17</p> <p>whether the resident is safe to go outside or not, if resident is not safe to go outside alone Receptionist #1 or designated staff member who monitor the front door or will not allow the resident to go outside unsupervised. If any resident who is cognitively impaired desire to be outside, the facility will provide necessary supervision to prevent accident while outside and allow the resident to exercise their rights effective 5/9/2018.</p> <p>Executive Director, and/or Interim Director of Nursing, conducted re-education for current scheduled staff, full time, part time and as needed employee for all departments on 5/9/2018, this education included checking Wander Control Transponder (bracelet) placement every shift, how to respond to exit door alarms, identification of resident who are at risk for elopement, and locking of the front door while the receptionist is away from the front desk. The education also included on how to identify resident who are safe to go outside unsupervised by contacting the licensed nurse who is familiar with the resident requesting to go outside and validate whether the resident is safe to go outside or not, the education emphasized that, if resident is not safe to go outside alone Receptionist #1 or designated staff member who monitor the front door or will not allow the resident to go outside unsupervised the.</p> <p>Any staff not re-educated by 5/9/18 will not be allowed to work until educated on this requirement.</p> <p>Effective 5/9/2018 Education on the facility elopement policy and procedure and responding to door alarms is added on new hires orientation education for all new facility employees. This</p>	F 689			

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

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F 689	<p>Continued From page 18</p> <p>education will also be provided annually for all staff.</p> <p>THE MONITORING PROCEDURE TO ENSURE THAT THE PLAN OF CORRECTION IS EFFECTIVE</p> <p>Effective 5/09/2018 Business office Manager will monitor the compliance with the receptionist monitoring of the front door by validating sign up log Monday through Friday for ten days then weekly for four weeks than monthly for three months or until the pattern of compliance is maintained.</p> <p>Effective 5/9/2018, Facility Executive Director will monitor compliance with checking of the exit doors conducted by the facility Plant operation coordinator or designated staff Monday through Friday for ten days then weekly for four weeks than monthly for three months or until the pattern of compliance is maintained.</p> <p>Effective 5/09/2018 the Interim Director of Nursing will monitor the accuracy of the elopement books, and completion of elopement risk assessment on admission, re-admission and quarterly Monday through Friday for seven days then weekly for four weeks than monthly for three months or until the pattern of compliance is maintained.</p> <p>Effective 5/9/2018, Executive Director and/or Interim Director of Nursing will report findings of this monitoring process to the facility Quality Assurance and Performance Improvement Committee for any additional monitoring or modification of this plan monthly for three months, or until the pattern of compliance is</p>	F 689			

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

PRINTED: 06/13/2018
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345183	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 05/11/2018
NAME OF PROVIDER OR SUPPLIER UNIVERSAL HEALTH CARE & REHAB			STREET ADDRESS, CITY, STATE, ZIP CODE 430 BROOKWOOD AVENUE NE CONCORD, NC 28025		
(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 689	<p>Continued From page 19 maintained. The QAPI committee can modify this plan to ensure the facility remains in substantial compliance.</p> <p>THE TITLE OF THE PERSON RESPONSIBLE FOR THE IMPLEMENTATION OF ACCEPTABLE PLAN OF CORRECTION</p> <p>Effective 5/9/2018 the facility executive Director and the interim Director of Nursing will be ultimately responsible for the implementation of this plan of correction to ensure the facility attains and maintains substantial compliance.</p> <p>The Credible Allegation of Immediate Jeopardy Removal was completed by the facility on 5/10/2018 at 9:47 PM.</p> <p>The corrective action plan was verified on 5/10/2018 and 5/11/2018. Elopement Risk Assessments were completed on all residents present in the facility on 5/9/2018 by the DON, and licensed staff, and seven resident who were identified prior, plus one new resident were identified as elopement risks.</p> <p>The elopement book was observed to be at the front desk and included a picture and demographics of the residents currently identified at risk for elopement.</p> <p>The staff in-services conducted 5/9-10/2018 were reviewed and included: the facility policy on elopement, the elopement book and the location, the receptionist desk to be staffed 7 days per week, 8:00 AM to 5:00 PM and the front doors will be locked at 5:00 PM. The front doors were not to be left unattended during the day from 8:00 AM to 5:00 PM. The attendance records confirmed that</p>	F 689			

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F 689	<p>Continued From page 20 all staff had been in-serviced.</p> <p>Random staff interviews were conducted on 5/10/2018 starting at 2:00 PM and ending at 4:30 PM, and on 5/11/2018 starting at 4:45 AM and ending at 10:32 AM. All staff members could describe the topics covered during the in-service on elopement.</p> <p>The daily Exit door functioning monitoring records from January 2018 to 5/10/2018 were reviewed and complete. The function of all exits were observed on 5/10/2018, as well as a wanderguard demonstration.</p> <p>The DON was interviewed on 5/11/2018 at 10:52 AM. She reported that all residents had an elopement risk assessment completed on 5/10/2018 and one resident was identified with behaviors similar to Resident #1 and a wanderguard had been applied for the resident 's safety. The audits of residents were reviewed and found to be completed.</p>	F 689			