STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345549	A. BUILDING _____ B. WING _____	C 11/16/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
UNIVERSAL HEALTH CARE / BRUNSWICK	**1070 OLD OCEAN HIGHWAY BOLIVIA, NC 28422**

(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 000	INITIAL COMMENTS No deficiencies resulted from the complaint investigation allegations, Event #OINN11, Exit date 11/16/18.	F 000		
F 637 SS=D	Comprehensive Assessment After Signifcant Chg CFR(s): 483.20(b)(2)(ii) §483.20(b)(2)(ii) Within 14 days after the facility determines, or should have determined, that there has been a significant change in the resident's physical or mental condition. (For purpose of this section, a "significant change" means a major decline or improvement in the resident's status that will not normally resolve itself without further intervention by staff or by implementing standard disease-related clinical interventions, that has an impact on more than one area of the resident's health status, and requires interdisciplinary review or revision of the care plan, or both.) This REQUIREMENT is not met as evidenced by: Based on staff interviews and record review the facility failed to complete a comprehensive care plan to reflect a significant change for 1 of 1 resident (Resident #2) reviewed for hospice services. Findings included: Resident #2 was admitted to the facility on 07/13/18. Diagnoses included history of urinary tract infections, muscle weakness, dementia and depression. The Minimum Data Set (MDS) assessment on 07/13/18 revealed the resident was severely cognitively impaired.	F 637	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 requirement under state and federal law, and to demonstrate the good faith attempts by the provider to improve the quality of life of each resident. F637 Comprehensive Assessment after Significant Change	12/5/18

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

Electronically Signed | 12/05/2018

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 637	Continued From page 1 A review of Resident #2 ' s care plan originally dated 07/20/18 and updated on 11/12/18 revealed a plan of care for Hospice services. A review of the physician orders written on 08/20/18 revealed an order for hospice services. A record review of the Hospice provider notes indicated on 08/20/18 hospice met with Resident #2 and family members to discuss hospice care and services. Consents were signed. Continued review of hospice notes indicated hospice continued to visit and provided services until present day. An interview was conducted with the MDS Nurse on 11/16/18 at 10:00 AM. The MDS nurse stated the MDS should have been updated to reflect a significant change when Resident #2 was started on hospice services. The MDS nurse stated it was an oversite. An interview was conducted with the Director of Nursing (DON) on 11/16/18 at 10:30 AM. The DON reported the expectation of the MDS nurse was to ensure that a comprehensive care plan was completed to reflect significant changes.	F 637	Root Cause: The MDS nurse failed to recognize that the resident had change in status that resulted in the resident starting back on a hospice stay. Immediate Action: On 12/3/2018, Resident #2 had a significant change assessment completed and transmitted. Identification of Others: All residents have the potential to be affected by the same alleged deficient practice if not assessed correctly. On 12/4/2018, all active residents MDS's for the last two months were reviewed using the F646 Significant Change Tool to determine if a significant change assessment was needed. On 12/4/2018, all hospice residents were reviewed to ensure that a significant change assessment was completed or is scheduled. The results of the audit identified 0 others assessments needed a significant change. Systematic Changes: On 12/3/2018, MDS nurse #1 and MDS Nurse #2 were in-serviced by the Regional MDS Nurse Consultant regarding the guidelines used to determine whether a significant change assessment is necessary.	

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F 637	Continued From page 2	F 637	Effective 12/3/2018, to ensure the alleged practice does not recur include: In clinical meeting (Monday-Friday) both MDS nurses and morning clinical team will evaluate and compare current MDS to the previous MDS to determine if a significant change has occurred. The daily 24 hour clinical report will be reviewed to determine if the assessment is necessary. Monitoring Process: Effective 12/4/2018, MDS #1 and MDS #2 will alternate on each other's assessments by conducting ten random audits per week x's 4 weeks then monthly x 3 months. If a significant change has occurred, the resident will be scheduled for a significant change assessment. Results will be presented at the monthly Quality Assurance meeting x 3 months and documented on the F646 Significant Change Tool. Compliance Date: 12/05/2018	