

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345449	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 02/25/2021
NAME OF PROVIDER OR SUPPLIER UNIVERSAL HEALTH CARE/KING			STREET ADDRESS, CITY, STATE, ZIP CODE 115 WHITE ROAD KING, NC 27021		
(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 An unannounced onsite and remote complaint investigation was conducted on 2/23/21 to 2/25/21. 1 of the 5 complaint allegations was substantiated and resulted in deficient practice. Event ID # MP0811.	F 000			
F 641 SS=D	Accuracy of Assessments CFR(s): 483.20(g) §483.20(g) Accuracy of Assessments. The assessment must accurately reflect the resident's status. This REQUIREMENT is not met as evidenced by: Based on record review and staff interviews, the facility failed to accurately code the Minimum Data Set (MDS) assessment in the area of skin conditions for 1 of 1 resident (Resident #1) reviewed for pressure ulcers. The findings included: Resident #1 was admitted to the facility on 11/13/19 with diagnoses of, in part, multiple myeloma, right and left foot drop and diabetes mellitus type 2. An annual MDS dated 1/4/21 for Resident #1 indicated she was at risk for developing pressure ulcers but had no unhealed pressure ulcers. Resident #1 ' s care plan was updated to include a left heel blister on 12/22/20 and a right heel blister on 12/23/20. A review of Resident #1 ' s physician orders for December 2020 revealed and order dated 12/22/20 to clean blister on Resident #1 ' s left	F 641	F641 The statements included are not an admission and do not constitute agreement with the alleged deficiencies herein. The plan of correction is completed in the compliance of state and federal regulations as outlined. To remain in compliance with all federal and state regulations the center has taken or will take the actions set forth in the following plan of correction. The following plan of correction constitutes the centers allegation of compliance. All alleged deficiencies cited have been or will be completed by the dates indicated. Per 2567, the facility failed to accurately code residents #1 skin condition on MDS on 1/4/2021 annual. Per Resident #1s treatment record, an order was entered on 12/22/2020 and 12/23/2020 for blisters to right and left heels. For the lookback period 1/4/2021 there were no skin assessments that reflect the residents <input type="checkbox"/>	3/24/21	

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

TITLE

(X6) DATE

Electronically Signed

03/09/2021

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 641	Continued From page 1 heel with normal saline, pat dry and apply betadine, xeroform and dry dressing. On 12/23/20, an order to clean Resident #1 ' s right heel with normal saline, pat dry, apply betadine, xeroform and dry dressing was entered. A review of the Treatment Administration Record for December 2020 revealed treatments were done as ordered to Resident #1 ' s right and left heels. On 1/23/21 at 11:30 AM, an interview was conducted with the MDS nurse who stated blisters did not get coded on the MDS. She added she only coded if a resident had a treatment ordered. On 1/23/21 at 12:15 PM, an interview was conducted with the Director of Nursing (DON). The DON stated all areas should be entered into the wound manager in the electronic health record and blisters should be coded on the MDS.	F 641	blisters to the heels. An Annual MDS with an ARD of 1/4/2021 was coded accurately per the RAI Manual as the resident did not have any skin impairments or pressure ulcers. Per the RAI Manual, Section M, Page M-6, If a resident had a pressure ulcer/injury that healed during the look-back period of the current assessment, do not code the ulcer/injury on the assessment. Resident #1 discharged to hospital on 2/10/2021 and has not returned to Universal Healthcare/King. Unit managers completed a 100% skin assessment on all current residents to assess for pressure ulcers 2/24/2021 MDSCs will verify accuracy of wound documentation prior to completing section M. MDSC Consultant will provide education to MDSC on coding of Section M per RAI Manual by March 14. 2021. MDS Consultant will audit list of current residents with pressure ulcers to ensure most current MDS has been coded accurately by 3/14/2021. MDS will audit 5 MDS with pressure ulcers to ensure MDS is coded correctly for review 1 week for a total of 4 weeks, twice monthly for 1 month, then 1 time a month for one month. Results of these audits will be reviewed at Quarterly Quality Assurance Meeting X1 for further problem resolution if needed.		
F 686 SS=D	Treatment/Svcs to Prevent/Heal Pressure Ulcer CFR(s): 483.25(b)(1)(i)(ii)	F 686		3/24/21	

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F 686	<p>Continued From page 2</p> <p>§483.25(b) Skin Integrity §483.25(b)(1) Pressure ulcers. Based on the comprehensive assessment of a resident, the facility must ensure that-</p> <p>(i) A resident receives care, consistent with professional standards of practice, to prevent pressure ulcers and does not develop pressure ulcers unless the individual's clinical condition demonstrates that they were unavoidable; and</p> <p>(ii) A resident with pressure ulcers receives necessary treatment and services, consistent with professional standards of practice, to promote healing, prevent infection and prevent new ulcers from developing.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on record review and staff interviews, the facility failed to conduct weekly wound assessments with location, size and description for 1 of 1 resident (Resident #1) reviewed for pressure ulcers.</p> <p>The findings included:</p> <p>Resident #1 was admitted to the facility on 11/13/19 with diagnoses that included diabetes mellitus type 2, multiple myeloma and foot drop to right and left feet.</p> <p>Resident #1 was sent to an acute care hospital on 1/14/21.</p> <p>Resident #1 ' s care plan was updated on 12/22/20 to include a blister to left heel. On 12/23/20, the care plan was updated to include a blister to Resident #1 ' s right heel.</p> <p>A review of the December 2020 physician ' s</p>	F 686	<p>F686</p> <p>The statements included are not an admission and do not constitute agreement with the alleged deficiencies herein. The plan of correction is completed in the compliance of state and federal regulations as outlined. To remain in compliance with all federal and state regulations the center has taken or will take the actions set forth in the following plan of correction. The following plan of correction constitutes the center's allegation of compliance. All alleged deficiencies cited have been or will be completed by the dates indicated.</p> <p>Resident #1 discharged to hospital on 2/10/2021 and has not returned to Universal Healthcare/King.</p> <p>100% skin assessment was completed on 2/24/2021.</p>		

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F 686	<p>Continued From page 3</p> <p>orders revealed an ordered entered on 12/22/20 to clean Resident # ' 1 left heel with normal saline, pat dry, apply betadine, xeroform and dry dressing daily. On 12/23/20, an order was entered to clean Resident #1 ' s right heel with normal saline, pat dry, apply betadine, xeroform and dry dressing daily.</p> <p>A review of Resident #1 ' s Treatment Administration Record for December 2020 revealed the treatments to Resident #1 ' s heels were done as ordered.</p> <p>A comprehensive medical record review revealed documentation of skin assessments conducted on 12/2/20 that showed dry skin on heels, 12/6/20 with dry skin and heels were circled, 12/9/20 with dry skin and heels circled, 12/13/20 with redness and heels circled, 12/16/20 increased redness with heels circled, 12/20/20 increased redness with heels circled, 12/23/20 blister on heels and 12/27 blisters was documented and heels circled. There was no evidence of documentation of size, staging and description of the areas to Resident # ' 1 heels from 12/22/20 to 1/14/21.</p> <p>On 1/23/21 at 11:15 AM, an observation of wound care for a sampled resident was conducted. The wound was located on the residents right inner heel. The area was necrotic and approximately measured the size of a quarter. The old dressing was removed, the area was cleaned and a thin layer of a debriding agent was applied, followed by a dry dressing. The nurse completing the treatment stated the resident had a heel pillow that was used to raise the heels off the bed. The resident confirmed this information was accurate and stated he did use the pillow while in bed. At the time of the observation, the resident was</p>	F 686	<p>All Licensed nurses will be educated on "Accurately assess the residents for Pressure Ulcers and document the Pressure Ulcer in the wound assessment located in AHT accurately. In person or via telephone by the Director of Nursing or Assistant Director of Nursing or Staff Development Nurse. Any Licensed Nurse that has not been educated will not be allowed to work until receive education in- person or via telephone by Director of Nursing or Assistant Director of Nursing or Staff Development Nurse. Education to be completed by 3/10/21.</p> <p>All Licensed nurses, including Agency staff before their first assignment, will be educated in orientation in person by Staff Development Nurse or Director of Nursing or Assistant Director of Nursing on "Accurately assess the residents for Pressure Ulcers and document the Pressure Ulcer in the wound assessment located in AHT accurately.</p> <p>Director of Nursing, Assistant Director of Nursing, Wound Nurse, and/or Unit Managers will audit all pressure ulcers to ensure wound assessment are accurate, 3 X weekly X 4 weeks, weekly X 4 weeks, and Bi-weekly X 2.</p> <p>Results of these audits will be reviewed at Quarterly Quality Assurance Meeting X1 for further problem resolution if needed.</p>		

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

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F 686	<p>Continued From page 4 observed out of bed to his wheelchair.</p> <p>On 1/23/21 at 2:34 PM, the wound care nurse was interviewed. She stated Resident #1 was identified as having dry skin to her heels in December 2020 which progressed to blisters and then open wounds. She stated she did not enter blisters into the wound care manager, and she did not measure the areas.</p> <p>On 1/23/21 at 10:27 AM, an interview was conducted with the Director of Nursing. She stated all wounds were to be documented in the medical record in the wound manager and updated weekly.</p>	F 686			