

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

PRINTED: 03/13/2023  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>345529</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>02/16/2023</b>
NAME OF PROVIDER OR SUPPLIER  <b>UNIVERSAL HEALTH CARE/NORTH RALEIGH</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>5201 CLARKS FORK DRIVE NW</b> <b>RALEIGH, NC 27616</b>		
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F 000	INITIAL COMMENTS  A complaint investigation survey was conducted on 2/15/23 through 2/16/23. Event ID# 0YUW11. The following intakes were investigated: NC00197786 and NC00198191. 2 of the 11 allegations resulted in deficiency.	F 000			
F 561 SS=D	Self-Determination CFR(s): 483.10(f)(1)-(3)(8)  §483.10(f) Self-determination. The resident has the right to and the facility must promote and facilitate resident self-determination through support of resident choice, including but not limited to the rights specified in paragraphs (f) (1) through (11) of this section.  §483.10(f)(1) The resident has a right to choose activities, schedules (including sleeping and waking times), health care and providers of health care services consistent with his or her interests, assessments, and plan of care and other applicable provisions of this part.  §483.10(f)(2) The resident has a right to make choices about aspects of his or her life in the facility that are significant to the resident.  §483.10(f)(3) The resident has a right to interact with members of the community and participate in community activities both inside and outside the facility.  §483.10(f)(8) The resident has a right to participate in other activities, including social, religious, and community activities that do not interfere with the rights of other residents in the facility. This REQUIREMENT is not met as evidenced	F 561		3/3/23	

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

TITLE

(X6) DATE

Electronically Signed

03/01/2023

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 561	<p>Continued From page 1</p> <p>by: Based on observations, record review, and staff interviews the facility failed to honor a resident's choice to get out of bed for 1 of 1 resident reviewed for choices (Resident #3).</p> <p>The findings included:</p> <p>Resident #3 was readmitted to the facility on 5/27/21 with diagnoses including dementia, repeated falls, and seizures.</p> <p>Review of the quarterly Minimum Data Set (MDS) dated 1/10/23 indicated that Resident #3 was severely cognitively impaired and required extensive assistance of two staff members with transfers. The MDS further revealed no rejection of care was noted during the assessment reference period.</p> <p>A continuous observation of Resident #3 was made on 2/15/23 from 10:25 AM until 10:37 AM. Resident #3 was intermittently calling out for help and saying she wanted to get up from her bed. At 10:28 AM, it was observed that Nurse Aide (NA) #1 walked past Resident #3's room without stopping despite her yelling out. During this continuous observation, NA #1 was interviewed at 10:32 AM. She stated she was in Resident #3's room 20 minutes prior to assist her. NA #1 indicated Resident #3 yelled out every 8-10 minutes, even if she was up out of her bed. NA #1 stated she could not help Resident #3 out of the bed until therapy came to treat her because transfers were part of her rehabilitation activity. If she helped Resident #3 into the wheelchair, then she would not participate in therapy. NA #1 stated she told Resident #3 earlier that if therapy did not come to her room by 11:30 AM, then she would</p>	F 561	<p>Address how corrective action will be accomplished for those residents found to have been affected by the deficient practice</p> <p>Resident #3 was assisted by staff from her bed to her wheelchair on 2/15/2023</p> <p>Address how the facility will identify other residents having the potential to be affected by the same deficient practice</p> <p>All current residents have the potential to be affected by the alleged practice. 2/15/2023 rounds were completed for all residents in facility. Rounds revealed all residents with the desire to be out of bed were out of bed per their choice. Residents are receiving assistance with getting out of bed as indicated and requested.</p> <p>Address what measures will be put into place or systemic changes made to ensure that the deficient practice will not recur</p> <p>On February 15, 2023, education began for all nursing staff in reference to assisting residents out of bed per their request unless medically contraindicated and/or ordered to be on bed rest by the physician. Education will be added to orientation for new employees. The Director of Nursing, Staff Development Coordinator, Unit Coordinator and/or Supervisor will</p>		

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F 561	<p>Continued From page 2 get her out of bed for lunch.</p> <p>An interview with Physical Therapist (PT) #1 was conducted on 2/15/23 at 11:20 AM. She revealed she did not instruct nursing staff to keep Resident #3 in bed until she arrived for therapy. PT #1 indicated Resident #3 participated in therapy quite well, and it was not a correct statement that she did not participate if she was up in a chair. She stated Resident #3's participation in therapy was a "hit or miss" based on her cognition and motivation each day. PT #1 stated one of her focuses was on transfers since Resident #3's last fall.</p> <p>The Rehab Director was interviewed on 2/15/23 at 11:50 AM, and she revealed PT #2 asked NA #1 on 2/13/23 to leave Resident #3 in bed until she worked with her. PT #2 worked as needed (PRN), usually on Mondays, for the facility. She indicated PT #2 made the request for Resident #3 to remain in bed until therapy because it was sometimes easier for her to participate if she was in bed and not in the chair. Therapy worked with Resident #3 on transfer training; however, if she wanted to get out bed before therapy arrived, the nursing staff should get her up regardless of therapy requirements. The Rehab Director indicated NA #1 must have misunderstood PT #2 and assumed the instructions were for daily instead of only on 2/13/23.</p> <p>During an interview with PT #2 on 2/15/23 at 1:15 PM, she revealed she asked NA #1 on 2/13/23 to wait for her to perform activities of daily living (ADL) care because it would give her an opportunity to work with Resident #3. She stated she was PRN and Resident #3 was not as familiar with her as PT #1. PT #1 stated she</p>	F 561	<p>complete walking rounds daily to include off shifts and weekends to ensure that nursing staff are assisting residents out of bed per their request unless medically contraindicated and/or ordered to be on bed rest by the physician. Walking rounds will continue daily x 2 weeks and weekly thereafter Ambassador rounds will continue weekly. Observations during ambassador rounds to include resident out of bed per their request unless medically contraindicated and/or ordered to be on bed rest by the physician.</p> <p>Indicate how the facility plans to monitor its performance to make sure that solutions are sustained</p> <p>The Director of Nursing will report the summary of walking rounds to the Quality Assurance and Performance Improvement Committee monthly for three months or until a pattern of compliance is achieved. The Administrator will report the findings of the ambassador rounds to the Quality Assurance and Performance Improvement Committee monthly for three months or until a pattern of compliance is achieved. Include dates when corrective action will be completed</p>		

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F 561	Continued From page 3 mentioned to NA #1 that Resident #3 would be more motivated if she was in bed rather than the wheelchair because she wanted to get out of the bed. She indicated the request communicated to NA #1 was only for that day (2/13/23).  During an interview with the Director of Nursing (DON) on 2/15/23 at 11:31 AM, she revealed her expectation was if a resident wanted to get out of bed, and it was safe with appropriate equipment available, then nursing staff would need to honor that request.  The Administrator was interviewed on 2/16/23 at 2:30 PM. She revealed her expectation was for staff to adhere to resident rights, the right to refuse, and to make their own choices. If Resident #3 wanted to get out of bed, then staff should have assisted her.	F 561			
F 573 SS=B	Right to Access/Purchase Copies of Records CFR(s): 483.10(g)(2)(i)(ii)(3)  §483.10(g)(2) The resident has the right to access personal and medical records pertaining to him or herself. (i) The facility must provide the resident with access to personal and medical records pertaining to him or herself, upon an oral or written request, in the form and format requested by the individual, if it is readily producible in such form and format (including in an electronic form or format when such records are maintained electronically), or, if not, in a readable hard copy form or such other form and format as agreed to by the facility and the individual, within 24 hours (excluding weekends and holidays); and (ii) The facility must allow the resident to obtain a copy of the records or any portions thereof	F 573		3/3/23	

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F 573	<p>Continued From page 4</p> <p>(including in an electronic form or format when such records are maintained electronically) upon request and 2 working days advance notice to the facility. The facility may impose a reasonable, cost-based fee on the provision of copies, provided that the fee includes only the cost of:</p> <p>(A) Labor for copying the records requested by the individual, whether in paper or electronic form;</p> <p>(B) Supplies for creating the paper copy or electronic media if the individual requests that the electronic copy be provided on portable media; and</p> <p>(C) Postage, when the individual has requested the copy be mailed.</p> <p>§483.10(g)(3) With the exception of information described in paragraphs (g)(2) and (g)(11) of this section, the facility must ensure that information is provided to each resident in a form and manner the resident can access and understand, including in an alternative format or in a language that the resident can understand. Summaries that translate information described in paragraph (g)(2) of this section may be made available to the patient at their request and expense in accordance with applicable law.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on record review and interviews with the Responsible Party (RP) and staff, the facility failed to provide a copy of the resident's care plan after two requests for 1 of 1 resident reviewed for medical record access (Resident #2).</p> <p>Findings included:</p> <p>Resident #2 was admitted to the facility on 11/17/20.</p>	F 573	<p>Address how corrective action will be accomplished for those residents found to have been affected by the deficient practice</p> <p>Resident #2's responsible party was contacted by Medical Records Director on 2/16/23 to provide copy of resident #2's care plan. Responsible party notified facility staff on 2/17/23 that she would notify the Medical Records Director when</p>		

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F 573	<p>Continued From page 5</p> <p>The quarterly Minimum Data Set (MDS) dated 2/10/23 assessed Resident #2 with moderate impairment in cognition.</p> <p>Review of Resident #2's medical record revealed a family member was listed as her RP.</p> <p>During an interview on 2/15/23 at 3:46 PM, the RP revealed she requested Resident #2's care plan from Nurse #1 on 9/25/22 who told her she would get it to her the following week. She stated she also requested the same information from the Director of Nursing (DON) on 2/2/23 and never received anything. The RP indicated she was involved in the care planning process.</p> <p>During an interview on 2/16/23 at 10:50 AM with Nurse #1, she revealed Resident #2's RP asked for a copy of medical records back in September 2022 (date unknown). Nurse #1 stated she directed the RP to where she could get them, which was the previous Medical Records Director.</p> <p>The DON was interviewed on 2/16/23 at 11:53 AM, and she revealed Resident #2's RP asked for a copy of the care plan about a month ago, and she forwarded the request to the previous Medical Records Director who had not worked at the facility for at least the last 2 weeks. The DON stated the RP did not follow-up with her, and she did not know she did not receive the copy of the requested care plan.</p> <p>An interview was conducted with the Administrator on 2/16/23 at 2:30 PM. She revealed Resident #2's RP should have received the care plan within 48 hours of her request. The previous Medical Records Director should have</p>	F 573	<p>she would be in facility to pick up copy of resident #2's care plan. Responsible party received copy of resident #2's care plan on 2/20/23.</p> <p>Address how the facility will identify other residents having the potential to be affected by the same deficient practice</p> <p>All current residents have the potential to be affected by the alleged practice.</p> <p>Address what measures will be put into place or systemic changes made to ensure that the deficient practice will not recur.</p> <p>On February 28, 2023, education began for all staff in reference to procedure to request and provide copies of medical records to residents and/or responsible parties. Education will be added to orientation for new employees. All Medical records request will be submitted to the Medical Records Director and will be place on a log sheet with date and time of the request. Medical records requested by current residents will be provided within two working days.</p> <p>Indicate how the facility plans to monitor its performance to make sure that solutions are sustained</p> <p>The Medical Records Director will check the log sheet daily for request of records. The Medical Records Director will bring the log sheet to QA meetings monthly time 3 months.</p>		

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F 573	Continued From page 6 followed up with the RP in a timely manner.	F 573		