STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345449	A. BUILDING _____ B. WING _____	C 01/24/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
UNIVERSAL HEALTH CARE/KING	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
E 000	Initial Comments An unannounced recertification and complaint investigation survey were conducted on 1/21/24 through 1/24/24. The facility was found in compliance with the requirement CFR 483.73, Emergency Preparedness. Event ID #X6IB11.	E 000		
F 000	INITIAL COMMENTS A recertification and complaint investigation survey were conducted from 1/21/24 through 1/24/24. Event ID# X6IB11. The following intakes were investigated NC00210999 and NC00209063. 2 of the 2 complaint allegations did not result in deficiency.	F 000		
F 761 SS=D	Label/Store Drugs and Biologicals CFR(s): 483.45(g)(h)(1)(2) §483.45(g) Labeling of Drugs and Biologicals Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable. §483.45(h) Storage of Drugs and Biologicals §483.45(h)(1) In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys. §483.45(h)(2) The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of	F 761		2/14/24

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

Electronically Signed | 02/09/2024

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F 761	Continued From page 1 the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected. This REQUIREMENT is not met as evidenced by: Based on observations, resident and staff interviews and record review, the facility failed to secure medications for 1 of 1 resident (Resident #44) observed with medications at bedside. Findings Included: Resident #44 was admitted to the facility on 10/18/22. Her diagnoses included, in part, dementia, psychotic disturbance, mood disturbance, anxiety and major depressive disorder. The annual Minimum Data Set (MDS) assessment dated 10/24/23 revealed Resident #44 had mild cognitive impairment. A review of the medical record revealed there was no order for Resident #44 to self-administer medication. An observation and interview with Resident #44 were conducted on 01/21/24 at 12:13 PM. The Resident was alert and sitting up in bed. A medication cup that contained eight pills was clearly visible on the overbed table next to the Resident's bed. There were four white pills. two blue pills, and two pink pills in the cup. She revealed the nurse often leaves her pills for her to take when she is ready. She further revealed she took two of the pills earlier but did not have	F 761	F-761 On 1/21/2024 medications were observed at the bedside of resident #44 who was not assessed or ordered to be able to self-administer medications. Resident #44 room was searched for any additional medications and nurse #1 and resident #44 was interviewed to ensure that she took all of her scheduled medication. No additional medications were located, and all scheduled medications were taken. Nurse #1 was immediately educated on not leaving medications at the bedside for residents who have not been assessed and determined to be able to self-administer medications, the nurse must observe the medication being consumed and if the resident request additional liquids prior to consuming all their medications the nurse must take the remaining medication with her back to the medication cart. An observation audit was conducted on 1/21/2024 by the Director of Nursing of all resident rooms to ensure that there were no other medications left at the bedside unless ordered and care planned for the resident to self-administer the medications. No concerns were found. All licensed nurses and medication aides	

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F 761	Continued From page 2 enough orange juice to take the rest. She said she yelled out and asked the nurse for more juice to take the pills with, but the nurse did not bring her anything else to drink. She stated she was not sure what the names of the pills in the were or for what they were prescribed. An interview was conducted with Nurse #1 on 01/21/24 12:33 PM. She explained when she gave medications to a resident, she watched the resident swallow the medication before she left the room. She added there were no residents on Hall B who had an order to self-administer. She verified she was Resident #44's nurse and shared when she brought the medications to Resident #44 earlier, the resident asked for more orange to finish taking her medications. Nurse #1 stated she left the medications in the cup on the Resident's overbed table and went to get more juice. She added when she went to get the juice, she got called away to help with a resident trying to get out of bed and then called to another resident who was verbally aggressive with another staff member. She said she due to being called away, she forgot to return to Resident #44 with the orange juice. She stated the Resident could have taken her medications with the water in her cup, but she preferred the orange juice. She further stated she should not have left the medications on the Resident's overbed table unattended. In an interview with the Director of Nursing (DON) on 01/21/24 at 1:17 PM, she stated if a resident self-administered medications there had to be a physician order and an assessment that indicated a resident was able to self-administer medication. If a resident was not able to self-administer medication, the nurse watched a resident swallow	F 761	including contract associates (nurses and medication aides) were re-educated. This in-person education was initiated on 1/21/2024 by the Director of Nursing on the proper protocol for administering medication which included remaining present with resident to ensure that the residents swallow all of their medications safely. The education was completed by the Staff Development RN and will be completed with all newly hired nurses and medication aides; as well, as all new contracted nurses and medication aides. Nurses and medication aides were not permitted to work until they completed the re-education conducted by the Director of Nursing or staff Development Coordinator on 1/22/2024 this included agency nurses and medication aides. All education was completed on 1/22/2024. The administrative nurses will monitor resident rooms for medications at bedside 3 times weekly x 4 weeks, twice weekly x 4 weeks, then weekly x 4 weeks to ensure compliance with correct medication administration. Any concerns identified will be corrected upon discovery and findings documented on monitoring tool. The Director of nursing will provide a summary of findings monthly to QAPI Committee for their review and input until resolution is achieved.	

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F 761	Continued From page 3 the medications before they left the room. The DON verified Resident #44 was not able to safely self-administer medications and did not have an order to self-administer. She said Nurse #1 was educated not to leave medications in a resident's room. She added, if Resident #44 did not take all her medications while the nurse was administering them, Nurse #1 should have removed the medications from her room and returned with them when she had the orange juice. The DON stated a nurse should never leave medications unattended with a resident who did not have an order to self-administer their medications.	F 761		
F 867 SS=D	QAPI/QAA Improvement Activities CFR(s): 483.75(c)(d)(e)(g)(2)(i)(ii) §483.75(c) Program feedback, data systems and monitoring. A facility must establish and implement written policies and procedures for feedback, data collections systems, and monitoring, including adverse event monitoring. The policies and procedures must include, at a minimum, the following: §483.75(c)(1) Facility maintenance of effective systems to obtain and use of feedback and input from direct care staff, other staff, residents, and resident representatives, including how such information will be used to identify problems that are high risk, high volume, or problem-prone, and opportunities for improvement. §483.75(c)(2) Facility maintenance of effective systems to identify, collect, and use data and information from all departments, including but not limited to the facility assessment required at	F 867		2/14/24

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F 867	Continued From page 4 §483.70(e) and including how such information will be used to develop and monitor performance indicators. §483.75(c)(3) Facility development, monitoring, and evaluation of performance indicators, including the methodology and frequency for such development, monitoring, and evaluation. §483.75(c)(4) Facility adverse event monitoring, including the methods by which the facility will systematically identify, report, track, investigate, analyze and use data and information relating to adverse events in the facility, including how the facility will use the data to develop activities to prevent adverse events. §483.75(d) Program systematic analysis and systemic action. §483.75(d)(1) The facility must take actions aimed at performance improvement and, after implementing those actions, measure its success, and track performance to ensure that improvements are realized and sustained. §483.75(d)(2) The facility will develop and implement policies addressing: (i) How they will use a systematic approach to determine underlying causes of problems impacting larger systems; (ii) How they will develop corrective actions that will be designed to effect change at the systems level to prevent quality of care, quality of life, or safety problems; and (iii) How the facility will monitor the effectiveness of its performance improvement activities to ensure that improvements are sustained.	F 867		

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F 867	Continued From page 5 §483.75(e) Program activities. §483.75(e)(1) The facility must set priorities for its performance improvement activities that focus on high-risk, high-volume, or problem-prone areas; consider the incidence, prevalence, and severity of problems in those areas; and affect health outcomes, resident safety, resident autonomy, resident choice, and quality of care. §483.75(e)(2) Performance improvement activities must track medical errors and adverse resident events, analyze their causes, and implement preventive actions and mechanisms that include feedback and learning throughout the facility. §483.75(e)(3) As part of their performance improvement activities, the facility must conduct distinct performance improvement projects. The number and frequency of improvement projects conducted by the facility must reflect the scope and complexity of the facility's services and available resources, as reflected in the facility assessment required at §483.70(e). Improvement projects must include at least annually a project that focuses on high risk or problem-prone areas identified through the data collection and analysis described in paragraphs (c) and (d) of this section. §483.75(g) Quality assessment and assurance. §483.75(g)(2) The quality assessment and assurance committee reports to the facility's governing body, or designated person(s) functioning as a governing body regarding its	F 867		

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F 867	Continued From page 6 activities, including implementation of the QAPI program required under paragraphs (a) through (e) of this section. The committee must: (ii) Develop and implement appropriate plans of action to correct identified quality deficiencies; (iii) Regularly review and analyze data, including data collected under the QAPI program and data resulting from drug regimen reviews, and act on available data to make improvements. This REQUIREMENT is not met as evidenced by: Based on observations, record review, and staff interview the facility's Quality Assessment and Assurance (QAA) committee failed to maintain implemented procedures and monitor the interventions that the committee put into place following the recertification survey completed on 9/2/22. This was for 1 deficiency that was cited in the area of Label and Medication Storage (F761) and recited on the current recertification and complaint survey of 1/24/24. The QAA committee additionally failed to maintain implemented procedures and monitor interventions the committee put in place following the onsite revisit following the recertification on 10/19/22. This was evident for 1 deficiency in the area of Label and Medication Storage (F761) originally cited on the recertification and complaint survey on 9/2/22 and recited on the current recertification and complaint survey of 1/24/24. The continued failure of the facility during two federal surveys showed a pattern of the facility's inability to sustain an effective Quality Assessment and Assurance Program. The findings included: This citation is cross referred to:	F 867	F 867 On 1/21/2024 medications were observed at the bedside of a resident who was not assessed or ordered to be able to self-administer medications. The resident room was searched for any more possible medications. Additionally, the nurse and resident were interviewed to ensure that the resident took all of her scheduled medication. All scheduled medications were taken, and no additional medications were located. This alleged deficient practice constitutes a recurrent finding in the last three years. As the facility realizes the potential for the alleged deficient process to affect other residents of the facility the facilities QAPI Committee was re-educated by the Regional Operation Director on the proper QAPI processes on 2/7/2024. The facilities established QAPI policies will continue to be followed monthly, in addition, all identified areas of concern will be followed up on until a complete resolution is established then identified areas of concern will continue to be reviewed quarterly or more frequently if	

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F 867	Continued From page 7 F761: During the facility's recertification survey on 1/24/24, the facility failed to secure medications for 1 of 1 resident (Resident #44) observed with medications at bedside. During the facility's recertification survey of 9/2/22, the facility failed to discard expired medications from 1 of 1 medication storage room reviewed for medication storage. During the facility's onsite follow-up survey on 10/19/22, the facility failed to date an opened tubersol (vial of injectable medication to test for tuberculosis) multi-dose vial in the medication storage refrigerator for 1 of 1 refrigerator observed. During an interview on 1/24/24 at 3:15 PM with the facility's administrator. He stated that the QA members were made up of Administrator, the Director of Nursing, Dietary Manager, Business office manager, Maintenance Director, Social Worker, Activities Director, and Housekeeping Director. The Nurse Practitioner and the Medical Director were always invited to attend. He stated that both he and the director of nursing have been made aware of the concerns regarding this survey and the repeat of several citations. He stated that all of the issues will be looked into, and a thorough plan of correction will be drawn up and implemented to ensure these citations would not be repeated again in the future.	F 867	needed to ensure that the QAPI process is maintained. The Regional Director of Operation or their designee will monitor the facility's QAPI process monthly for three months then quarter for two quarters, to ensure continued compliance.	