DEPARTMENT OF HEALTH AND HUMAN SERVICES PRINTED: 03/21/2011 CENTERS FOR MEDICARE & MEDICAID SERVICES FORM APPROVED OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING B. WING 345529 03/10/2011 . AME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE UNIVERSAL HEALTH CARE/NORTH RALEIGH **5201 CLARKS FORK DRIVE** RALEIGH, NC 27616 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (X5) COMPLETION PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) F 250 483.15(g)(1) PROVISION OF MEDICALLY F 250 RELATED SOCIAL SERVICE SS=D The facility must provide medically-related social Resident #4 was seen by Paradigm on 03/08/11 services to attain or maintain the highest practicable physical, mental, and psychosocial An audit of active charts was completed on well-being of each resident. 03/16/11 by Social Worker to ensure no New orders for psych services had been written This REQUIREMENT is not met as evidenced and appropriately implemented. None were Based on observation, record review, resident, staff and physician interview, the facility failed to found. provide psychological services for 1 of 1 sampled resident needing psychological services. Orders will be reviewed by Director of Nursing, (Resident #4) MDS coordinator, Dietary Manager, and Social Findings include: Worker in morning meeting five days a week Resident #4 was admitted to the facility on 2/10/10. Diagnoses included Depression Resident Liason/Social Worker have been counseled Disorder, recurrent severe with psychotic features and history of Subarachnoid Hemorrhage/ motor by Administrator on 03/16/11 for failure to follow vehicle accident 2003, up on referral for Paradigm. Review of a NN (Nurses Notes) dated 2/9/11 Psych services audit will be conducted by Director of 9:00am revealed the resident had an episode of increased anxiety. Vital signs were temperature Nursing/ designee five times a week for 4 weeks 98.4, pulse 102, blood pressure 128/82 and respirations were 24. The physician was notified and then three times a week for four weeks and and a new order received to give an extra dose of Zyprexa (antipsychotic medication) and to get a then monthly times three months. psychiatric consult. Findings will be reported to the Quality Assurance A review of the physician order revealed an order dated 2/9/11 that read; "give extra 5mg of 1 Committee monthly times three months. Zyprexa now. Psychiatrist consult." This order was signed by the physician.

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

Administrator

3/31/1

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 ollowing the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued

AND PLAN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MI A. BUIL		E CONSTRUCTION	(X3) DATE S COMPL	SURVEY ETED
		345529	B. WIN	G		. 001	10/0044
	PROVIDER OR SUPPLIER SAL HEALTH CARE/N	,		520	ET ADDRESS, CITY, STATE, ZIP CO 1 CLARKS FORK DRIVE LEIGH, NC 27616		10/2011
(X4) ID PREFIX TAG	(EACH DEFICIENCY REGULATORY OR L	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI) TAG	×	PROVIDER'S PLAN OF COI (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X6) COMPLETION DATE
F 250	psychiatric consult interview with the so 2:30pm revealed ship physician order for a A review of the NN documented the physician between worker where the rethoughts of harming that the physician dithreat to self or other order was received, increase Zyprexa to 0.25mg by mouth expanding member was thoughts; the physici change and referral review of the MAR (incord) for February	al work progress notes entation that the order for a nad been completed. An ocial worker on 3/10/11 at the was unaware of the	F 2	50			
	A review of the phys order dated 2/18/11 to 5mg by mouth twi mouth every 6 hours phychiatric services signed by the physic A review of the social revealed an entry daread; "resident is ale (short term memory) by) not being able to name, not able to reconstruction.	ician orders revealed an that read 1. increase Zyprexa ce a day, 2. Xanax 0.25mg by as needed, 3. contact for follow up. This order was ian. Il work progress notes ted 2/18/11(no time) that rt and oriented x2 with STM deficits AEB (as evidenced recall SW (social worker) call month/year and need interview for mental status).					

STATEMEN AND PLAN	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	- (MULTIP ILDING	LE CONSTRUCTION	(X3) DATE :	
-		345529	B. WI	NG		03/	10/2011
UNIVER	PROVIDER OR SUPPLIER SAL HEALTH CARE/I		— t	520	ET ADDRESS, CITY, STATE, ZIP COE D1 CLARKS FORK DRIVE ALEIGH, NC 27616		10/2011
(X4) ID PREFIX TAG	(EACH DEFICIENC REGULATORY OR I	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
-	For the last 2 week down/depressed, ti about herself and the dead all related to whouse, can't help far wants to walk. Both after comment and Staff MD (medical confident that reside contact psychiatric medicat resting in bed." No progress notes. A review of the quanch set) dated 2/18/11 able to understand was able to make head to make the wrong the form." When as referral the SW respectives.	s resident expressed she feels red, poor appetite, feel bad hought about better off being wanting to go home, see her amily, granddaughter sick and SW's spoke with resident still no change in answer, doctor) notified. MD fells ent will not harm herself, to services and increase further entries in social worker of the seed of the	F	250			
	revealed that some one and spoke with her.	nterview with the resident one came in the other day She indicated that she ation and that the lady was					

STATEMEN	IT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	10451.4			<u>. </u>		<u> O. 0938-03</u>	91
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	- 1		PLE CONSTRUCTIO	N	(X3) DATE	SURVEY	
-			A. BU	ILDING	3		COMP	LETED	
		345529	B. Wii	۷G					
-AME OF	PROVIDER OR SUPPLIER			,				10/2011	
		,		STRI	EET ADDRESS, CIT	Y, STATE, ZIP CODE			
UNIVER	SAL HEALTH CARE/N	ORTH RALEIGH			01 CLARKS FOR				
(X4) ID	SUMMARY STA	ATEMENT OF DEFICIENCIES		R/	ALEIGH, NC 276				
PREFIX	I (EACH DEFICIENCY	(MUST BE PRECEDED BY EUL)	ID PREF	.	PROVIDE	R'S PLAN OF CORRE	CTION	(X5) COMPLETIO	
TAG	REGULATORY OR L	SC IDENTIFYING INFORMATION)	TAG		CROSS-REFER	RECTIVE ACTION SH RENCED TO THE APP	OULD BE	COMPLETIO DATE	N
	<u> </u>			Ì		DEFICIENCY)			
F 250	Continued From pa	ge 3	F	250			,		
	going to come and	talk with her again. "It is nice	' 2	-00					
	io nave some one t	0 talk to. The SW comes inl		j					
	occasionally but not	t not very often. The resident					,		ļ
	was sitting in her wi	neel chair and was neatly				٠.,			ı
	groomed.						. •		
	On 3/10/11 at 11:00	am an interview with the							
	nurse practitioner fr	om the phychiatric service							ı
	revealed she had no	Ot seen the resident since chall		- 1					
	had the breakdown	last year. When asked what		1					
]	me resident was like	She responded that she had I							ĺ
	a traumatic brain in	UIV from a MVA(motor vehicle							
	discussion revealed	he was unpredictable. Further					•	1	- [
	referral to follow up	that she just received a with her again; she indicated						ĺ	
	she just manages th	ne medication and the		Ì					ļ
1	therapist is a differen	nt person							
]									
	3/10/11 an interview	with the physician at 2:00pm		ł			•		
1	revealed he checked	in on the resident when ever							ľ
-	remembers how she	g to see how she was. He					•		
	major break down to	looked when she had a st year and had to be		-					-
	hospitalized in the be	ehavior unit. She was				•			
	delusional and hallud	cinating she kept seeing her							-
i	dead nusband in her	room. She was not like that							
	this time I keep watc	hing her eves for that look		1					
	sne nad last year and	d It was not there. I increased i				,		}	
	ner medications and	ordered a consult for her.							
1.	on 2/9/11 had not be	as aware that the first consult							1
	discussing the consu	en done he said "no". When ilt ordered on 2/18/11 he was							ŀ
l i	unaware that she had	d not been seen until 3/8/11.							
	The doctor stated his	expectations would be that							
1	he nurse's would foll	low his orders.			•	٠.			
		Í				•			
1.	2140144 10/00								
	o/ 10/11 at 2:30pm an	interview with the DON		į				•	
,	evealed all physician	orders are reviewed on the			•				

DEPAR'	TMENT OF HEALTH	I AND HUMAN SERVICES 8 MEDICAID SERVICES			PRINTED FORM): 03/21/201 1 APPROVEI
STATEMEN'	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILD	TIPLE CONSTRUCTION	OMB NO (X3) DATE S COMPL). 0938-039 SURVEY
		345529	B. WING		03/	10/2011
UNIVER	ROVIDER OR SUPPLIER SAL HEALTH CARE/N		S	TREET ADDRESS, CITY, STATE, ZIP COD 5201 CLARKS FORK DRIVE RALEIGH, NC 27616		10,2011
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORF (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
F 279 SS=D	nurse taking a refer appropriate person The social worker edid not know about 483.20(d), 483.20(k) COMPREHENSIVE A facility must use the todevelop, review a comprehensive plan. The facility must deplan for each reside objectives and times medical, nursing, anneeds that are ident assessment. The care plan must to be furnished to athighest practicable psychosocial well-be §483.25; and any sebe required under §483.10, including the under §483.10, including the under §483.10 (b)(4) This REQUIREMEN by: Based on record reviacility failed to provimeet a residents psychosocial self-be grade in the resident's §483.10 (b)(4)	daily staff meeting. Also the ral order contacts the to follow up on the referrals. Intered the room and stated "I that referral on the 9th." (a)(1) DEVELOP CARE PLANS The results of the assessment and revise the resident's not care. Welop a comprehensive care and that includes measurable tables to meet a resident's not meet and psychosocial tified in the comprehensive describe the services that are tain or maintain the resident's physical, mental, and eing as required under ervices that would otherwise 483.25 but are not provided as exercise of rights under the right to refuse treatment	F 279	Pag 3	ons that are have been erviced on s on 03/16/11 dited on care ing by MDS and/o e plans that are be completed by ekly times four s to ensure	3/21/11

Findings include: Findings include:

AND PLAN	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDII	TIPLE CONSTRUCTION NG	(X3) DATE S COMPL	
		345529	B. WING _		03/1	10/2011
	PROVIDER OR SUPPLIER SAL HEALTH CARE/N	NORTH RALEIGH		REET ADDRESS, CITY, STATE, Z 5201 CLARKS FORK DRIVE RALEIGH, NC 27616		10,2011
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	CTION SHOULD BE THE APPROPRIATE	(X5) COMPLETION DATE
F 279	Continued From pa	ge 5	F 279			
:	2/10/10. Diagnoses Disorder, recurrent	dmitted to the facility on included Depression severe with psychotic features rachnoid Hemorrhage/ motor 03.				
	revealed an entry diread; "resident is all (short term memory by) not being able to name, not able to recues on BIMS (briefor the last 2 weeks down/depressed, tire about herself and the dead all related to whouse, can't help fawants to walk. Both after comment and Staff MD (medical confident that reside contact psychiatrics)	ial work progress notes ated 2/18/11(no time) that ert and oriented x2 with STM in deficits AEB (as evidenced or recall SW (social worker) ecall month/year and need of interview for mental status). It is resident expressed she feels red, poor appetite, feel bad anought about better off being wanting to go home, see her mily, granddaughter sick and SW's spoke with resident still no change in answer, loctor) notified. MD fells ent will not harm herself, to services and increase ons. Resident continues				
-	Set) dated 2/18/11 r able to understand was able to make he The residents cogni impaired. The MDS the resident had tho or of hurting herself					
	problem STM (short	lan dated 2/18/11 revealed a term memory) deficit AEB getfulness and unsafe	:			

AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	(X2) MUL A. BUILDI	TIPLE CONSTRUCTION NG	(X3) DATE : COMPL	
·		345529	B. WING		03/	10/2011
UNIVER	PROVIDER OR SUPPLIER SAL HEALTH CARE/N		ĺ	REET ADDRESS, CITY, STATE, ZIP COE 5201 CLARKS FORK DRIVE RALEIGH, NC 27616		10/2011
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION : CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD RE	(X5) COMPLETION DATE
F 282 SS=D	decision making, regregarding family iss better off dead, but were 3 identified go "Respond to questiverbalization x 90 d "Display logical progsafe decisions thru was "Will be recept address feelings of next review." On 3/9/11 at 3:32pm resident liaison (soo writing the care plar were not measurable 483.20(k)(3)(ii) SER PERSONS/PER CAThe services provided by accordance with each care. This REQUIREMEN by: Based on record revinterview, the facility interventions related being better off deach with these feelings. (Findings include:Finderselectory intervents services include:Finderselectory include:F	petitive anxious complaints uses. Stated feelings of feeling would not harm self. There wals. The first goal was con/statement with appropriate ays." The second goal was gression of thought by making next review." The third goal we to areas of compromise to unhappiness and conflict thru an interview with the sial worker) responsible for a confirmed the goals written e. EVICES BY QUALIFIED RE PLAN and or arranged by the facility of qualified persons in characterists written plan of the problem for feeling of the problem for feeling of the problem for feeling of the for 1 of 1 sampled resident (Resident #4).	F 282			
	motory or oubar	asimola i lemormage/ motor				

DEPARTMENT OF HEALTH AND HUMAN SERVICES PRINTED: 03/21/2011 FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING B. WING 345529 03/10/2011 .. AME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **5201 CLARKS FORK DRIVE** UNIVERSAL HEALTH CARE/NORTH RALEIGH RALEIGH, NC 27616 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES 1D PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (X6) COMPLETION **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) F 282 Continued From page 7 F 282 vehicle accident 2003. A review of a care plan dated 2/18/11 revealed a 321/1 problem STM (short term memory) deficit AEB Resident #4 was seen by Paradigm on 03/08/11 (as evidence by) forgetfulness and unsafe decision making, repetitive anxious complaints An audit of active charts was completed on regarding family issues. Stated feelings of feeling better off dead, but would not harm self. 03/16/11 by Social Worker to ensure no Interventions listed included; brief visits for interaction, consult with ----- (name of New orders for psych services had been written phycological services on changes, and socialization and provide social support and and appropriately implemented. None were reassurance. These interventions were to be provided by social services department. found. A review of the social work progress notes Orders will be reviewed by Director of Nursing, revealed an entry dated 2/18/11(no time) that read; "resident is alert and oriented x2 with STM MDS coordinator, Dietary Manager, and Social (short term memory) deficits AEB (as evidenced by) not being able to recall SW (social worker) Worker in morning meeting five days a week name, not able to recall month/year and need cues on BIMS (brief interview for mental status). Resident Liason/Social Worker have been counseled For the last 2 weeks resident expressed she feels down/depressed, tired, poor appetite, feel bad by Administrator on 03/16/11 for fallure to follow about herself and thought about better off being dead all related to wanting to go home, see her up on referral for Paradigm. house, can't help family, granddaughter sick and wants to walk. Both SW's spoke with resident Psych services audit will be conducted by Director of after comment and still no change in answer. Staff MD (medical doctor) notified. MD fells Nursing/ designee five times a week for 4 weeks confident that resident will not harm herself, to and then three times a week for four weeks and contact psychiatric services and increase psychiatric medications. Resident continues then monthly times three months. resting in bed." No further entries in social worker progress notes.

A review of the quarterly MDS (Minimum Data Set) dated 2/18/11 revealed Resident #4 was

able to understand what others said to her and

Findings will be reported to the Quality Assurance

Committee monthly times three months.

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

AND PLAN	OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		MULTIF	PLE CONSTRUCTION	(X3) DATE COMPI	
AME OF	PROVIDER OR SUPPLIER	345529	B. W	NG_		03/	10/2011
UNIVER	SAL HEALTH CARE/N			52	EET ADDRESS, CITY, STATE, ZIP CO 01 CLARKS FORK DRIVE ALEIGH, NC 27616		
(X4) ID PREFIX TAG	REGULATORY OR L	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG	ıx	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	V SHOULD BE	(X5) COMPLETION DATE
	was able to make he The residents cogni impaired. The MDS the resident had tho or of hurting herself On 3/9/11 at 3:32 pm resident liaison (soo made a referral for a physician ordered or "maybe last week the because the wrong of the form." When ask referral the SW resp is depressed and the always be that way". 3/10/11 8:50 am an in revealed that some of and spoke with her. Senjoyed the converse going to come and the to have some one to occasionally but not rewas sitting in her who groomed. On 3/10/11 at 11:00 and the resident was like a traumatic brain injuraccident) and that she are considered to the she are considered to the she are considered to the she are considered to make the resident was like a traumatic brain injuraccident) and that she considered the considered that she considered the she considered the considered that she considered the considered that she considered the considered that the considered that she considered the considered that she considered the considered that the	er self understood by others. Itive patterns were severely section titled Mood revealed rughts of being better off dead, nearly every day. In an interview with the ial worker) revealed that she is psychiatric referral after the ine on 2/18/11. She stated that he referral was returned family member had signed ited if she followed up on the onded "no" she (resident#4) at will not change she will	F	282	DEPICIENCY		
8	eterral to follow up wishe just manages the herapist is a different	ith her again; she indicated medication and the person.			,		

PRINTED: 04/01/2011 FORM APPROVED OMB NO. 09<u>38-</u>0391

·		A MEDIOMID OF MOCO				UNID NO	. 0000-000
	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BLDG		(X3) DÄTE S · · COMPLI	
		345529	B. WIN	IG _		04/0	1/2011
	(EACH DEFICIENCY	IORTH RALEIGH TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	5 R X	REET ADDRESS, CITY, STATE, ZIP CODE 201 CLARKS FORK DRIVE RALEIGH, NC 27616 PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPI DEFICIENCY)	OTION DULD BE	(X6) COMPLETIO DATE
K 029 SS=D	One hour fire rated fire-rated doors) or extinguishing system and/or 19.3.5.4 profithe approved auton option is used, the aption is used, the aptions. Doors are signed-applied protections.	construction (with ¾ hour an approved automatic fire m in accordance with 8.4.1 tects hazardous areas. When natic fire extinguishing system areas are separated from toke resisting partitions and elf-closing and non-rated or tive plates that do not exceed bottom of the door are	ΚO	29	K 029 A magnetic door holder device that will release upon activation of the fire alarm will be installed on the central supply door. The maintenance director will in-se all staff having an office with a sel closing device concerning blocking door or restricting its closure in an	nrvice f g open the y way.	5/2/11
SS≖D	Surveyor: 08661 42 CFR 483.70(a) By observation on 4 the hazardous area findings include wed central supply stora NFPA 101 LIFE SA Illumination of mear discharge, is arrang lighting fixture (bulb darkness. (This doe	s not met as evidenced by: . /1/11 at approximately noon was non-compliant, specific dge under the door to the ge room. FETY CODE STANDARD as of egress, including exit ed so that failure of any single) will not leave the area in es not refer to emergency ce with section 7.8.) 19.2.8	К 0		All storage room doors will be mor as part of the maintenance director morning rounds. Door inspection findings have been To the monthly safety committee a for compliance. A magnetic door holder for the cen door will be installed by May 2 nd 20. The in-service for staff concerning of doors will be completed April 15. K 045 A two bulb light fixture was installed Exit near the laundry.	s daily added genda tral supply 111. the restriction 2011.	on 5(2/11
	Surveyor: 08661 42 CFR 483.70(a) By observation on 4	not met as evidenced by: /1/11 at approximately noon scharge illumination was			All exits will be checked for proper Fixtures. All exit fixtures will be checked morthe findings will be recorded on the generator test form.	nthlu and	

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

. Michelle Balder in Admin

TITLE

(X6) DATE

administrator 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 appropriate property requisite to continued program participation.

Event ID: QOUM21

APR 13 2001 continuation sheet Page 1 of 4

OLIVIL	NO LOW MEDICALL	A MEDICAID SEKVICES				ONID NO.	<u>0938-039</u>
	T OF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUI		PLE CONSTRUCTION G 01 - MAIN BLDG	(X3) DATE SI COMPLE	
		345529	B. WIN	IG		04/0	1/2011
	PROVIDER OR SUPPLIER SAL HEALTH CARE/N	IORTH RALEIGH		51	REET ADDRESS, CITY, STATE, ZIP CODI 201 CLARKS FORK DRIVE RALEIGH, NC 27616	Ξ	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AF DEFICIENCY)	HOULD BE	(X6) COMPLETION DATE
K 050 SS=D	include a single bull laundry. Lighting milght from the exit diway (parking lot). The exit discharge shall least 1 ft-candle meany single lighting upon lillumination level of designated area. Note 10.1 LIFE SA shall are fire drills are held a varying conditions, and the staff is familiar that drills are part of Responsibility for plassigned only to conqualified to exercise conducted between	ge 1 mpliant: specific findings b fixture at the exit near must be arranged to provide ischarge leading to the public the walking surfaces within the illuminated to values of at easured at the floor. Fallure of init does not result in an less than 0.2 ft-candles in any FPA 101 7.8.1.1, 7.8.1.3, and FETY CODE STANDARD It unexpected times under at least quarterly on each shift, with procedures and is aware festablished routine. anning and conducting drills is mpetent persons who are leadership. Where drills are 9 PM and 6 AM a coded be used instead of audible			The monthly generator test insp will be included for approval by committee, and added to the saf agenda minutes. The light fixture near the laundr was replaced April 6th 2011. To two bulb fixture. K 050 Fire drills for third shift will be I wider range of unexpected times. An annual fire grid will be plann advance to include all shifts. Dri scheduled at unexpected times of the third shift supervisor will be on conducting fire drills and utility.	the safety ety committee y room exit the correct seld at a s. ed out in lls will be a all shifts, inserviced	5/2/11
K 056 SS=D	Surveyor: 08661 42 CFR 483.70(a) By document review noon the following fi specific findings incl third shift for 2010 w and 12:15 AM only. unexpected times. NFPA 101 LIFE SAF	on 4/1/11 at approximately re drills were noncompliant, ude the last four fire drills on vere held between 11:00 PM Fire drills are to be held at FETY CODE STANDARD atic sprinkler system, it is not with NFPA 13, Standard	K 0:		scheduled dates. The annual fire drill grid of sched dates, shifts and times will be given the safety committee for approva added to the safety committee million. The safety committee meets on A the third shift supervisor will be before the safety committee meet concerning conducting the sched	ren to al and nutes. pril 18 th 2011. in-serviced	

OFILE	NO LON MEDICAN	E & MEDICAID SEKVICES				OMB NO	<u>. 0938-039</u>
	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUI	LDING	PLE CONSTRUCTION 3 01 - MAIN BLDG	(X3) DATE S . COMPLI	
	·	345529	B. WII			04/0	1/2011
UNIVER	PROVIDER OR SUPPLIER SAL HEALTH CARE/			52	EET ADDRESS, CITY, STATE, ZIP CO 201 CLARKS FORK DRIVE ALEIGH, NC 27816	,	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF COI (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
K 056	provide complete of building. The system accordance with N Inspection, Testing Water-Based Fire supervised. There supply for the systems systems are equip	of Sprinkler Systems, to coverage for all portions of the em is properly maintained in FPA 25, Standard for the and Maintenance of Protection Systems. It is fully is a reliable, adequate water em. Required sprinkler ped with water flow and tamper a electrically connected to the	K	056	K 056 The correct distance of clearar sprinkler heads will be Mainta top shelf has been removed for the sprinkler head in the freez Barrier will be mounted inside Away from the sprinkler head And a barrier not to cross. All storage areas will be insper For any other sprinkler head Violations.	nined. The om under er. A wire e the freezer 20" as a reminder	5/2/11
K 144 SS=D	Surveyor: 08661 42 CFR 483.70(a) By observation on 4 the automatic sprin non-compliant, spe within 18" of the sp area. NFPA 101 LIFE SA Generators are insp	cific findings include storage rinkler head in the freezer FETY CODE STANDARD pected weekly and exercised linutes per month in	K 1	44	The dietary staff will be in-served by the Kitchen manager on the head clearance standards. All storage areas will be inspected by the maintenance director at the office of the inspection will be addeded and the dietary staff will be in-served April 15th 2011. The post will to the Inside of the freezer by	ne sprinkler cted monthly nd findings d to the I minutes. viced by be mounted	
	This STANDARD is Surveyor: 08661	s not met as evidenced by:		-		:	

AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A BUILDING 01 - MAIN BLDG 345529 NAME OF PROVIDER OR SUPPLIER UNIVERSAL HEALTH CARE/NORTH RALEIGH (X4) ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) K 144 Continued From page 3 A BUILDING 01 - MAIN BLDG O4/01/201' STREET ADDRESS, CITY, STATE, ZIP CODE 5201 CLARKS FORK DRIVE RALEIGH, NC 27616 (EACH CORRECTION OF CORRECTION (X (EACH CORRECTION SHOULD BE COMPLETED) O4/01/201' O4/01/201' STREET ADDRESS, CITY, STATE, ZIP CODE 5201 CLARKS FORK DRIVE RALEIGH, NC 27616 CROSS-REFERENCE TO THE APPROPRIATE DEFICIENCY) K 144			E & MEDICAID SERVICES				OMB N	O. 0938-039
NAME OF PROVIDER OR SUPPLIER UNIVERSAL HEALTH CAREMORTH RALEIGH SUMMARY STATEMENT OF DESIGNACES (EACH DESIGNACE WISTS BE PRECIDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) K 144 Continued From page 3 42 CFR 483.70(a) By observation on 4/1/1 at approximately noon the following operational inspection and testing was non-compliant. Specific findings include: documentation for monthly load test was conducted without recording percent rated load or temporaturer rise. A load bank test had not been completed within the past year. NFPA 99 3-4.4.2 Recordkeeping. A written record of inspection, performance, exercising period, and repairs shall be regularly maintained and available for inspection by the authority having jurisdiction. NFPA 110 6-4.2 (1999 edition) generator sets in Level 1 and Level 2 service shall be exercised at least once monthly, for a infinimum of 30 minutes, using one of the following methods: (a) Under operating temperature conditions or at not less than 30 percent of the EPS nameplate rating (b) Loading that maintains the minimum exhaust gas temperatures as recommended by the manufacturer. NFPA 110 6-4.2 (1999 edition) Diesel-powered EPS installations that do not meet the requirements of 6-4.2 shall be exercised annually with the available EPPS load and exercised annually with supplemental loads at 25 percent of nameplate rating for 30 minutes, followed by 75 percent of nameplate rating for 30 minutes, followed by 75 percent of nameplate rating for 30 minutes, followed by 75 percent of nameplate rating for 30 minutes, followed by 50 percent of nameplate rating for 30 minutes, followed by 50 percent of nameplate rating for 60 minutes, followed by 61 percent of nameplate rating for 30 minutes, followed by 65 percent of nameplate rating for 60 minutes, followed by 61 percent of nameplate rating for 60 minutes, for a total of 2 continuous hours. (load of the percent	STATEMEN AND PLAN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:					
NAME OF PROVIDER OR SUPPLIER UNIVERSAL HEALTH CARE/MORTH RALEIGH (AC) ID PRIEFIX (EACH DEPICIENCY MUST BE PRECEDED BY FULL TAG IN EQUILATION OR IS DIDENTIFYING INFORMATION) K 144 Continued From page 3 42 CFR 483.70(a) By observation on 4/1/1 at approximately noon the following operational inspection and testing was non-compliant. Specific findings include: documentation for monthly load test was conducted without recording percent rated load or temperature rise. A load bank test had not been completed within the past year. NFPA 93 -4.4.2 Recordkeeping. A written record of inspection, performance, exercising period, and repairs shall be regularly maintained and available for inspection by the authority having jurisdiction. NFPA 110 6-4.2.2 (1999 edition) generator sets in Level 1 and Level 2 service shall be exercised at least once monthly, for a minimum of 30 minutes, using one of the following methods: (a) Under operating temperature conditions or at not less than 30 percent of the EPS nameplate rating (b) Loading that maintains the minimum exhaust gas temperatures as recommended by the manufacturer. NFPA 110 6-4.2.2 (1999 edition) Diesel-powered EPS installations that do not meet the requirements of 6-4.2 shall be exercised and annually with the available EPPS load and exercised annually with supplemental loads at 25 percent of nameplate rating for 30 minutes, followed by 50 percent of nameplate rating for 30 minutes, followed by 60 percent of nameplate rating for 30 minutes, followed by 60 percent of nameplate rating for 60 minutes, for a total of 2 continuous hours, (load)				D 14/11	10			
UNIVERSAL HEALTH CARE/MORTH RALEIGH (X4) ID PREFIX TAG SUMMARY STATEMENT OF DEPICIENCIES (EACH DEVICENCY MUST BE PRECIDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) K 144 Continued From page 3 42 CFR 483.70(a) By observation on 4/1/11 at approximately noon the following operational inspection and testing was non-compliant. Specific findings include: documentation for monthly load test was conducted within the past year. NFPA 99 3-4.4.2 Recordkeeping. A written record of inspection, performance, exercising period, and repairs shall be regularly maintained and available for inspection by the authority having jurisdiction. NFPA 110 6-4.2 (1999 edition) generator sets in Level 1 and Level 2 service shall be exercised at least once monthly, for a minimum of 30 minutes, using one of the following methods: (a) Under operating temperature conditions or at not less than 30 percent of the EPS nameplate rating (b) Loading that maintains the minimum exhaust gas temperatures as recommended by the manufacturer. NFPA 110 6-4.2.2 (1999 edition) Diesel-powered EPS installations that do not meet the requirements of 6-4.2 shall be exercised monthly with the available EPPS load and exercised annually with supplemental loads at 25 percent of nameplate rating for 30 minutes, followed by 75 percent of nameplate rating for 30 minutes, followed by 75 percent of nameplate rating for 30 minutes, followed by 75 percent of nameplate rating for 60 minutes, for a total of 2 continuous hours.	111111111	· · · · · · · · · · · · · · · · · · ·	345529	G. VVII			04.	/01/2011
K 144 Continued From page 3 42 CFR 483.70(a) By observation on 4/1/11 at approximately noon the following operational inspection and testing was non-compliant. Specific findings include: documentation for monthly load test was conducted without recording percent rated load or temperature rise. A load bank test had not been completed within the past year. NFPA 99 3-4.4.2 Recordkeeping. A written record of inspection, performance, exercising period, and repairs shall be regularly maintained and available for inspection by the authority having jurisdiction. NFPA 110 6-4.2 (1999 edition) generator sets in Level 1 and Level 2 service shall be exercised at least once monthly, for a minimum of 30 minutes, using one of the following methods: (a) Under operating temperature conditions or at not less than 30 percent of the EPS nameplate rating (b) Loading that maintains the minimum exhaust gas temperatures as recommended by the manufacturer. NFPA 110 6-4.2.2 (1999 edition) Diesel-powered EPS installations that do not meet the requirements of 6-4.2 shall be exercised annually with supplemental loads at 25 percent of nameplate rating for 30 minutes, followed by 50 percent of nameplate rating for 30 minutes, followed by 50 percent of nameplate rating for 30 minutes, followed by 50 percent of total of 2 continuous hours, (load	UNIVER	SAL HEALTH CARE/	ATEMENT OF DEFICIENCIES	ID.	52	01 CLARKS FORK DRIVE ALEIGH, NC 27616		
42 CFR 483.70(a) By observation on 4/1/11 at approximately noon the following operational inspection and testing was non-compliant. Specific findings include: documentation for monthly load test was conducted without recording percent rated load or temperature rise. A load bank test had not been completed within the past year. NFPA 99 3-4.4.2 Recordkeeping. A written record of inspection, performance, exercising period, and repairs shall be regularly maintained and available for inspection by the authority having jurisdiction. NFPA 110 6-4.2 (1999 edition) generator sets in Level 1 and Level 2 service shall be exercised at least once monthly, for a minimum of 30 minutes, using one of the following methods: (a) Under operating temperature conditions or at not less than 30 percent of the EPS nameplate rating (b) Loading that maintains the minimum exhaust gas temperatures as recommended by the manufacturer. NFPA 110 6-4.2.2 (1999 edition) Diesel-powered EPS installations that do not meet the requirements of NFPA 110 6-4.2.2 (1999) edition. A new monthly and weeklygenerator Test form has been signed with a licensed Generator maintenance company to Include a 2 hour load bank test annually. The date of the load bank test will be entered Into the minutes of the safety committee Agenda and followed up with on the month Following the testing. The load bank test will be kept in the maintenance Directors maintenance log. The load bank test was performed April 6th 2011 By National Power Corporation. When the emergency generator was load Tested to meet the requirements of NFPA 110 6-4.2.2 (1999) edition. A new monthly and weeklygenerator Test form has been signed with a licensed Generator maintenance company to Include a 2 hour load bank test will be entered Into the minutes of the safety committee Agenda and followed up with on the month Following the testing. The load bank test will be kept in the maintenance Directors maintenance log. The load bank test was performed April 6th 2011 By National Power Corporation.		REGULATORY OR L	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFI		(EACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE AP	HOULD BE ·	(X5) COMPLETIC DATE
		42 CFR 483.70(a) By observation on a the following operar was non-compliant, documentation for a conducted without a temperature rise. A completed within the NFPA 99 3-4.4.2 Rerecord of inspection period, and repairs and available for instance in the period of the following jurisdiction. NFPA 110 6-4.2 (19) Level 1 and Level 2 least once monthly, using one of the following in the period of the following in the semanufacture. NFPA 110 6-4.2.2 (19) Loading that magas temperatures as manufacturer. NFPA 110 6-4.2.2 (19) EPS installations the requirements of 6-4. with the available EF annually with supplementation of the percent of nameplate followed by 75 perceminutes, for a total of the conduction of the followed by 75 perceminutes, for a total of the conduction of the followed by 75 perceminutes, for a total of the conduction of the followed by 75 perceminutes, for a total of the conduction of the followed by 75 perceminutes, for a total of the followed by 75 perceminutes, for a total of the followed by 75 perceminutes, for a total of the followed by 75 perceminutes, for a total of the followed by 75 perceminutes, for a total of the followed by 75 perceminutes, for a total of the followed by 75 perceminutes, for a total of the followed by 75 perceminutes.	A/1/11 at approximately noon bional inspection and testing Specific findings include: monthly load test was recording percent rated load or load bank test had not been e past year. Becordkeeping. A written performance, exercising shall be regularly maintained expection by the authority 199 edition) generator sets in service shall be exercised at for a minimum of 30 minutes, owing methods: I temperature conditions or at cent of the EPS nameplate Intains the minimum exhaust is recommended by the 1999 edition) Diesel-powered at do not meet the 1999 edition Diesel-powered at do not meet the	K 1	T	The emergency generator was lot Tested to meet the requirements NFPA 110 6-4.2.2 (1999) edition of the property of the requirements of the safety can be a signed with a Generator maintenance company Include a 2 hour load bank test will find the minutes of the safety compand and followed up with one of the safety compand the safety compand to the minutes of the safety compand and followed up with one of the safety compand the safety compand to the minutes of the safety compand and followed up with one of the safety compand the safety in the mainternance log.	of n. ator to ist, licensed to nually. be entered mittee the month mk test nance	3/2/11