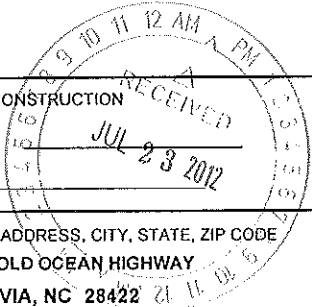


DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 07/16/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345549	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/12/2012
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NAME OF PROVIDER OR SUPPLIER UNIVERSAL HEALTH CARE / BRUNSWICK	STREET ADDRESS, CITY, STATE, ZIP CODE 1070 OLD OCEAN HIGHWAY BOLIVIA, NC 28422
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(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
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F 328 SS=E	<p>483.25(k) TREATMENT/CARE FOR SPECIAL NEEDS</p> <p>The facility must ensure that residents receive proper treatment and care for the following special services: Injections; Parenteral and enteral fluids; Colostomy, ureterostomy, or ileostomy care; Tracheostomy care; Tracheal suctioning; Respiratory care; Foot care; and Prostheses.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, staff interview, and review of the facility's policy, the facility failed to ensure oxygen concentrator filters were cleaned for 6 of 6 sampled residents receiving oxygen therapy via concentrators (residents 9, 78, 62, 72, 170 and 99).</p> <p>Review of an undated facility policy entitled, Oxygen Concentrator, read in part, " 15. clean filter with soap and water weekly. "</p> <p>The Treatment Administration Records (TARs) were reviewed for the resident ' s. The TARs read clean concentrator (no mention of the filter specifically). Resident #9 did not have a TAR or MAR with orders to clean her concentrator.</p> <p>A. Resident # 9 was admitted to the facility on 2/5/10 with a diagnosis including Chronic Obstructive Pulmonary Disease and was receiving oxygen therapy via an oxygen</p>	F 328	<p><i>Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusion set forth in the statement of deficiencies. The plan of correction is prepared and/or Executed solely because it is Required by provisions of state and federal law.</i></p> <p>For Residents # 9,78,62,72,170 and 99 O2 Filters were replaced with new clean filters on 7/12/2012.</p> <p>All residents that have potential to be affected were identified by the DON in a facility wide audit for residents receiving oxygen therapy via oxygen concentrator. All oxygen concentrator filters were removed, discarded and exchanged for new clean filters.</p>	<p>7-12-12</p> <p>7-12-12</p>
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Holly J. Norman</i>	TITLE NHA	(X6) DATE 7/18/12
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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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NAME OF PROVIDER OR SUPPLIER UNIVERSAL HEALTH CARE / BRUNSWICK		STREET ADDRESS, CITY, STATE, ZIP CODE 1070 OLD OCEAN HIGHWAY BOLIVIA, NC 28422		
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F 328	<p>Continued From page 1</p> <p>concentrator. During an observation of the oxygen concentrator on 7/10/12 at 11:40AM the filter was completely covered with dust and was grey in color. During an interview with the resident, who was identified as being alert and oriented she stated that she had asked the housekeeper to clean the filter but the housekeeper stated that was not her job. During a second observation of the oxygen concentrator filter on 7/11/12 at 9:30AM revealed the filter was in the same condition. A third observation on 7/12/12 at 8:30AM revealed the filter was in the same condition.</p> <p>B. Resident #78 was admitted to the facility on 11/18/10 with a diagnosis including interstitial lung disease and Congestive Heart Failure and was receiving oxygen therapy via an oxygen concentrator. During an observation of the oxygen concentrator on 7/10/12 at 1:30PM the filter was observed to be covered with dust. A second observation on 7/11/12 at 9:50AM revealed the filter was in the same condition. A third observation on 7/12/12 at 8:40AM revealed the filter was in the same condition.</p> <p>C. Resident #62 was admitted to the facility on 1/30/10 with a diagnosis including Chronic Respiratory Infection and Congestive Heart Failure and was receiving oxygen therapy via an oxygen concentrator. During an observation of the oxygen concentrator on 7/11/12 at 9:45AM the filter was observed to be covered with dust.</p> <p>D. Resident #72 was admitted to the facility on 4/7/11 with a diagnosis including Chronic Bronchitis and Chronic Obstructive Pulmonary Disease and was receiving oxygen therapy via an</p>	F 328	<p><i>Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusion set forth in the statement of deficiencies. The plan of correction is prepared and/or Executed solely because it is Required by provisions of state and federal law.</i></p> <p>The following corrective measures Initiated; Oxygen filters will be cleaned daily using soap and water by licensed personnel on night shift. This will be documented on the filter cleaning log form.</p> <p>All licensed personnel are in serviced regarding the oxygen filter cleaning procedure</p> <p>To assure continued compliance the DON/Designee will monitor 5 times per week for four weeks and then weekly for 3 months then PRN monitors will be conducted. Results of monitors and actions taken will be reviewed Monthly at QA to assure continued compliance.</p>	<p>7/13/12</p> <p>7/18/12</p> <p>7/18/12</p>

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NAME OF PROVIDER OR SUPPLIER UNIVERSAL HEALTH CARE / BRUNSWICK			STREET ADDRESS, CITY, STATE, ZIP CODE 1070 OLD OCEAN HIGHWAY BOLIVIA, NC 28422		
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F 328	<p>Continued From page 2</p> <p>oxygen concentrator. During an observation of the oxygen concentrator filter on 7/11/12 at 9:50AM the filter was observed to be covered with dust.</p> <p>E. Resident #170 was admitted to the facility on 6/27/12 with a diagnosis including Coronary Artery Disease and was receiving oxygen therapy via an oxygen concentrator. During an observation of the oxygen concentrator filter on 7/11/12 at 9:55AM the filter was observed to be covered with dust. During a second observation on 7/11/12 at 2:15PM revealed the filter was still dirty.</p> <p>F. Resident # 99 was admitted to the facility on 6/11/12 with a diagnosis including Chronic Obstructive Pulmonary Disease and Chronic Respiratory Failure and was receiving oxygen therapy via an oxygen concentrator. During an observation of the oxygen concentrator on 7/11/12 at the filter was observed to be covered with dust. A second observation on 7/11/12 at 2:15PM revealed the filter was still covered with dust.</p> <p>During an interview with NA #1 on 7/12/12 at 8:45AM he stated that the nurses clean the filters.</p> <p>During an interview with Nurse #1 on 7/12/12 at 8:50AM she stated that the night shift nurses cleans the filters once a week.</p> <p>During an interview with the Director of Nursing (DON) on 7/12/12 at 9:00AM she stated that the machines are cleaned on Sunday nights and it is documented on the Medication Administration Record (MAR). The DON was observed to wash</p>	F 328			

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F 328	<p>Continued From page 3</p> <p>resident # 78 ' s oxygen concentrator filter and the filter still was observed to have lint/dust on it. She stated that she could pick it off but washing alone did not remove the lint. She further stated that she had never monitored how quickly the lint accumulated but would monitor the filter to see how quickly lint accumulated. She stated that the filters may just need to be replaced.</p> <p>During a follow up interview with the DON on 7/12/12 at 9:15AM she stated that she would write orders to have each filter cleaned daily. She stated that they should not look that way.</p> <p>During an interview with the Administrator on 7/12/12 at 11:20am she stated that she expected that the filters be clean.</p>	F 328			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345549	(X2) MULTIPLE CONSTRUCTION: A. BUILDING 01 - MAIN BLDG B. WING _____	(X3) DATE SURVEY COMPLETED AUG 24 2012 08/08/2012
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NAME OF PROVIDER OR SUPPLIER UNIVERSAL HEALTH CARE / BRUNSWICK	STREET ADDRESS, CITY, STATE, ZIP CODE 1070 OLD OCEAN HIGHWAY BOLIVIA, NC 28422
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K 000	INITIAL COMMENTS Surveyor: 27871 This Life Safety Code(LSC) survey was conducted as per The Code of Federal Register at 42 CFR 483.70(a); using the New Health Care section of the LSC and its referenced publications. This building is Type V-III construction, one story, with a complete automatic sprinkler system.	K 000	<i>Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusion set forth in the statement of deficiencies. The plan of correction is prepared and/or Executed solely because it is Required by provisions of state and federal law.</i>	
K 038 SS=D	The deficiencies determined during the survey are as follows: NFPA 101 LIFE SAFETY CODE STANDARD Exit access is arranged so that exits are readily accessible at all times in accordance with section 7.1. 18.2.1	K 038	K038 No residents were adversely affected by the alleged deficient practice All residents residing in the facility have The potential to be affected by the alleged deficient practice.	
K 056 SS=E	This STANDARD is not met as evidenced by: Surveyor: 27871 Based on observations and staff interview at approximately 9:30 am onward, the following items were noncompliant, specific findings include: staff could not identify location of emergency release switch (for mag locking system) when interviewed(nurse station). 42 CFR 483.70(a) NFPA 101 LIFE SAFETY CODE STANDARD There is an automatic sprinkler system, installed in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems, with approved components, devices, and equipment, to provide complete coverage of all portions of the facility.	K 056	All staff received education regarding the proper procedure for emergency release of the doors with magnetic locks All new staff will receive instruction during general orientation and annually. The maintenance director will do verbal audits to verify staff can demonstrate knowledge regarding release of the magnetic doors in emergency situations weekly x 3weeks and then randomly. Results will be reported at the monthly QA Meeting.	8/24/12

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Kathy S. Norman NHA</i>	TITLE	(X8) DATE 8-24-12
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DEPARTMENT OF HEALTH AND HUMAN SERVICES
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Fax:

Aug 24 2012 10:23am P004/005
PRINTED: 08/10/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345549	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BLDG B. WING _____	(X3) DATE SURVEY COMPLETED 08/08/2012	
NAME OF PROVIDER OR SUPPLIER UNIVERSAL HEALTH CARE / BRUNSWICK		STREET ADDRESS, CITY, STATE, ZIP CODE 1070 OLD OCEAN HIGHWAY BOLIVIA, NC 28422		
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K 056	<p>Continued From page 1</p> <p>The system is maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. There is a reliable, adequate water supply for the system. The system is equipped with waterflow and tamper switches which are connected to the fire alarm system. 18.3.5.</p> <p>This STANDARD is not met as evidenced by: Surveyor: 27871 Based on observations and staff interview at approximately 9:30 am onward, the following items were nocompliant, specific findings include: exhauster valve is not electrical supervised. Exhauster location is on 500 Hall.</p> <p>42 CFR 483.70(a) NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Penetrations of smoke barriers by ducts are protected in accordance with 8.3.6.</p> <p>This STANDARD is not met as evidenced by: Surveyor: 27871 Based on observations and staff interview at approximately 9:30 am onward, the following items were nocompliant, specific findings include: fire/smoke damper did not activate on fire alarm test(location on 100 hall),</p> <p>42 CFR 483.70(a)</p>	K 056	<p>K056 No residents were adversely affected by the alleged deficient practice.</p> <p>All residents residing within the facility have the potential to be affected by the alleged deficient practice.</p> <p>Automated tamper switches were installed to the Exhauster located on 500 Hall by BFPE International on 8/23/12. Test for proper function were conducted at installation.</p> <p>Tamper switches will monitored on going through the fire monitoring system.</p> <p>K104 No residents were adversely affected by the alleged deficient practice</p> <p>All residents residing in the facility have the potential to be affected by the alleged deficient practice.</p>	8/23/12
K 104 SS=E		K 104		

Fax:

Aug 24 2012 10:23am P005/005

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			<p>K104 (cont)</p> <p>The automatic motorized damper was repaired on 8/20/2012 by Piedmont Service Group.</p> <p>All other automatic motorized dampers in the facility were inspected for proper function by Piedmont Service Group</p> <p>The maintenance director will inspect the automatic motorized dampers monthly x 3 months to assure proper operation. The results will be reviewed in monthly QA x 3 months.</p>	8/20/12