

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

PRINTED: 02/05/2020
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345142	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 01/22/2020
NAME OF PROVIDER OR SUPPLIER UNIVERSITY PLACE NURSING AND REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 9200 GLENWATER DRIVE CHARLOTTE, NC 28262		
(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	F 000			
F 842 SS=B	<p>A complaint investigation survey was conducted on 01/22/2020. There were 13 allegations investigated and they were all unsubstantiated. Event ID # GM1111.</p> <p>Resident Records - Identifiable Information CFR(s): 483.20(f)(5), 483.70(i)(1)-(5)</p> <p>§483.20(f)(5) Resident-identifiable information. (i) A facility may not release information that is resident-identifiable to the public. (ii) The facility may release information that is resident-identifiable to an agent only in accordance with a contract under which the agent agrees not to use or disclose the information except to the extent the facility itself is permitted to do so.</p> <p>§483.70(i) Medical records. §483.70(i)(1) In accordance with accepted professional standards and practices, the facility must maintain medical records on each resident that are- (i) Complete; (ii) Accurately documented; (iii) Readily accessible; and (iv) Systematically organized</p> <p>§483.70(i)(2) The facility must keep confidential all information contained in the resident's records, regardless of the form or storage method of the records, except when release is- (i) To the individual, or their resident representative where permitted by applicable law; (ii) Required by Law; (iii) For treatment, payment, or health care operations, as permitted by and in compliance with 45 CFR 164.506;</p>	F 842			

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

TITLE

(X6) DATE

Electronically Signed

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 842	<p>Continued From page 1</p> <p>(iv) For public health activities, reporting of abuse, neglect, or domestic violence, health oversight activities, judicial and administrative proceedings, law enforcement purposes, organ donation purposes, research purposes, or to coroners, medical examiners, funeral directors, and to avert a serious threat to health or safety as permitted by and in compliance with 45 CFR 164.512.</p> <p>§483.70(i)(3) The facility must safeguard medical record information against loss, destruction, or unauthorized use.</p> <p>§483.70(i)(4) Medical records must be retained for-</p> <p>(i) The period of time required by State law; or</p> <p>(ii) Five years from the date of discharge when there is no requirement in State law; or</p> <p>(iii) For a minor, 3 years after a resident reaches legal age under State law.</p> <p>§483.70(i)(5) The medical record must contain-</p> <p>(i) Sufficient information to identify the resident;</p> <p>(ii) A record of the resident's assessments;</p> <p>(iii) The comprehensive plan of care and services provided;</p> <p>(iv) The results of any preadmission screening and resident review evaluations and determinations conducted by the State;</p> <p>(v) Physician's, nurse's, and other licensed professional's progress notes; and</p> <p>(vi) Laboratory, radiology and other diagnostic services reports as required under §483.50.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on interviews and record review the facility failed to maintain a complete and accurate medical record of insulin administration and blood sugar readings for 2 of 2 residents (Resident #2</p>	F 842			

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F 842	<p>Continued From page 2 and #3) reviewed for documentation.</p> <p>The findings included:</p> <p>1. Resident #2 was admitted on 10/23/15 with diagnoses including diabetes mellitus.</p> <p>A review of a quarterly Minimum Data Set dated 12/26/2019 revealed Resident #2 was moderately cognitively impaired. She needed limited assistance of 1-2 staff for care and received insulin 1 time during the assessment period.</p> <p>A review of Resident #2's care plan revealed she had the potential for complications of hypoglycemia (low blood sugar) related to Diabetes Mellitus. The interventions included: monitor for symptoms of hypoglycemia that included: sweating, tremors, fast heartrate, pallor, confusion and slurred speech, blood sugar readings as ordered by doctor and to follow the facility protocol.</p> <p>Review of the January 2020 facility Medication Administration Record (MAR) for Resident #2 revealed:</p> <p>Long-acting insulin injection - administer 30 units subcutaneously at bedtime with 01/14/2020 not documented as given.</p> <p>Long-acting isulin injection - administer 20 units subcutaneously three times a day before meals with 01/4/2020, 01/5/2020, 01/06/2020 the 11:30 am dose not documented as given, and on 01/4/2020,01/05/2020, 01/10/2020, and 01/14/2020 the 4:30 PM dose not documented as given.</p>	F 842			

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F 842	<p>Continued From page 3</p> <p>Blood sugar readings were not documented on 01/2, 8/2020 at 11:30 am, on 01/10/2020, 15/2020 at 4:30 pm and on 01/15/2020 at 9:00 pm.</p> <p>An interview with Nurse #1 on 01/22/2020 at 11:07 am revealed blood sugar readings for Resident #2 were taken before meals and scheduled insulin doses were to be administered at least 30 minutes before eating food along with sliding scale insulin if indicated. She further revealed that she documented on the MAR after the medications had been administered to the resident.</p> <p>An interview with the Unit Supervisor #1 on 01/22/2020 at 11:58 am revealed that blood sugar readings were taken before meals and scheduled insulin doses were to be administered before eating food along with sliding scale insulin if indicated.</p> <p>An interview, conducted with the Assistant Director of Nursing (ADON) on 1/22/20 at 4:37pm, revealed the nurses should initial the MAR after they administer medications including insulin and check blood sugars.</p> <p>An interview, conducted with the Administrator on 1/22/20 at 5:00 pm, revealed she wrote a Performance Improvement Plan (PIP) for Quality Assurance (QA) because nurses had not been signing off medications as given. She further stated she wanted staff to check blood sugars and administer insulin as ordered by the physician and document that it had been given.</p> <p>2. Resident #3 was admitted to the facility on 3/26/15 with diagnoses including diabetes</p>	F 842			

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F 842	<p>Continued From page 4</p> <p>mellitus. Review of the annual Minimum Data Set (MDS) assessment dated 10/21/19 revealed Resident #3 was cognitively intact and able to make decisions about her care. Resident #3 was not in the facility at the time of the complaint investigation.</p> <p>Review of Resident #3's care plan revealed interventions and goals related to the potential for complications of hyperglycemia (high blood sugar) or hypoglycemia (low blood sugar). Interventions included FSBS (finger stick blood sugar) as ordered by physician and medication as ordered by the physician.</p> <p>Review of the medication administration record (MAR) for January 2020 revealed the following orders for insulin and blood sugars:</p> <ol style="list-style-type: none"> 1. Lantus insulin 45 units subcutaneously twice daily scheduled at 6:30am and 8:30pm. On 1/4/20 and 1/5/20, the 8:30pm insulin doses were not initialed by the nurse as given. On 1/6/20 and 1/7/20, the 6:30am insulin dose was not initialed by the nurse as given. 2. Novolog insulin 20 units subcutaneously three times a day before meals. Hold insulin if blood sugar less than 130. On 1/16/20 the 6:30am insulin dose was not initialed by the nurse as given. On 1/6/20 and 1/16/20 the 12:30pm insulin dose was not initialed by the nurse as given. On 1/3/20 through 1/10/20 and 1/12/20 through 1/17/20, 1/20/20 and 1/21/20, the 4:30pm insulin dose was not initialed by the nurse as given. 3. Novolog insulin (sliding scale) based on blood sugars 150-200=1 unit; 201-250=2 units; 251-300=3 units; 301-350=4 units; 401-450=6 units; 451-500=7 units; greater than 500=8 units, 	F 842			

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F 842	<p>Continued From page 5</p> <p>scheduled before meals and at bedtime. On 1/4/20 and 1/5/20 the 8:30pm insulin doses were not initialed by the nurse as given.</p> <p>4. Victoza 1.2mg subcutaneous once daily scheduled at 6:00am. On 1/7/20 and 1/8/20 the 6:00am doses were not initialed by the nurse as given.</p> <p>Review of the staffing schedule revealed the following nurses were scheduled on 1/4/20 and 1/5/20: Nurse #3 was scheduled to work 3-11pm; Nurse #4 was scheduled to work 7pm-7am and Nurse #5 was scheduled 3-11pm.</p> <p>An interview, conducted with Nurse #3 on 1/22/20 at 2:30pm, revealed she worked 3pm-11pm shift. She stated she was not assigned to Resident #3 on 1/4/20 or 1/5/20. She stated the med carts were split so another nurse took care of her.</p> <p>Attempts were made to interview Nurse #4 and Nurse #5 but calls were not returned.</p> <p>An interview, conducted with the Assistant Director of Nursing (ADON) on 1/22/20 at 4:37pm, revealed the nurses should initial the MAR after they administer medications including insulin and check blood sugars.</p> <p>An interview, conducted with the Administrator on 1/22/20 at 5:00 pm, revealed she and the ADON identified a concern with Resident #3's insulin administration on 1/6/19 and modified the performance improvement plan (PIP) the same day. The Administrator stated she also wrote a Performance Improvement Plan (PIP) to verify that the nurses understood their assignments on the weekends. The interview further revealed she</p>	F 842			

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F 842	Continued From page 6 expected staff to initial the MAR after they administer medications including insulin and check blood sugars.	F 842			