

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

PRINTED: 09/08/2020  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>345561</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b>  <b>08/10/2020</b>
NAME OF PROVIDER OR SUPPLIER  <b>UNIVERSAL HEALTH CARE/FUQUAY-VARINA</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>410 S JUDD PARKWAY SE</b> <b>FUQUAY VARINA, NC 27526</b>	
(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	E 000		
F 000	An unannounced COVID-19 Focused Emergency Preparedness Survey was conducted on 08/5-10/2020. The facility was found to be in compliance with 42 CFR §483.73 related to E-0024 (b)(6), Subpart-B-Requirements for Long Term Care Facilities. Event #F6W011.	F 000		
F 580 SS=D	INITIAL COMMENTS  An unannounced COVID-19 Focused Infection Control Survey and complaint investigation were conducted on 08/5-10/2020. The facility was found to be in compliance with 42 CFR §483.80 infection control regulations and has implemented the CMS and Centers for Disease Control and Prevention (CDC) recommended practices to prepare for COVID-19. Event FVEE11  3 of the 42 complaint allegations were substantiated resulting in a deficiency tag F580. Notify of Changes (Injury/Decline/Room, etc.) CFR(s): 483.10(g)(14)(i)-(iv)(15)  §483.10(g)(14) Notification of Changes. (i) A facility must immediately inform the resident; consult with the resident's physician; and notify, consistent with his or her authority, the resident representative(s) when there is- (A) An accident involving the resident which results in injury and has the potential for requiring physician intervention; (B) A significant change in the resident's physical, mental, or psychosocial status (that is, a deterioration in health, mental, or psychosocial status in either life-threatening conditions or clinical complications); (C) A need to alter treatment significantly (that is, a need to discontinue an existing form of	F 580		8/31/20

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

TITLE

(X6) DATE

Electronically Signed

08/25/2020

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 580	<p>Continued From page 1</p> <p>treatment due to adverse consequences, or to commence a new form of treatment); or</p> <p>(D) A decision to transfer or discharge the resident from the facility as specified in §483.15(c)(1)(ii).</p> <p>(ii) When making notification under paragraph (g) (14)(i) of this section, the facility must ensure that all pertinent information specified in §483.15(c)(2) is available and provided upon request to the physician.</p> <p>(iii) The facility must also promptly notify the resident and the resident representative, if any, when there is-</p> <p>(A) A change in room or roommate assignment as specified in §483.10(e)(6); or</p> <p>(B) A change in resident rights under Federal or State law or regulations as specified in paragraph (e)(10) of this section.</p> <p>(iv) The facility must record and periodically update the address (mailing and email) and phone number of the resident representative(s).</p> <p>§483.10(g)(15) Admission to a composite distinct part. A facility that is a composite distinct part (as defined in §483.5) must disclose in its admission agreement its physical configuration, including the various locations that comprise the composite distinct part, and must specify the policies that apply to room changes between its different locations under §483.15(c)(9).</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on record reviews, staff and family interviews, the facility failed to notify the resident ' s responsible party of a new skin condition and treatment for 1 of 3 resident reviewed for notification of changes. (Resident #6)</p>	F 580	<p>1. Resident #6 developed excoriation on her buttocks. On 4/23/20 a treatment order was placed. There was no documentation of Responsible Party (RP) notification. The resident has since</p>		

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F 580	<p>Continued From page 2</p> <p>Findings included: Resident #6 was admitted to the facility on 4/16/20 for rehabilitation. Resident #6 ' s diagnoses included right femur neck fracture, cognitive communication deficit, dementia, muscle weakness, difficulty walking and hypertension.</p> <p>The 5-day admission Minimum Data Set (MDS) dated 4/23/20 revealed Resident #6 was cognitively impaired and required extensive assistance with bed mobility, transfers and toileting. The MDS further noted no skin conditions were present on admission.</p> <p>The care plan dated 4/25/20 stated Resident #6 had actual alterations in skin integrity as evidenced by a right hip surgical wound, right forearm skin tear and sacrum/buttock excoriation. The resident was at risk for further breakdown/pressure ulcers due to impaired bed mobility, weakness and episodes of incontinence. Resident #6 ' s medical record revealed the responsible party (RP) was a family member.</p> <p>A physician order dated 4/23/20 for wound care read to cleanse area of excoriation to sacrum and buttocks with normal saline, pat dry, apply xeroform and cover with a dry dressing daily and as needed. The physician telephone order was taken by Nurse #2.</p> <p>A review of the nurses notes did not indicate the RP was notified of Resident #6 ' s skin condition or treatment ordered by the physician.</p> <p>An interview was conducted with Nurse #1 on 8/10/20 at 1:30pm. Nurse #1 stated the nurse receiving the order from the physician for a new wound was responsible for calling and informing the RP.</p> <p>An interview was conducted on 8/10/20 at 3:10pm with Nurse #2. Nurse #2 stated she was unable to recall taking the order from the</p>	F 580	<p>discharged to home.</p> <p>2. Residents receiving new treatment orders are at risk of no RP and/or resident notification.</p> <p>3. Charts of current residents will be reviewed x 30 days, looking for new and/or changes in treatment orders that require RP notification and notification will be made if needed. Documentation of RP notification will be entered into the electronic medical record (EMR). This review of the EMR and any needed RP and/or resident notification will be documented on a resident census sheet. The current residents' EMR audits will be completed by the Director of Nursing (DON), Assistant DON (ADON), Treatment Nurse (TN) and/or the Unit Managers (UM). The audit will be completed by Friday, 8/28/20. All licensed staff will be educated by Director of Nursing (DON), Assistant DON (ADON), Treatment Nurse and unit managers (UM) in how to review new treatment orders and the notification policy. The education will be completed by Friday, August 28, 2020. Education related to receiving new treatment orders and RP/resident notification will be incorporated into orientation for all licensed staff. New treatment orders will be reviewed Monday through Friday during the clinical meeting attended by the DON, ADON, TN, UM and ancillary staff. The clinical staff will review notes in the EMR to verify resident and/or RP notification of new treatment orders. Any nurses consistently failing to provide RP/resident notification as required will</p>		

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F 580	Continued From page 3 physician or calling the RP. Nurse #2 stated it is her practice to call and make the RP aware of a new order and document in the nurses notes the notification. Nurse #2 stated the reason the notification was not documented could be due to the facility being short staffed. An interview was conducted with Resident #6 ' s RP on 8/10/20 at 11:55am. The RP stated the facility did not notify her of a new skin condition or ordered treatment. On 8/5/20, the Director of Nursing stated if a new order was placed the staff were to notify the RP .	F 580	receive disciplinary action up to and including termination. 4. The DON will present the outcome of the audits to the QAPI committee monthly until substantial compliance has been achieved.	