

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345566	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/12/2021
NAME OF PROVIDER OR SUPPLIER PRUITTHEALTH-UNION POINTE			STREET ADDRESS, CITY, STATE, ZIP CODE 3510 WEST HIGHWAY 74 MONROE, NC 28110	
(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 The survey team entered the facility on 03/08/2021 to conduct a recertification survey and complaint investigation. The survey team was onsite 03/08/2021, 03/09/2021 and 03/10/2021. Additional information was obtained offsite on 03/11/2021 and 03/12/2021. Therefore, the exit date was 03/12/2021. 8 of the 8 complaint allegations were not substantiated. Event ID#UJ3N11.	F 000		
F 677 SS=D	ADL Care Provided for Dependent Residents CFR(s): 483.24(a)(2) §483.24(a)(2) A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene; This REQUIREMENT is not met as evidenced by: Based on observations, record review, resident and staff interviews, the facility failed to provide a dependent resident with shaving assistance (Resident # 74) for 1 of 4 residents reviewed for activities of daily living (ADL). Findings included: Resident #74 was readmitted to the facility on 8/9/20 with medical diagnoses inclusive of unspecified dementia without behavioral disturbance, personal history of transient ischemic attack, and cerebral infarction without residual deficits. Resident #74's annual Minimum Data Set (MDS) dated 2/2/21 revealed she was moderately cognitively impaired and required extensive assistance with personal hygiene.	F 677	This plan of correction constitutes a written allegation of substantial compliance with Federal and Medicaid requirements. Preparation and/or execution of this correction does not constitute admission or agreement by the provider of the truth of items alleged or conclusions set forth for the alleged deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provision of the state and federal law. It also demonstrates our good faith and desire to continue to improve the quality of care and services to our residents. The affected resident <input type="checkbox"/> s facial hair was removed promptly on 3/10/2021 once it was brought to the attention of staff.	3/26/21

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

TITLE

(X6) DATE

Electronically Signed

03/29/2021

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 677	<p>Continued From page 1</p> <p>Resident #74's comprehensive care plan included a focus area that she required assistance with ADL.</p> <p>A review of the March 2021 Point of Care ADL category report revealed Resident #74 received a shower on 3/8/21.</p> <p>During an observation and interview with Resident #74 on 3/8/2021 at 11:23 AM, she had facial hair approximately 1/4 inches in length scattered above her top lip, surrounding the edges of her mouth and on her chin. Resident #74 reported she desired to have the hair removed from her face.</p> <p>An observation on 3/09/21 at 10:43 AM revealed Resident #74 was in her room dressed in her personal clothing. She continued to have the facial hair observed on 3/8/21. Resident #74 reported no one had asked if she wanted to have the facial hair removed although she wanted no hair on her face.</p> <p>On 3/10/21 at 9:29 AM, an observation of Resident #74 revealed facial hair remained as observed two days prior.</p> <p>During an observation of Resident #74 and an interview with Nurse Aide (NA) #1 on 3/10/21 at 11:00 AM, NA #1 reported she assisted Resident #74 with a shower on 3/8/21, however, she forgot to shave her facial hair. NA #1 stated residents were usually shaved during their shower time.</p> <p>An observation of Resident #74 and an interview were conducted with a Unit Manager (UM) on 3/10/21 at 10:54 AM. The UM reported during a</p>	F 677	<p>To ensure those with the potential of being affected are not affected, all female residents were assessed for facial hair on 3/10/2021. No other residents were noted to have the condition.</p> <p>All nurses and nurses aides providing care for dependent female residents were educated on assessing for shaving needs with residents unable to provide independent ADL care. These inservices were provided by the director of nursing and/or the interim clinical competency coordinator.</p> <p>In order to monitor for continued compliance, the administrator or director of nursing will observe 5 female residents 3x/week for unwanted facial hair for 3 weeks, 3 female residents 2x/week for 2 weeks, 2 female residents weekly x 1 week, then PRN. The findings will be reviewed at the next scheduled QAPI meeting.</p> <p>Completion date 3/26/21</p>		

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

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F 677	Continued From page 2 shower, residents were assisted with shaving facial hair and Resident #74 should have been shaved during her shower on 3/8/21. The Director of Nursing (DON) was interviewed on 3/10/21 at 12:19 PM. She stated residents were expected to have facial hair removed as desired, as needed as well as during their shower time. The DON indicated she would instruct staff to remove Resident #74's facial hair.	F 677			
F 812 SS=E	Food Procurement,Store/Prepare/Serve-Sanitary CFR(s): 483.60(i)(1)(2) §483.60(i) Food safety requirements. The facility must - §483.60(i)(1) - Procure food from sources approved or considered satisfactory by federal, state or local authorities. (i) This may include food items obtained directly from local producers, subject to applicable State and local laws or regulations. (ii) This provision does not prohibit or prevent facilities from using produce grown in facility gardens, subject to compliance with applicable safe growing and food-handling practices. (iii) This provision does not preclude residents from consuming foods not procured by the facility. §483.60(i)(2) - Store, prepare, distribute and serve food in accordance with professional standards for food service safety. This REQUIREMENT is not met as evidenced by: Based on an observation, staff interviews and record review, the facility failed to remove a potentially hazardous food from refrigeration. Thawed ground beef was available for use and	F 812	The registered dietician immediately discarded the rolls of ground meat on 3/8/2021. Furthermore, the registered dietician inspected all meat in refrigeration	3/18/21	

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F 812	<p>Continued From page 3</p> <p>stored in a pool of congealed blood in the walk-in refrigerator for 14 days after removal from the freezer. This occurred in 1 of 1 walk-in refrigerators.</p> <p>The findings included:</p> <p>The facility's Labeling, Dating and Storage procedure for food safety revised 10/18/2017 indicated food items which require refrigeration will be stored based on the United States Department of Agriculture (USDA) Quick Reference Shelf Life List.</p> <p>The USDA Storage Times for Refrigerated Foods updated 02/29/2016 directed refrigerated ground beef, ground poultry and stew meat should be used within 1 to 2 days. The United States Food and Drug Administration Cold Storage Food Chart dated July 2020 also indicated uncooked hamburger and other ground meats can be safely stored in refrigeration for 1 to 2 days.</p> <p>Observation on 03/08/2021 at 9:52 AM revealed the third shelf of the walk-in refrigerator contained 5 five-pound packages of uncooked ground beef on a rimmed tray. Blood covered approximately two thirds of the tray underneath the ground beef packages. Approximately one third of the blood appeared congealed. A piece of paper propped against the ground beef packages contained a handwritten note with the message: "4 rolls pulled 02/23/2021." The fourth and bottom shelf contained two rimmed trays of clear plastic covered uncooked chicken pieces. The plastic cover was clean and dry.</p> <p>Interview on 03/08/2021 at 9:53 AM with the Registered Dietician (RD) revealed he was</p>	F 812	<p>to ensure no other meet was effected. None were noted.</p> <p>To ensure on-going compliance, the registered dietician educated all dietary staff on proper labeling procedure for thawing meats. Staff will label any thawing meats with a use by date. In addition, they were in-serviced on the need to discard any meet that exceeds this labeled date. (3/18/2021)</p> <p>The administrator or registered dietitian will inspect all thawing meets to ensure proper storage is maintained 3x/week x 3 weeks, then 2x/week x 2 weeks and then PRN. The findings will be reviewed at the next schedule QAPI meeting.</p> <p>Completion date 3/18/21</p>		

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F 812	<p>Continued From page 4</p> <p>responsible for kitchen management which included food preparation and safety. The RD reported the hand-written message indicated the packages of ground beef had been removed from the freezer on 02/23/2021 to thaw in the refrigerator. The RD did not know the origin of the note or reason for the different amount of ground beef packages in the refrigerator and on the note. The RD explained the ground beef was to be used for the lunch meal planned on 03/10/2021 but would be immediately discarded. The RD reported the thawed ground beef should have been used or discarded after 2 days.</p> <p>Interview with the Cook on 03/08/2021 at 9:58 AM revealed she did not remove the ground beef from the freezer. The Cook reported she used the walk-in refrigerator on a regular basis and had not noticed the thawed ground beef packages.</p> <p>A second interview with the RD on 03/08/2021 at 10:00 AM revealed he checked the cold storage daily for sanitation and proper food storage. The RD reported he did not notice the thawed ground beef or hand-written note which indicated date of removal from the freezer during his daily inspections.</p> <p>Interview with the Administrator on 03/10/2021 at 11:43 AM revealed the ground beef should be safely stored according to the facility's policy and procedure for food safety.</p>	F 812			