

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

PRINTED: 02/28/2023
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 R-C 02/04/2023
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 000	INITIAL COMMENTS An onsite revisit was conducted from 02/01/23 through 02/04/23. Tags F677, F692, and F914 were corrected as of 02/04/23. Repeat tags (F814 and F867) were cited. New tags were also cited as a result of the complaint investigation conducted at the same time as the revisit. The facility remains out of compliance. Event # L1NJ12.	F 000			
F 814 SS=F	Dispose Garbage and Refuse Properly CFR(s): 483.60(i)(4) §483.60(i)(4)- Dispose of garbage and refuse properly. This REQUIREMENT is not met as evidenced by: Based on observation and staff interviews, the facility failed to maintain the area surrounding the dumpsters free of debris and refuse for 2 of 2 dumpsters reviewed. Findings included: An observation of the dumpster area was conducted on 02/01/23 at 10:20 A.M. with the Administrator and the Director of Nursing. The observation revealed: 2 dirty plastic forks, a dirty plastic knife, and a dirty plastic spoon, a soiled plastic glove, several little pieces of plastic and paper, and a green garden hose with black soil and leaves on it strewn on the ground between the dumpsters and the fence. An interview was completed with the Administrator on 02/01/23 at 10:25 A.M. The Administrator stated that the 55-gallon garbage cans that the facility was cited for during the recertification survey had been cleaned up. He	F 814	1. No resident was named in this alleged deficient practice. Dumpster area was pressure washed by Maintenance Director and Executive Director to ensure area was clean of trash maintained in a sanitary condition. This was completed on 2/8/23. 2. Any resident had the potential to be affected. Education provided to all staff, including agency staff, on standards for dumpster area appearance. Executive Director provided education, When related to F814, including importance of maintaining garbage storage are maintained in a sanitary condition to prevent the harborage and feeding of pests . Any staff who has not been educated by 3/1/23 will not be allowed to work until they have completed the required education. 3. Corporate Clinical Consultant completed education on 2/23/23 with the	3/1/23	

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

TITLE

(X6) DATE

Electronically Signed

02/24/2023

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 814	Continued From page 1 further stated that the facility auditing tool for the dumpster area was for garbage cans with standing water. The Administrator indicated that he was the person responsible for auditing the dumpster area. He stated he had last audited the dumpster area on 1/30/23, and there were no issues. The Administrator further stated that the dumpster area should be free of garbage and refuse, and it was not. An interview was conducted with the Maintenance Director on 02/01/23 at 1:25 P.M. The Maintenance Director stated that it was the responsibility of the maintenance staff and the dietary staff to keep the dumpster area clean and free of clutter. He further stated that the garden hose that was found next to the dumpster was still good. The Maintenance Director indicated that the hose had been accidentally left there.	F 814	Executive Director, Housekeeping, Dietary and Maintenance Director on the importance of keeping the dumpster area clean and free of debris. Executive Director or designee will audit dumpster area twice daily, 5 times per week for 2 weeks then 3 times per week for 2 weeks, then monthly for 2 months to ensure area is free of debris. 4. Executive Director will complete a summary of the audit results and present at the facility monthly QAPI meeting, to ensure continued compliance.		
F 867 SS=F	QAPI/QAA Improvement Activities CFR(s): 483.75(c)(d)(e)(g)(2)(i)(ii) §483.75(c) Program feedback, data systems and monitoring. A facility must establish and implement written policies and procedures for feedback, data collections systems, and monitoring, including adverse event monitoring. The policies and procedures must include, at a minimum, the following: §483.75(c)(1) Facility maintenance of effective systems to obtain and use of feedback and input from direct care staff, other staff, residents, and resident representatives, including how such information will be used to identify problems that are high risk, high volume, or problem-prone, and opportunities for improvement.	F 867		3/1/23	

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F 867	Continued From page 2 §483.75(c)(2) Facility maintenance of effective systems to identify, collect, and use data and information from all departments, including but not limited to the facility assessment required at §483.70(e) and including how such information will be used to develop and monitor performance indicators. §483.75(c)(3) Facility development, monitoring, and evaluation of performance indicators, including the methodology and frequency for such development, monitoring, and evaluation. §483.75(c)(4) Facility adverse event monitoring, including the methods by which the facility will systematically identify, report, track, investigate, analyze and use data and information relating to adverse events in the facility, including how the facility will use the data to develop activities to prevent adverse events. §483.75(d) Program systematic analysis and systemic action. §483.75(d)(1) The facility must take actions aimed at performance improvement and, after implementing those actions, measure its success, and track performance to ensure that improvements are realized and sustained. §483.75(d)(2) The facility will develop and implement policies addressing: (i) How they will use a systematic approach to determine underlying causes of problems impacting larger systems; (ii) How they will develop corrective actions that will be designed to effect change at the systems	F 867			

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F 867	<p>Continued From page 3</p> <p>level to prevent quality of care, quality of life, or safety problems; and</p> <p>(iii) How the facility will monitor the effectiveness of its performance improvement activities to ensure that improvements are sustained.</p> <p>§483.75(e) Program activities.</p> <p>§483.75(e)(1) The facility must set priorities for its performance improvement activities that focus on high-risk, high-volume, or problem-prone areas; consider the incidence, prevalence, and severity of problems in those areas; and affect health outcomes, resident safety, resident autonomy, resident choice, and quality of care.</p> <p>§483.75(e)(2) Performance improvement activities must track medical errors and adverse resident events, analyze their causes, and implement preventive actions and mechanisms that include feedback and learning throughout the facility.</p> <p>§483.75(e)(3) As part of their performance improvement activities, the facility must conduct distinct performance improvement projects. The number and frequency of improvement projects conducted by the facility must reflect the scope and complexity of the facility's services and available resources, as reflected in the facility assessment required at §483.70(e). Improvement projects must include at least annually a project that focuses on high risk or problem-prone areas identified through the data collection and analysis described in paragraphs (c) and (d) of this section.</p> <p>§483.75(g) Quality assessment and assurance.</p>	F 867			

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F 867	Continued From page 4 §483.75(g)(2) The quality assessment and assurance committee reports to the facility's governing body, or designated person(s) functioning as a governing body regarding its activities, including implementation of the QAPI program required under paragraphs (a) through (e) of this section. The committee must: (ii) Develop and implement appropriate plans of action to correct identified quality deficiencies; (iii) Regularly review and analyze data, including data collected under the QAPI program and data resulting from drug regimen reviews, and act on available data to make improvements. This REQUIREMENT is not met as evidenced by: Based on observations, record review, and staff interviews, the facility's Quality Assurance and Performance Improvement (QAPI) committee failed to maintain implemented procedures and monitor the interventions that the committee put into place following the recertification survey and complaint investigation on 12/16/22. This was for a recited deficiency on the current revisit survey of 2/4/23 in the area of Food and Nutrition Services (F814). The continued failure during two federal surveys of record shows a pattern of the facility's inability to sustain an effective Quality Assurance Program. Findings included: The tag is cross-referenced to: F814: Based on observation and staff interviews, the facility failed to maintain the area surrounding the dumpsters free of debris and refuse for 2 of 2 dumpsters reviewed.	F 867	1) No resident was named in this alleged deficient practice. Dumpster area was pressure washed by Maintenance Director and Executive Director to ensure area was clean of trash maintained in a sanitary condition. This was completed on 2/8/23. 2) All residents had the potential to be affected by this alleged deficient practice. 3) Nurse Consultant completed re-training with the Administrator and Director of Nursing on Quality Assurance Performance Improvement process, this included how to begin identifying quality improvement issues around F 814, by utilizing facility observation rounds, implementing observation rounds wit the facility QAPI Committee, which includes Administrator, Director of Nursing, Administrative Nurses, minimum data ser (MDS) nurse, social worker, business office manager, dietary manager,		

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F 867	<p>Continued From page 5</p> <p>During the recertification survey and complaint investigation completed on 12/16/22 the facility failed to maintain the area surrounding the dumpsters free of debris and ensure waste was contained for 2 of 2 dumpsters reviewed.</p> <p>An interview was conducted with the Administrator on 02/01/23 at 11:10 A.M. The Administrator stated he felt the QAPI committee had focused the plan of correction on the 55-gallon garbage cans and standing water that were specifically identified in the deficiency from the previous survey of 12/16/22. He stated that the current plan of correction and auditing tool was too specific and would need to be reviewed and revised.</p>	F 867	<p>housekeeping manager, and maintenance director. The Administrator will complete training with the facility QAPI committee to ensure they are aware of importance of facility observation rounds daily, including importance of F814 compliance to maintain clean and sanitary garbage disposal area.</p> <p>4) The Administrator will be reviewing QAPI committees observation rounds 5 days/weekly, then weekly per 4 weeks, then monthly for 3 months, to ensure the facility continues compliance with F814. The Regional Director of Operations and/or the Director of Operations will be completing a review of the facility QAPI minutes monthly for 3 months to ensure the facility QAPI committee is addressing facility identified areas of improvement.</p> <p>5) The Administrator will complete a summary of these observation rounds and present a report at the facility monthly QAPI meeting, to ensure continued compliance.</p>		