

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 07/09/2024
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NAME OF PROVIDER OR SUPPLIER UNIVERSITY PLACE NURSING AND REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 9200 GLENWATER DRIVE CHARLOTTE, NC 28262
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F 000	INITIAL COMMENTS A complaint investigation survey was conducted on 07/09/24. Event ID # 7P6X11. The following intakes were investigated NC00218669, NC00218423 and NC00218130. Two (2) of the 14 allegations resulted in a deficiency.	F 000		
F 689 SS=D	Free of Accident Hazards/Supervision/Devices CFR(s): 483.25(d)(1)(2) §483.25(d) Accidents. The facility must ensure that - §483.25(d)(1) The resident environment remains as free of accident hazards as is possible; and §483.25(d)(2) Each resident receives adequate supervision and assistance devices to prevent accidents. This REQUIREMENT is not met as evidenced by: Based on observation, record review, staff interviews, the facility failed to safely assist a resident without causing injury to 1 of 3 residents (Resident #1) reviewed for accidents. Resident #1 was documented to be transferred by a lift and was assisted by Nurse Aide #1 alone. The findings included: Resident #1 was originally admitted to the facility on 06/23/23 with diagnoses which included dementia and hypertension. Resident #1's quarterly Minimum Data Set (MDS) dated 03/31/24 revealed Resident #1 was severally cognitively impaired and required extensive assistance with transfers. Review of Resident #1's care plan revised on	F 689	On 7/9/2024 Agency Certified Nursing Assistant #1 was educated on Resident #1s transfer status and how to view care guides to obtain this information for all residents in the facility. On 7/9/24, a 100% audit was initiated by the Nurse Consultant on the Resident Care Guide and Activities of Daily Living (ADL) care plan to ensure appropriate transfer status is on Resident Care Guide. The validation of transfer status will be determined by nursing and therapy department. This audit is also to ensure that the Resident Care Guide and the ADL care plan match. On 7/9/24, 100% in-service was initiated by the Nursing Home Administrator (NHA)	8/5/24

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Electronically Signed	TITLE	(X6) DATE 08/01/2024
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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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F 689	<p>Continued From page 1</p> <p>04/19/24 revealed the resident was care planned for Activities of Daily Living (ADL). The goal was for Resident #1's care to be completed with staff support as appropriate to maintain or achieve highest practical level of functioning through the next review. Interventions included chair to bed and to chair transfer required a mechanical life for Resident #1.</p> <p>Review of Resident #1's care guide revised on 04/19/24 revealed Resident #1 required a mechanical lift for transfers.</p> <p>An observation conducted on 07/09/24 at 12:35 PM revealed Nurse Aide (NA) #1 transferred Resident #1 by herself from the bed to the wheelchair to take the resident to the dining room for lunch. No injury or incident was observed. The observation further revealed no care guide was posted or lift present in Resident #1's room at the time of the transfer.</p> <p>An interview conducted with Nurse Aide (NA) #1 on 07/09/24 at 2:15 PM revealed she was an agency staff and had been working in the facility for two weeks. NA #1 further revealed she was not familiar with Resident #1 and assumed the resident was a one person assist because nursing staff had not educated her on Resident #1. NA #1 stated she transferred the resident from the bed to his wheelchair without any issues. NA #1 indicated she was not aware Resident #1 had a history of falls and had not been educated to look at the residents' care guide in the electronic chart for the residents ADLs.</p> <p>An interview conducted with Unit Manager (UM) #1 on 07/09/24 at 1:15 PM revealed Resident #1 had a history of falls. The UM further revealed</p>	F 689	<p>and Staff Development Coordinator (SDC) with all nurses and nursing assistants regarding Safe Handling to include reading and following the resident care guide prior to transferring a resident for the correct transfer status. The in-service will be completed by 8/5/24. After 8/5/24, all nurses or nursing assistants that have not worked or received the in-service will complete it upon their next scheduled shift. All newly hired nurses and nursing assistants will be educated by the SDC during orientation regarding Safe Handling.</p> <p>On 7/9/24, the NHA initiated education with all nurses and nursing assistants on how to access and read the Resident Care Guide and find the appropriate transfer status. The education will be done in groups per shift. NHA will pull up the electronic record and access Resident Care Guide with all nurses and nursing assistants. The purpose of the education is to ensure staff understand how to access the resident care guide and locate the resident transfer status. The in-service will be completed by 8/5/24. After 8/5/24, nurses or nursing assistants who have not worked or received the in-service will complete upon their next scheduled shift. All newly hired nurses and nursing assistants will be educated by the SDC during orientation regarding how to access resident care guide to include resident transfer status.</p> <p>On 7/27/24, the nursing supervisor initiated Resident Care Audit-Transfers</p>		

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F 689	<p>Continued From page 2</p> <p>she could not recall what Resident #1's status was for transfers but knew he was at least a two person assist. UM #1 indicated nursing staff was educated to follow the residents' care guide. UM #1 indicated NA #1 was agency staff and should have not transferred Resident #1 by herself.</p> <p>An interview conducted with Nurse #1 on 07/09/24 at 2:35 PM revealed Resident #1 was a mechanical lift for transfers from the bed to wheelchair. Nurse #1 further revealed nursing staff had been educated to review residents care guides for ADL assistance. Nurse #1 stated NA #1 should have not transferred Resident #1 without assistance due to the resident's history of falls.</p> <p>Interview conducted with the Director of Nursing (DON) on 07/09/24 at 3:20 PM revealed nursing staff had been educated to follow resident care guides and care plan. The DON indicated NA #1 and all staff who were agency had been educated to follow all residents care guides in the electric chart. The DON further revealed Resident #1 was documented to have a mechanical lift for transfers and should have been followed.</p> <p>An interview conducted with Administrator on 07/09/24 at 2:55 PM revealed nursing staff had been educated at orientation to follow resident care guides. Administrator further revealed NA #1 should not have transferred Resident #1 with one assist and followed what was reflected on Resident #1's care guide.</p>	F 689	<p>with return demonstration with all nursing assistants (NA) to include agency. The purpose of the return demonstration is to validate staff knowledge and understanding of education and to ensure staff accessed and read resident care guide prior to transfers and that staff utilized appropriate technique per the resident care guide instructions for type of transfer. All areas of concern will be immediately addressed during the demonstration by the Nursing Administration team to include the Nurse Supervisor, Unit Managers, and Staff Development Coordinator to include education of staff on reading care guide and transfer technique. The return demonstration for all staff that worked will be completed by 8/5/24. After 8/5/24, any nurse or nursing assistant that has not completed the return demonstration will not be allowed to work until the demonstration is completed. The Staff Development Coordinator will complete a Resident Care Transfer Audit with all newly hired nursing assistants during orientation to validate understanding and compliance with education.</p> <p>10% of nursing assistants will be observed performing resident transfers by the Director of Nursing (DON), Unit Manager (UM) and Staff Development Coordinator (SDC) utilizing the Resident Care Transfer Audit Tool weekly x 6 weeks then monthly x 2 months. This audit is to ensure staff accessed and read resident care guide prior to transfers and that staff utilized appropriate technique</p>		

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

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F 689	Continued From page 3	F 689	<p>per the resident care guide instructions for type of transfer. All areas of concern will be immediately addressed during the demonstration by the DON, UM and SDC to include education of staff on reading care guide and transfer technique.</p> <p>The nursing Supervisor, Unit Managers, Staff Development Coordinator and/or therapy will audit transfer status of all newly admitted/readmitted residents utilizing the Transfer Status Audit tool weekly x 6 weeks then monthly x 2 months. This audit is to ensure the care plan/care guide accurately reflects the resident's current transfer status for the safety of the resident. The Nurse Supervisor, Unit Managers, Staff Development Coordinator and/or therapy will address all concerns identified during the audit to include but not limited to assessment of the resident for transfers, updating care guide/care plan when indicated and/or re-education of staff.</p> <p>The Director of Nursing will be responsible for the oversight of the audits and will forward the results of the audit to the Quality Assurance Performance Improvement (QAPI) committee monthly x 3 months for review and recommendations.</p>		