

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345529	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/07/2024
NAME OF PROVIDER OR SUPPLIER Universal Health Care/North Raleigh		STREET ADDRESS, CITY, STATE, ZIP CODE 5201 Clarks Fork Drive NW Raleigh, NC 27616	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
F 0689 Level of Harm - Actual harm Residents Affected - Few	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 28270</p> <p>Based on observations, staff and physician interviews and record review, the facility failed to provide care safely to (Resident (R) 5 and R8) resulting in the residents sustaining injury. On 10/7/24 during the provision of incontinence care to R5 by Certified Nurse Aide (CNA) 1, the CNA utilized the draw sheet to pull the resident toward her resulting in the resident rolling in the opposite direction and onto the floor. R5 sustained a right hip fracture requiring surgical repair. On 9/19/24, R8, a resident who was dependent on staff assistance and was at high risk for injury related to a history of osteoporosis, was identified with bruising to her left leg and her feet. An x-ray revealed a probable fracture of the fifth toe on her left foot. Additionally, the facility failed to investigate and analyze R8's unwitnessed fall that occurred on 9/24/24 to determine causative factors. This deficient practice affected 2 of 2 residents reviewed for accidents.</p> <p>Findings included:</p> <p>1. Review of R5's Admission Record located in the Profile tab of the electronic medical record (EMR) revealed R5 was admitted to the facility on [DATE] with diagnoses that included chronic pain syndrome, muscle weakness, and communication deficit. R5 was discharged from the facility on 10/08/24.</p> <p>Review of R5's Quarterly Minimum Data Set (MDS) located in the MDS tab of the EMR with an Assessment Reference Date (ARD) of 09/16/24, indicated a Brief Interview for Mental Status (BIMS) score of 13 out of 15 which indicated R5 was cognitively intact. The MDS indicated R5 had an impairment on both sides of their lower extremities.</p> <p>Review of R5's Care Plan, dated 08/08/24, located in the Care Plan tab of the EMR, indicated, The resident is at risk for falls. Intervention in place included, Non-skid socks while out of bed (initiated 08/08/24); Place bed in lowest position while residents in bed (Initiated 08/08/24); Place common items within reach of the resident (Initiated 08/08/24); Remind resident to use call light to ask for assistance with ADLs [Activities of Daily Living] (Initiated 08/08/24); and Send to ER [emergency room] for evaluation and treatment (Initiated on 10/09/24). The resident also had a Care Plan which indicated, The resident requires assistance with ADLs, initiated on 08/08/24 which indicated, Refer to skilled therapy as needed.</p> <p>Review of R5's undated CNA Kardex (a care guide for CNAs), located in the Tasks of the EMR, indicated, Bed mobility-one person assist. R5's toileting ability did not indicate how many staff were needed for assistance.</p> <p>(continued on next page)</p>		

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.

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

TITLE

(X6) DATE

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<p>F 0689</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>Review of the facility's document titled, Corrective Action, dated 10/07/24, accompanied a statement by CNA1 which indicated, On the night of the patient accident. I walked in the room to give patient care. Patient was on her back sleeping on her right side. Head of bed in the up position. I let the head of patient down for the change [sic]. Walk to the dresser for a new brief. With pull sheet, pulled patient to me before the care was completed, and the patient rolled off the bed. No guard rail for patient support from rolling off bed to floor. I, as the caregiver, couldn't and had no time to stop the fall of patient. The nurse came with another CNA.</p> <p>Interview with the CNA1 on 10/29/24 at 5:09 PM, CNA1 stated on 10/07/24 I walked in the room and grabbed the 'diaper' and began care. I was standing at the resident's bedside between the two beds. I used the draw sheet to pull the resident towards me. As I pulled the draw sheet the resident rolled in the opposite direction. I then yelled for help and a nurse, and another aide came to assist with the resident. When asked if the resident required a mechanical lift, CNA1 stated she had never seen the resident outside of bed. She stated she reviewed the Kardex and spoke to nursing and the resident who ensured the resident one person assist.</p> <p>Review of R5's Progress Notes found in the Progress Notes tab of the EMR documented by Licensed Practical Nurse (LPN)1 effective date, 10/08/24 at 7:45 AM indicated on 10/07/24, Resident was observed on her right side on the floor between her bed and the wall with her back towards the wall. Her right arm pinned beneath her, facing the bed with her head towards the head of the bed and her feet towards the foot of the bed at 8:53PM. Resident was moaning and complaining of a lot of pain to her right hip. Resident reported that she had struck her head on the wall and wanted staff to call her daughter as well as send her to the hospital Call placed to 911 [10/07/24] at 8:57PM. EMS arrived at facility at 9:06PM.</p> <p>Review of the Witnessed Fall documentation provided by the facility dated 10/08/24, indicated on 10/07/24, Resident observed on her right side of the floor between her bed and the wall with her back towards the wall, her right arm is pinned beneath her, facing the bed with her head towards the head of the bed and her feet towards the foot of the bed. Patient stated that while being changed, she was being rolled over for incontinence care and rolled off the bed.</p> <p>Review of the [Hospital] Emergency Department [ED] Provider Note provided by the State Agency (SA), dated 10/08/24, listed date of service as 10/07/24. The note indicated, Patient was laying in the bed, she is not ambulatory, was being changed by nursing facility and rolled off the bed, hit the right side of her head as well as her right hip only complaint of pain of the right hip. On exam, her right leg is shortened and externally rotated . Will obtain X-Ray of hip . Further review revealed, ED Course . right hip fracture .surgery tomorrow.</p> <p>Interview with LPN1 on 10/29/24 at 1:56 PM revealed CNA1 was working with the resident alone when the resident rolled out of bed. LPN1 stated the resident called for staff to come to assist. LPN1 stated R5 had always been one person assist with care and had no concerns with CNA1 assisting the resident alone.</p> <p>During an interview with the MDS Coordinator on 10/29/24 at 5:18 PM, he stated, I go and assess the resident myself. If there is a change on the resident status I then write up a care plan. I would notify the DON and change it on the Kardex so CNAs can do their charting.</p> <p>(continued on next page)</p>		

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<p>F 0689</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>Interview with the Medical Director on 10/29/24 at 7:29PM, the Medical Director stated he was aware that R5 sustained a fall but stated he did not know all the details of the fall. He stated R5 was sent out to the hospital and from his knowledge sustained a fracture.</p> <p>Interview on 10/29/24 at 7:48 PM, the DON stated that instead of pulling the resident back, CNA1 proceeded to roll the resident to clean her. R5 rolled in the opposite direction. The DON stated she was not aware if R5 was a two person assist. The DON stated R5 probably should have been a two-person assist but agreed the Kardex indicated one person assist.</p> <p>2. Review of R8's Admission Record located in the electronic medical record (EMR) under the Profile tab, revealed she was admitted to the facility on [DATE] with diagnoses that included dementia, muscle wasting and atrophy, osteoarthritis, and other lack of coordination.</p> <p>Review of the admission Minimum Data Set (MDS) with an assessment reference date (ARD) of 09/30/24, located in the EMR under the MDS tab, revealed a brief interview for mental status (BIMS) score of two out of 15 which indicated R8 was severely cognitively impaired. The MDS assessed R8 with an impairment on one side of the lower extremity and was dependent on staff for transfers from bed to chair.</p> <p>Review of R8's comprehensive Care Plan, dated 09/11/24, located in the EMR under the Care Plan tab, revealed a focus area of R8 required assistance with activities of daily living (ADLs) with an intervention for one-person assistance with transfers.</p> <p>2a) Review of R8's Nursing Progress Notes, dated 09/19/24, located in the EMR under the Prog Note tab, revealed, Change of Condition: Resident had bruising on L/T [left] leg black, blue, yellow in color and bruising on the feet. Golf ball sized knot in the left calf, MD [physician] made aware and gave orders for doppler and x-ray.</p> <p>Review of R8's Complaint Intake and Health Personnel Investigations Report, dated 09/19/24, provided by the facility, revealed the former Administrator reported, R8 had bruising of unknown origin on left leg. This bruising was found to have occurred from the transfer from the bed to the shower chair in the resident's room. R8 had a history of osteoporosis. The bruising was a result of the toe being broken during the transfer. CNA6 was the only witness. Staff were educated on properly transferring residents . Staff was transferring R8 properly, but due to osteoarthritis diagnosis, R8 was at risk for fractures. R8 would be transferred with extra care and therapy would evaluate if R8 needed a different modality of transferring.</p> <p>An interview was attempted with CNA6 on 11/01/24 but unsuccessful. CNA6 did not return the phone calls.</p> <p>An interview was attempted with the former Administrator on 11/01/24 but was unsuccessful because he was out of the country.</p> <p>Review of R8's Radiology Report, dated 09/20/24, located in the EMR under the Results tab revealed, . LEFT FOOT . Impression: 1. There is a probable non-displaced fracture of the distal fifth metatarsal (bones located between the toes and the ankle) of indeterminate age .</p> <p>(continued on next page)</p>		

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<p>F 0689</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 10/30/24 at 11:06 AM, the Director of Nursing (DON) indicated she expected the nurse to complete an incident report, interview the nurse aide that reported the fall to the nurse and get a statement, and complete a progress note in the EMR when fall occurred in the facility. The DON verified a post fall investigation, incident report and interviews with staff were not completed for R8's 09/24/24 fall.</p> <p>During an interview on 10/30/24 at 11:41 AM, LPN1 stated an aide found R8 on the right side of the bed when she was making rounds on the residents on 09/24/24 in the AM. LPN1 also stated she assessed the resident and stayed with her because she struck her head on the floor and was bleeding from her right temple. LPN1 indicated when a fall occurred a post fall investigation was completed which would determine the root cause of the fall. LPN1 confirmed she did not complete the post fall investigation because she thought the nurse supervisor was going to do it.</p> <p>The facility provided corrective action plans dated 10/09/24 which included the following:</p> <p>Immediate Action Implemented: R5 is currently in the hospital no other action taken for R5. On 10/09/24, the DON completed CNA1's competence evaluation on providing incontinent care residents in bed. The emphasis was on ensuring the resident is centered in bed when care is provided. ADL care plan interventions, located on the Kardex, are followed including the number of staff required for bed mobility, and the importance of pulling the resident towards an employee when one person assistance is provided per care plan.</p> <p>Identification of Other Residents who Might Be Affected: DON, Director of Nursing, Unit Coordinator, and/or designated nurse #1 completed bed mobility assessment of all current residents in the facility on 10/09/24 to identify the appropriate number of staff required for bed mobility. Findings of this audit are documented on the bed mobility assessment tool located in the facility Quality Assurance and Performance Improvement (QAPI) binder.</p> <p>100% audit of current resident care plans completed by MDSC on 10/10/24, to assure each resident has an ADL care plan that indicates the amount of assistance required during ADL care and ensure the Kardex is updated with such information. Findings of this audit are documented on a care plan and ADL audit tool located in the facility QAPI binder.</p> <p>100% audit of resident records for the last 30 days for all residents in the facility completed by the Regional Director of Clinical services on 10/10/24 and 10/11/24 to identify any other resident with an accident with staff presence. No other resident identified with a fall during care.</p> <p>During the audit of residents' records, one resident identified with a fall from bed. R8 rolled out of bed to the floor on 09/23/24. No incident report noted in the system for R8.</p> <p>Systemic Changes and Modification:</p> <p>Effective 10/10/24, all new residents will have a bed mobility assessment completed on admission, quarterly, and with any changes in their bed mobility status, by the licensed nurse on duty. This will be reviewed in the daily clinical meeting and documented on the facility medical records under ADL care plan. Moving forward, residents' ADL assistance needs will be added on the Kardex located electronically in the Kiosks.</p> <p>(continued on next page)</p>		

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<p>F 0689</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>Effective 10/10/24 any resident with an incident/accident will have an incident report completed in EMR with a detailed incident investigation. The investigation will indicate the root cause of the incident, and the care plan will be updated timely. This will be reviewed in the daily clinical meeting and documented on the facility medical records under ADL care plan.</p> <p>Effective 10/10/2024, all residents will be centered in bed before being turned from one side to side during care. This will be accomplished by ensuring staff members who provide care to a dependent resident are centered in bed before turning from one side to the other during care. Staff members will also use appropriate number of staff based on resident's care plan effective 10/10/24.</p> <p>Effective 10/10/24, the Regional Director of Clinical services in collaboration with the facility clinical team to include the DON, ADON and Unit Coordinator #1 revised the process of reviewing all new admits/readmits in a daily clinical meeting and included the provision for bed mobility assessment to ensure it is completed and documented in electronic medical records. Any discrepancies identified will be corrected promptly. Any negative Findings of this systemic change is documented on the daily clinical meeting homework sheet located on the daily clinical meeting binder.</p> <p>100% education of all current Licensed nursing staff to include full time, part time, and as needed nursing employees will be completed by the Director of Nursing, Assistant Director of Nursing, and/or Unit Coordinators (1, 2). The emphasis of this education includes but is not limited to, the importance of completing incident report after each incident, completing incident investigation, bed mobility assessment on admission, quarterly and with changes of bed mobility status.</p> <p>This education will be completed by 10/14/2024. Any Licensed nursing staff members (Registered nurses, and/or Licensed practical nurses, not educated by 10/14/2024, will not be allowed to work until educated. This education will be provided annually and will be added to the new hire orientation for all new nursing employees effective 10/10/2024. This education will be provided by the Director of nursing and/or Staff development Coordinator effective 10/10/2024</p> <p>100% education of all current nursing staff to include full-time, part-time, and as needed employees will be completed by the Director of Nursing, Assistant Director of Nursing, and/or Unit Coordinators. The emphasis of this education includes but is not limited to the importance of ensuring residents' care provided in bed is rendered in a safe manner, ensure residents are centered in bed during bed mobility, and appropriate number of staff is used during care per resident's individual plan of care. This education also emphasized the importance of turning a resident towards the care giver if one person is providing care in bed per resident's plan of care.</p> <p>This education will be completed by 10/14/2024. Any nursing staff members (Registered nurses, Licensed practical nurses, Medication aides, and/or Certified nurse aides not educated by 10/14/2024, will not be allowed to work until educated. This education will be provided annually and will be added to the new hire orientation for all new nursing employees effective 10/10/2024. This education will be provided by the Director of nursing and/or Staff development Coordinator effective 10/10/2024</p> <p>This education will be completed by 10/14/2024. Any nursing staff members (Registered nurses, LPNs, Medication aides, and/or CNAs not educated by 10/14/2024, will not be allowed to work until educated. This education will be provided annually and will be added to the new hire orientation for all new nursing employees effective 10/10/2024.</p> <p>(continued on next page)</p>		

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<p>F 0689</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>Quality Assurance and Performance Improvement (QAPI).</p> <p>Monitoring Process Implemented:</p> <p>Effective 10/10/24, the DON,, ADON, MDSC and/or Unit Coordinators (1, 2) will complete incident/accident monitoring process. This monitoring process will be accomplished by reviewing 24 hours report from electronic health records to ensure an incident report is completed, and detail investigation contains root cause analysis. This monitoring process will be completed daily (Monday through Friday) for two weeks, weekly for two more weeks, then monthly for three months, or until the pattern of compliance is established. Any negative findings will be addressed by the DON promptly. This monitoring process will be documented on an accommodation of needs monitoring tool located in the facility QAPI binder.</p> <p>Effective 10/10/24, the DON, ADON, MDSC and/or Unit Coordinators (1, 2) will complete incident/accident monitoring process. This monitoring process will be accomplished by observing residents to ensure employees are providing services in the facility that assure an environment that is free from accidents and hazards. The monitoring process will be accomplished by observing three randomly selected staff members and residents. The observer will focus on observing ADL care specifically pertaining to bed mobility and ensure staff members keep residents at the center of the bed before turning from one side to another. The observer will also ensure an appropriate number of staff based on individual resident's care plan is adhered. This monitoring process will be completed daily (Monday through Friday) for two weeks, weekly for two more weeks, then monthly for three months, or until the pattern of compliance is established. Any negative findings will be addressed by the DON promptly. This monitoring process will be documented on an accommodation of needs monitoring tool located in the facility QAPI binder.</p> <p>Effective 10/10/24, the DON, ADON, and/or Unit Coordinators (1, 2) will review all new admissions for the last 24 hours or from last clinical meeting to ensure that a bed mobility assessment has been completed. Any negative findings will be corrected promptly. This monitoring process will be completed daily Monday through Friday for two weeks, weekly for two more weeks, then monthly for three months or until the pattern of compliance is maintained. Findings of this monitoring process will be documented on the bed mobility assessment tool for new residents located in the facility QAPI binder.</p> <p>Effective 10/10/24, the DON and/or ADON will report the findings of this monitoring process to the facility's QAPI, for recommendations and/or modifications, monthly for three months, or until the pattern of compliance is archived.</p> <p>Compliance date 10/14/24</p> <p>Resident #8 is no longer in the facility, no other actions taken for resident #8.</p> <p>Identification of Other Residents who Might Be Affected:</p> <p>Director of Nursing, Unit coordinator #1, and/or designated nurse #1 completed resident transfer assessments of all current residents in the facility on 10/09/24 to identify the appropriate methodology to safely transfer the resident from one location to the other. The audit also focused on identifying residents with non-weight bearing status. Findings of this audit are documented on a resident transfer assessment tool located in the facility QAPI binder.</p> <p>(continued on next page)</p>		

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<p>F 0689</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>100% audit of current resident's care plans completed by MDS coordinator on 10/10/24, to assure each resident has an ADL care plan that indicates the amount of assistance required during ADL care, with specification of modality of transfer to include (Mechanical lift, one person. And/or two people assist and ensure the Kardex is updated with such information. The audit also ensured that residents who have a non-weight bearing status have a care plan that reflects so, and Kardex updated with such information. Findings of this audit are documented on a care plan ADL audit tool located in the facility QAPI binder.</p> <p>100% audit of resident records for the last 30 days completed for all residents in the facility completed by the Regional Director of Clinical services on 10/10/24 and 10/11/24 to identify any other resident with an accident with a staff presence. No other resident identified with a fall during care.</p> <p>Systemic Changes and Modification:</p> <p>Effective 10/10/24, all new residents will have a transfer assessment completed on admission quarterly, and with any changes in their transfer status, by the licensed nurse on duty. This will be reviewed in the daily clinical meeting and documented on the facility medical records under ADL care plan. Moving forward, residents, ADL assistance needs will be added on the Kardex located electronically in the Kiosks.</p> <p>Effective 10/10/24, the therapy department will screen on admission quarterly and with any changes with any transfer status to ensure the transfer status assessed by nursing is appropriate for patient safe transfer. Therapy screen will be documented in each resident's electronic clinical records. Any discrepancies on transfer status between nursing and therapy will be corrected promptly by licensed nurse on duty and/or therapy employee who completes the screening.</p> <p>Effective 10/10/24, any resident with a non-weight bearing status has a care plan indicating their non weight bearing status in resident's medical records. The non-weight status will be included in each resident's Kardex. This will be reviewed in the daily clinical meeting and documented on the facility medical records under ADL care plan.</p> <p>Effective 10/10/2024, the Regional Director of Clinical services in collaboration with the facility clinical team to include the Director of Nursing, and Unit coordinator #1 revised the process of reviewing all new admits/readmits in a daily clinical meeting and include the provision for non-weight bearing status and transfer status to ensure it is completed and documented in electronic medical records. Any discrepancies identified will be corrected promptly. Any negative Findings of this systemic change is documented on the daily clinical meeting homework sheet located on the daily clinical meeting binder.</p> <p>100% education of all current licensed nursing staff (LPN, and RNs) to include full time, part time, and as needed nursing employees will be completed by the Director of Nursing, Assistant Director of Nursing, and/or Unit Coordinators (1, 2). The emphasis of this education includes but is not limited to, the importance of completing transfer assessment and adding non weight bearing status to each resident's care plan and Kardex on admission, quarterly and with changes of transfer status.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345529	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/07/2024
NAME OF PROVIDER OR SUPPLIER Universal Health Care/North Raleigh		STREET ADDRESS, CITY, STATE, ZIP CODE 5201 Clarks Fork Drive NW Raleigh, NC 27616	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0689</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>This education will be completed by 10/14/2024. Any nursing staff members (Registered nurses, Licensed practical nurses, Medication aides, and/or Certified nurse aides not educated by 10/14/2024, will not be allowed to work until educated. This education will be provided annually and will be added to the new hire orientation for all new nursing employees effective 10/10/2024. This education will be provided by the Director of nursing and/or Staff development Coordinator.</p> <p>100% education of all current nursing staff (LPN, RNs, and nurse aides) to include full-time, part-time, and as needed employees will be completed by the Director of Nursing, Assistant Director of Nursing, and/or Unit Coordinators. The emphasis of this education includes but is not limited to the importance of ensuring residents are transferred appropriately based on individualized care plan as indicated on the Kardex. This education will be completed by 10/14/2024. Any nursing staff members (Registered nurses, Licensed practical nurses, Medication aides, and/or Certified nurse aides not educated by 10/14/2024, will not be allowed to work until educated. This education will be provided annually and will be added to the new hire orientation for all new nursing employees effective 10/10/2024. This education will be provided by the Director of nursing and/or Staff development Coordinator effective 10/10/2024.</p> <p>Monitoring Process Implemented:</p> <p>Effective 10/10/2024, the Director of Nursing, Assistant Director of Nursing, MDS coordinators and/or Unit Coordinators (1, 2) will complete incident/accident monitoring process. This monitoring process will be accomplished by observing residents to ensure employees are providing services in the facility that assure an environment that is free from accidents and hazards. The monitoring process will be accomplished by observing three randomly selected staff members and residents. The observer will focus on observing ADL care specifically pertaining to resident's transfer and ensure staff members transfer resident based on resident's plan of care. The observer will also ensure an appropriate number of staff based on individual resident's care plan is adhered, and non-weight bearing status is adhered (if any). This monitoring process will be completed daily (Monday through Friday) for two weeks, weekly for two more weeks, then monthly for three months, or until the pattern of compliance is established. Any negative findings will be addressed by the Director of nursing promptly. This monitoring process will be documented on an accommodation of needs monitoring tool located in the facility QAPI binder.</p> <p>Effective 10/10/2024, the Director of Nursing, Assistant Director of Nursing, and/or Unit Coordinators (1, 2) will review all new admissions for the last 24 hours or from last clinical meeting to ensure that a transfer assessment has been completed. Any negative findings will be corrected promptly. This monitoring process will be completed daily Monday through Friday for two weeks, weekly for two more weeks, then monthly for three months or until the pattern of compliance is maintained. Findings of this monitoring process will be documented on the bed mobility assessment tool for new residents located in the facility QAPI binder.</p> <p>Effective 10/10/2024, the Director of Nursing and/or Assistant Director of Nursing will report the findings of this monitoring process to the facility Quality Assurance and Performance Improvement Committee (QAPI), for recommendations and/or modifications, monthly for three months, or until the pattern of compliance is archived.</p> <p>Compliance date 10/14/2024.</p> <p>(continued on next page)</p>		

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NAME OF PROVIDER OR SUPPLIER Universal Health Care/North Raleigh		STREET ADDRESS, CITY, STATE, ZIP CODE 5201 Clarks Fork Drive NW Raleigh, NC 27616	
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F 0689 Level of Harm - Actual harm Residents Affected - Few	<p>The facility's corrective action plans for example #1 (R5) and example #2 (R8) were verified on 11/07/24 by the following:</p> <p>Interviews and record review verified the DON completed CNA1's competence evaluation on 10/09/24; bed mobility assessments, transfer assessments, care plan audits, kardex review, and record review of all residents for the last 30 days were completed as indicated. Staff interviews verified the systemic changes were implemented as noted related to new admissions/readmissions bed mobility assessments and transfer assessments with review in the daily clinical meeting. Additionally, staff were aware of the systemic change for the therapy department to complete screens on admission. Record review confirmed ADL assistance needs as specified in the corrective action plans were on the kardex and care plan; incident reports were completed with investigations and root cause analysis for incidents/accidents; and care plans were updated as needed. Interviews and review of inservice logs revealed education was completed related to the following: the systemic changes; completing incident report and investigation after each incident; completing bed mobility assessments and transfer assessments on admission, quarterly and with changes of bed mobility/transfer status; completing transfer assessments and adding non-weight bearing status to care plan and kardex; ensuring resident care provided in bed is rendered in a safe manner with residents centered in the bed during bed mobility, turning a resident towards the care giver if one person is providing care in bed, and using the appropriate number of staff during care (to include transfers) per resident's individual plan of care and kardex. The education was added to new hire orientation. An observation of resident care revealed no concerns with the provision of care in accordance with the care plan and kardex. Record review of the facility's monitoring documentation for each corrective action plan verified all monitoring has been implemented as specified. The compliance date of 10/14/24 was validated.</p>		