STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL064028	A. BUILDING: _____ B. WING _____	R 01/06/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
UNIVERSAL HEALTH CARE/ NASHVILLE	1022 EASTERN AVENUE NASHVILLE, NC 27856

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{D 000}	Initial Comments The Adult Care Licensure Section conducted a follow-up survey on 1/6/2016.	{D 000}	Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law.	
{D 074}	10A NCAC 13F .0306(a)(1) Housekeeping And Furnishings 10A NCAC 13F .0306 Housekeeping And Furnishings (a) Adult care homes shall: (1) have walls, ceilings, and floors or floor coverings kept clean and in good repair; This Rule is not met as evidenced by: Based on observation and interview, the facility failed to assure the walls and floors in the residents' bathrooms, rooms and in hallways were kept clean and in good repair. The findings are: Observation of the resident room 214 on 1/6/16 at 8:35am revealed: -The bathroom had 3-inch by 8-inch torn section of drywall on the left wall. -There was brown staining on all of the bathroom floor moldings. -There was an unpainted 10-inch diameter drywall patch on the right bedroom wall. Observation of the resident room 215 on 1/6/16 at 8:45am revealed: -There was a 3-inch diameter hole in the ceiling adjacent to the sprinkler head. -There was a 2-foot by 4-foot ceiling stain in the far right corner. Observation of the resident room 213 on 1/6/16 at 8:55am revealed:	{D 074}	Facility repairs are ongoing. Repairs to rooms 213, 214, and 215 will be tended to by the facility maintenance director. Walls will be painted, stained ceilings will be repaired and painted, and any holes will be patched and painted. Stains on bathroom floor molding will be scrubbed, stripped and waxed.	2/5/2016

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Cindy Clark

TITLE: Administrator

(X6) DATE: 2/2/16

Accepted & Received
Chris Clark RN MSN
DHHS ADULT CARE DIVISION

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{D 074}	Continued From page 1 -The bathroom had brown stains above the floor molding behind the toilet. -The floor moldings around the sink and toilet were partially detached from the walls. Observation of the hallway bathroom by the nurses station on 1/6/16 at 9:15am revealed: -The wallpaper by the sink was torn and peeling from the wall. -There were brown stains around the base of the toilet. -There were brown stains on the floor molding on 3 walls around the toilet. Observation of the main hallway by the nurses station on 1/7/16 at 10:05am revealed an unpainted 6-inch area that had been filled in with spackle. Interview with the Maintenance Director on 1/7/16 at 10:15am revealed: -He was aware there were still unpainted areas. -He had an assistant maintenance person sent from the corporate office to assist with all repairs since the beginning of November 2015. -The facility had repaired or repainted 90% of the building issues. Interview with the Administrator on 1/7/16 at 11:00 revealed: -The previous administrator had not kept up with repairs. -The facility had on staff a corporate maintenance man to assist the facility's Maintenance Director in order to expedite any repairs or repainting. -She could not explain why the repairs were not performed by the November 20, 2015 plan of correction date.	{D 074}	Bathroom in the hallway across from the nurses station will have the wallpaper removed and the walls will be sanded and painted. Administrator will implement room rounds to begin February 1, 2016. All department heads will be given a group of rooms that they are responsible for checking 2x daily, Monday-Friday. They must provide documentation at the morning meeting, showing that they have completed rounds (for the previous day). They will be checking the rooms for cleanliness and checking to see if there are any repairs or issues that need to be fixed. Any issues identified that require the Maintenance Director's attention, will also be documented on the Maintenance Work Order Form. The Maintenance Director will follow up on these issues within 48 hours unless it is an emergency. The process for conducting facility room rounds will be evaluated at the end of 90 days for effectiveness and to determine if department heads should continue in this process.	2/5/2016 2/1/2016

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{D 296}	Continued From page 2	{D 296}		
{D 296}	10A NCAC 13F .0904(c)(7) Nutrition And Food Service 10A NCAC 13F .0904 Nutrition And Food Service (c) Menus in Adult Care Homes: (7) The facility shall have a matching therapeutic diet menu for all physician-ordered therapeutic diets for guidance of food service staff. This Rule is not met as evidenced by: Based on observation, interview and record review, the facility failed to have a matching therapeutic diet menu for 4 of 4 sampled residents (#7,#10,#11,#12) with diet orders for a no added salt (NAS)/low concentrated sweets (LCS) diets. The findings are: Review of resident's week 4 Fall/Winter 2015-2016 menu for day 4 revealed there was no matching therapeutic diet menu for the LCS/NAS diet. Observation of the lunch meal on 1/6/2016 from 12:00 pm until 12:30 pm revealed Residents #7,#10,#11,#12 were served a 6 oz cup of water, 6 oz cup of unsweet tea or coffee, 3 ounces of baked ham or beef steak with gravy, ½ cup of black eyed peas, ½ cup of broccoli, ½ cup of pears in light syrup, a sugar substitute and a salt substitute. 1. Review of Resident #7's FL-2 dated 3/24/2015 revealed: -The resident's diagnoses included chronic bronchitis, hypertension, dementia with behaviors, diabetes type 2, atrial fibrillation, paralysis agitans, cardiac dysrhythmias and	{D 296}	Dietary staff have been in-serviced by RN consultant and have been instructed not to provide the salt substitute on the residents meal trays Registered Dietitian will come to the facility to review the therapeutic diet spreadsheets and dietary documentation to determine how the menus can be altered to accommodate the diets of the residents. RD will also hold a mandatory in-service for all dietary staff on how to provide meals for residents on modified diets. The diet order form that was used previously has been modified and the revised. Current residents diet orders will be transcribed onto the new diet order forms. Residents #7, #10, #11, and #12 diet orders will be updated and the new diet order form will be used on all new admissions.	1/6/2016 2/1/2016 2/1/2016 2/5/2016

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{D 296}	Continued From page 3 dementia with Lewy bodies. -Resident #3 was admitted on 9/13/2013. -There was a physician's order for a no concentrated sweets (NCS)/NAS diet. Review of a subsequent physician's order dated 11/16/2015 revealed: -There was an order for a LCS/NAS diet due to congestive heart failure and diabetes. -There was an order to consult the dietician. Review of the facility's therapeutic diet list dated 1/6/2016 revealed that Resident #7 was to receive a LCS/NAS diet. Refer to interview with the Dietary Manager on 1/6/2016 at 11:45 am. Refer to interview with the Administrator on 1/6/2016 at 11:00 am. Refer to interview with the Cook on 1/6/2016 at 12:00 pm. Refer to interview with the Registered Dietician on 1/6/2016 at 3:42 pm. 2. Review of Resident #10's current FL-2 dated 3/16/15 revealed: -The resident's diagnoses included dementia, hypertension, diabetes type 2, depression, osteoarthritis and vitamin D and B12 deficiency. -The resident was admitted on 8/2/2011. -There was a physician's order for a NCS diet. Review of a subsequent physician's order dated 11/16/2015 revealed: -There was an order for a LCS/NAS diet due to diabetes and hypertension. -There was an order to consult the dietician.	{D 296}		

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{D 296}	Continued From page 4 Review of facility's therapeutic diet list dated 1/6/2016 revealed Resident #10 was to receive a LCS/NAS diet. Refer to interview with the Dietary Manager on 1/6/2016 at 11:45 am. Refer to interview with the Administrator on 1/6/2016 at 11:00 am. Refer to interview with the Cook on 1/6/2016 at 12:00 pm. Refer to interview with the Registered Dietician on 1/6/2016 at 3:42 pm. 3. Review of Resident #11's FL-2 dated 4/7/15 revealed: -The resident's diagnoses included diabetes mellitus, hypertension, organic brain syndrome, brain tumor and chronic edema. -The resident was admitted on 11/1/2010. -There was a physician's order for a low salt diet. Review of a subsequent physician's order dated 11/16/2015 revealed: -There was an order for a LCS/NAS diet due to congestive heart failure and diabetes -There was an order to consult the dietician. Review of facility's therapeutic diet list dated 1/6/2016 revealed Resident #11 was to receive a LCS/NAS diet. Refer to interview with the Dietary Manager on 1/6/2016 at 11:45 am. Refer to interview with the Administrator on 1/6/2016 at 11:00 am.	{D 296}		

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{D 296}	Continued From page 5 Refer to interview with the Cook on 1/6/2016 at 12:00 pm. Refer to interview with the Registered Dietician on 1/6/2016 at 3:42 pm. 4. Review of Resident #12's FL-2 dated 3/24/2015 revealed: -The resident's diagnoses included chronic ischemic heart disease, diabetes type 2, hypothyroidism, hyperlipidemia, anemia, malaise and fatigue, post-menopausal bleeding, gastroesophageal reflux disease and depression. -The resident was admitted on 3/19/2013. -There was a physician's order for a NCS diet. Review of a subsequent physician's order dated 11/16/2015 revealed: -There was an order for a LCS/NAS diet due to congestive heart failure and diabetes. -There was an order to consult the dietician. Review of facility's therapeutic diet list dated 1/6/2016 revealed Resident #12 was to receive a LCS/NAS diet. Refer to interview with the Dietary Manager on 1/6/2016 at 11:45 am. Refer to interview with the Administrator on 1/6/2016 at 11:00 am. Refer to interview with the Cook on 1/6/2016 at 12:00 pm. Refer to interview with the Registered Dietician on 1/6/2016 at 3:42 pm.	{D 296}		

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{D 296}	Continued From page 6 Interview with the Dietary Manager on 1/6/2016 at 11:45 am revealed: -The therapeutic diets served to the residents were listed on the therapeutic diet menu spreadsheet. -There was no diet listed for LCS/NAS. -If the diet was a combination of a LCS and a NAS diet, staff would follow the LCS diet listed on the menu and place a salt substitute on the tray. -The facility had consulted a dietician regarding the LCS/NAS diet. -She trained the staff on how to serve the LCS/NAS diet. Interview with the Administrator on 1/6/2016 at 11:00 am revealed: -She had started working at the facility at the end of October 2015. -She thought the previous administrator had taken care of clarification of the diet orders. -She was not aware there was no menu for a combination LCS/NCS diet. -The information on the diet list was generated by the physician's order. -She thought the diet list was up to date. -The facility had composed a diet sheet with diets that were offered by the facility. -A copy of the diet sheet was sent to each of the primary care providers for them to choose the appropriate diet for each resident. -She was aware of one primary care provider that would not choose a diet listed on the facility generated diet order sheet. -The primary care provider was the same for Residents #7, #10, #11, and #12. -The Dietary Manager was responsible for the menus and training of the staff in the kitchen. Interview with Cook on 1/6/2016 at 12:00 pm	{D 296}		

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{D 296}	Continued From page 7 revealed they provided unsweet tea and a sugar substitute for all LCS diets and a salt substitute for all NAS diets. Interview with the Registered Dietician on 1/6/2016 at 3:42 pm revealed: -She worked for the cooperation on developing a therapeutic menu. -She had previously spoken with the facility regarding the need for a LCS/NAS combination diet. -There was no written documentation for the kitchen staff to follow when preparing a LCS/NAS diet. -She was made aware today (1/6/2016) by the facility of the need for a menu for the LCS/NAS diet. -She was not aware the combination LCS/NAS diet must be listed on the therapeutic menu spreadsheet. -The staff at the facility had been verbally instructed on how to prepare a LCS/NAS diet. -She was working on written instructions that could be put in place immediately, until she could formulate a new menu that would included the LCS/NAS diet option. -She would train the staff on how to prepare the LCS/NAS diet.	{D 296}		
D 338	10A NCAC 13F .0909 Resident Rights 10A NCAC 13F .0909 Resident Rights An adult care home shall assure that the rights of all residents guaranteed under G.S. 131D-21, Declaration of Residents' Rights, are maintained and may be exercised without hindrance. This Rule is not met as evidenced by:	D 338		

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D 338	Continued From page 8 G.S. 131D-21(12) Declaration of Resident's Rights Every resident shall have the right to have and use his or her own possessions where reasonable and have an accessible, lockable space provided for security of personal valuables. This space shall be accessible only to the resident, the administrator, or supervisor-in-charge. Based on observation and interview, the facility failed to ensure residents on the special care unit had access their wardrobe's contents without the need to ask for staff assistance due to the removal of the knobs on the wardrobe doors and drawers. The findings are: Observation of the wardrobes on the special care unit on 1/7/15 between 8:35am and 8:55am revealed: -All wardrobes in resident-occupied rooms 203, 206, 207, 209, 211, 212, 213, 214, 215 and 216 did not have knobs. -All wardrobes in unoccupied rooms had knobs. Interview with Resident #9 who resided in room 215 on 1/7/16 at 9:15am revealed: -She had knobs on her wardrobe. -She observed other residents on occasion having difficulty opening their wardrobes without knobs present. -Other residents had to ask for assistance from staff to open their wardrobes and drawers. Observation of Resident #8 who resided in room 213 at 1/7/16 at 8:45am revealed: -The resident was trying to open her wardrobe	D 338	The knobs to the resident's wardrobe closets have been replaced. Staff will be in-serviced and understand that it is a violation of resident's rights to remove the knob from their wardrobe closets, thereby causing the resident not to have access to their belongings. Staff understand that if there is an issue with missing or stolen items, the facility must get consent from the resident and/or the RP to put a lock on the wardrobe knobs. This consent must be documented in the resident's record.	1/6/2016 2/5/2016

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D 338	Continued From page 9 door unsuccessfully for 2 minutes. -The resident injured her fingernail while trying to pry open the door using her right hand index finger. Interview with Resident #8 at 1/7/16 at 8:45am revealed: -The resident had to ask staff to open her warddrobe everyday. -The resident did not like to ask for assistance. -The resident wanted her knobs on her wardrobe. -The resident did not understand why her wardrobe did not have knobs. Interview with the Maintenance Director on 1/7/16 at 9:30am revealed: -There was a resident on the special care unit who entered other resident rooms and stole their clothing. -He was ordered by the Administrator to remove the knobs on the wardrobes to prevent theft. -He kept the knobs in a maintenance closet if family members insisted they be placed back on the wardrobes. -Family members had occasionally complained their resident's belongings had been stolen. -The stolen contents were found in resident's room 213. Interview with the Administrator at 1/7/16 at 9:45am revealed: -The knobs were removed from the wardrobes because one of the residents had a habit of entering other resident rooms and taking their wardrobe contents. -Family members of several resident had complained their resident's belongings were frequently missing. -Other residents' belongings were found in room 213's wardrobe.	D 338		

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D 338	Continued From page 10 Interview with Director of Operations (DOO) at 1/7/16 at 10:30am revealed: -The knobs were removed to prevent theft of resident property by other residents. -She received several complaints from family members of residents related to missing articles of clothing. -She ordered the Maintenance director to reattach the knobs to all the wardrobes immediately. -She was unaware that it was a residents' right issue to have access to their own belongings. -The knobs would be replaced on all wardrobes by the end of the day.	D 338		