

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 07/09/2024
NAME OF PROVIDER OR SUPPLIER University Place Nursing and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 9200 Glenwater Drive Charlotte, NC 28262	

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 - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<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** 43643</p> <p>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.</p> <p>The findings included:</p> <p>Resident #1 was originally admitted to the facility on [DATE] with diagnoses which included dementia and hypertension.</p> <p>Resident #1's quarterly Minimum Data Set (MDS) dated [DATE] revealed Resident #1 was severely cognitively impaired and required extensive assistance with transfers.</p> <p>Review of Resident #1's care plan revised on 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>(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 - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</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 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>