STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345522	A. BUILDING _____ B. WING _____	**06/23/2020**

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
UNIVERSAL HEALTH CARE/FLETCHER	**86 OLD AIRPORT ROAD FLETCHER, NC 28732**

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 0658 **Level of harm -** Minimal harm or potential for actual harm **Residents Affected -** Few	**Ensure services provided by the nursing facility meet professional standards of quality.** **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, record review, and resident and staff interviews a nurse failed to stay in the presence of a resident to ensure medications provided were administered for 1 of 4 residents (Resident #1) observed for medication administration. Findings included: Resident #1 was admitted to the facility 06/17/16 with [DIAGNOSES REDACTED]. Review of Resident #1's Physician orders [REDACTED].#1 may keep the medication at the bedside. Resident #1 also had a physician's orders [REDACTED]. Review of the quarterly Minimum Data Set ((MDS) dated [DATE] revealed Resident #1 was cognitively intact and received diuretics 7 out of 7 days in the look back period. Review of Resident #1's care plan for self-administration of medication last updated 04/21/20 revealed she had been assessed and was capable of self-administration. Interventions included assessing Resident #1's ability to self-administer medications as needed and observing her self-administration frequently. An observation of medication administration on 06/22/20 at 7:55 AM by Nurse #1 revealed she entered Resident #1's room with one medication cup containing 2 calcium [MEDICATION NAME] tablets and one medication cup containing 2 eye multivitamin capsules, 2 senna tablets (a medication for constipation), 1 [MEDICATION NAME] (a diuretic) 80 milligrams (mg) tablet, and 1 potassium 20 milliequivalents (mEq) tablet, and 1 bottle of calcitonin nasal spray (a medication for [MEDICAL CONDITION]). Nurse #1 placed the 2 medication cups and bottle of nasal spray on Resident #1's meal tray and exited the room. An interview with Resident #1 on 06/22/20 at 8:01 AM revealed she had resided in the facility for 4 years and the nurses always left her medication in her room and she took the medications when she was ready. Resident #1 stated it was too much for the nurses to come in and give her medications as ordered so they left them for her to take. Resident #1 stated the medications were just vitamins. An interview with Nurse #1 on 06/22/20 at 8:03 AM revealed she left medication in Resident #1's room and did not observe Resident #1 take the medication. Nurse #1 stated she always left Resident #1's medication in her room and she took them when she was ready. Nurse #1 acknowledged nurses were supposed to watch residents take the medication at the time of administration. An interview with the Director of Nursing (DON) on 06/22/20 at 8:10 AM revealed Resident #1 had been assessed to self-administer medications and was a candidate for self-administration for the medications that were ordered to be kept at her bedside. The DON stated nurses were expected to watch residents take their medication at the time it was administered unless ordered otherwise from the Physician. An interview with the Nurse Practitioner (NP) on 06/22/20 at 1:27 PM revealed she expected nurses to stay with residents and watch them take the medication at the time of administration unless the resident had orders for the resident to self-administer medication. An interview with the Administrator on 06/22/20 at 3:35 PM revealed he expected nurses to stay with residents while they took their medications unless there was an order stating they could administer their own medication.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE