

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  HAL034100	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  09/03/2015
--	---	--	--

NAME OF PROVIDER OR SUPPLIER  SOMERSET COURT AT UNIVERSITY PLACE	STREET ADDRESS, CITY, STATE, ZIP CODE 1635 EAST 6TH STREET WINSTON SALEM, NC 27101
--	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 000	Initial Comments  The Adult Care Licensure Section and the Forsyth County Department of Social Services conducted an annual survey on 09/02/15 and 09/03/15.	D 000	Somerset Court of University  HAL- 034-100  Plan of Correction – 10/11/2015	
D 281	10A NCAC 13F .0903 (d) Licensed Health Professional Support  10A NCAC 13F .0903 Licensed Health Professional Support  (d) The facility shall assure action is taken in response to the licensed health professional review and documented, and that the physician or appropriate health professional is informed of the recommendations when necessary.  This Rule is not met as evidenced by: Based on record review and interview the facility failed to assure action was taken in response to the licensed health professional support (LHPS) reviews and recommendations for physical therapy evaluation for 1 of 5 sampled residents (Resident #1).  The findings are:  Record review revealed Resident #1 was admitted to the facility on 6/20/15.  Review of Resident #1's current FL2 dated 7/23/15 revealed diagnoses that included chronic kidney disease, edema, hypertension, shortness of breath, chronic gouty arthropathy and anemia.  Review of Resident #1's previous FL2 dated 5/23/15 revealed additional information: -She needed assistance in bathing.	D 281	Responses to the cited deficiencies do not constitute an admission or agreement by the facility of the truth of the facts alleged or conclusions set forth in the Statement of Deficiencies or Corrective Action Report; the Plan of Correction is prepared solely as a matter of compliance with State law.  10A NCAC 13F. 0903 (d) Licensed Health Care Professional Support  It is the policy of Somerset Court University to assure action is taken in response to the licensed health professional review and documented, and that the physician or appropriate health professional is informed of the recommendations when necessary  *The Executive Director(ED) has reviewed with the RCM( Resident Care Manager) and the LHPS (Licensed Health Professional Support) the process for making recommendations to the facility	

Division of Health Service Regulation  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

*[Signature]*

TITLE  
*[Signature]*

(X6) DATE  
10-12-15

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  HAL034100	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  09/03/2015
NAME OF PROVIDER OR SUPPLIER  SOMERSET COURT AT UNIVERSITY PLACE		STREET ADDRESS, CITY, STATE, ZIP CODE 1635 EAST 6TH STREET WINSTON SALEM, NC 27101		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 281	<p>Continued From page 1</p> <p>-She was semi-ambulatory with a handwritten entry for walker.</p> <p>-She was incontinent of bladder with a handwritten entry for "wears undergarment".</p> <p>Review of Resident #1's LHPS review completed on 8/12/15 revealed a recommendation to request a physical therapy evaluation, gait transfers and safety due to a recent fall.</p> <p>Review of Resident #1's record revealed:</p> <p>-There was no documentation that physical therapy (PT) had been contacted.</p> <p>-There was no physician order for PT.</p> <p>-There was documentation of Resident #1 having 2 unwitnessed falls on 7/02/15 and 8/31/15 as follows:</p> <p>1. Resident #1 had an unwitnessed fall in the bathroom on 7/02/15. The resident denied hitting her head and refused to be sent to the hospital.</p> <p>-Resident #1's physician ordered the facility to continue to monitor and advise of changes (dated 7/06/15).</p> <p>2. Resident #1 was found on the bathroom floor calling for help on 8/31/15 at 5:55 pm. She had a "large bump on the left side of head but is lying on her right side".</p> <p>-911 was contacted and transported Resident #1 to the hospital.</p> <p>Interview with the LHPS nurse on site on 9/2/15 at 3:00 pm revealed:</p> <p>-She was not the nurse who completed the current LHPS dated 8/12/15.</p> <p>-She had worked for the company "for a while" but had only worked at this facility for a few weeks.</p> <p>-She reviewed the residents' records, assessed the residents, and made recommendations that were entered on the LHPS form.</p>	D 281	<p>*The ED has reviewed with the RCM the process for follow up on LHPS recommendation, and required documentation and follow up</p> <p>*Implemented immediately the LHPS RN will give all LHPS assessments to the Resident Care Manager (RCM) or ED, (if RCM not available) upon Completion for review prior to filing in chart and discuss any specific recommendations</p> <p>*The RCM or ED (if RCM not available) will then sign off and date all recommendations and make the necessary recommendations to the primary care provider for further follow up and document in the resident chart</p> <p>*The ED will monitor this process Weekly for 30 days, monthly for 3 months and periodically on going</p> <p style="text-align: right;">Date of Completion: 9/4/2015</p>	

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  HAL034100	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  09/03/2015
--	---	--	--

NAME OF PROVIDER OR SUPPLIER  SOMERSET COURT AT UNIVERSITY PLACE	STREET ADDRESS, CITY, STATE, ZIP CODE 1636 EAST 6TH STREET WINSTON SALEM, NC 27101
--	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 281	Continued From page 3 hospital at either the facility or at a rehab facility.  Resident #1 was not available for interview on 9/02/15 or 9/03/15.	D 281		
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 observations, interviews and record reviews, the facility failed to have a therapeutic diet menu for 2 of 2 residents (Residents #7 and #9) with physician ordered diets (Chopped Meats and Ground Meat).  The findings are:  Review of facility's therapeutic menus during initial tour on 09/02/15 at 10:15 am revealed: -There were diets listed for Regular/Chopped Meats and Regular/Puree Meat. -There were no therapeutic menus for any of the physician ordered therapeutic diets.  A. Review of Resident #7's current FL2 dated 07/21/15 revealed: -Diagnoses included Muscle Weakness, Moderate to Severe Arthritis and Osteoarthritis. -An order for a Chopped Meats diet.  Review of the regular diet menu posted for lunch	D 296	10A NCAC 13F .0904 (c)((7) Nutrition and Food Service  It is the policy of Somerset Court University to have a matching therapeutic diet menu for all physician-ordered therapeutic diets for guidance of food service staff.  *In-service/ Review training by Dietary Manager with all cooks regarding therapeutic diets menus offered by the facility, location of menus  *RCM reviewed resident diet orders For any updates needed and sent to Primary Care MD  *RCM will track and update resident's diet orders ongoing for changes using a tickler system that will be given to the Dietary Manger prn with any changes to include new move-ins  *In-service/ training scheduled for 10/16/2015 with ALPHA Chef Consulting (see attached invoice)  *Dietary Manager will monitor preparation of Therapeutic Diets for weekly for 30 days, monthly for 3 months, and ongoing.	

---

**ALPHA CHEF CONSULTING**  
**INVOICE**

336-905-3348

[alphachef3@gmail.com](mailto:alphachef3@gmail.com)

All checks payable to:

Alpha Chef Consulting

110 Scott Ave #12B  
High Point, NC  
27262

Attention: Penny Rogers  
Management  
Somerset Court At University Place  
1635 East 5th Street  
WS, NC 27101

Date: Event-10/16/215

Invoice Number:104

Description	Quantity	Unit Price	Cost
Culinary Training-Mechanical Soft/Purée	5	\$ 90	\$ 450
		Subtotal	
	Tax	6.75%	
		Total	450.00

Thank you for your business. It's a pleasure to work with you on your project.

Chef Ngai Dickerson,CC

*PR*

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  HAL034100	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  09/03/2015
--	---	--	--

NAME OF PROVIDER OR SUPPLIER  SOMERSET COURT AT UNIVERSITY PLACE	STREET ADDRESS, CITY, STATE, ZIP CODE 1836 EAST 6TH STREET WINSTON SALEM, NC 27101
--	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 296	<p>Continued From page 4</p> <p>on 09/02/15 revealed: -Garlic Pepper Pork Loin -Baked Sweet Potato Half -Cauliflower -Whole Wheat Roll -Margarine -Chocolate Chip Cookie</p> <p>Observation on 09/02/15 from 12:05 pm to 12:45 pm of the lunch meal revealed Resident #7 did not eat in the dining room.</p> <p>Interview with a Personal Care Aide (PCA) on 09/02/15 at 12:30 pm revealed: -Resident #7 did not come to the dining room very often -Resident #7 had refused to come to the dining room on 09/02/15 for the lunch meal. -Resident #7 would sometimes decide to eat her lunch in her room around 2:00 pm.</p> <p>Interview with Resident #7 on 09/02/15 at 2:15 pm revealed: -The staff brought her a pork tenderloin sandwich. -Stated "I only ate a couple of bites because I don't like pork."</p> <p>It could not be determined if the meal was appropriate for a chopped meats diet because there was not chopped meats menus available for staff guidance.</p> <p>Interview with the Dietary Aide on 09/02/15 at 2:35 pm revealed: -The PCA had taken Resident #7 a meal tray but she was not aware what was served on it.</p> <p>Refer to Dietary Manager interview on 09/02/15 at 10:55 am.</p>	D 296	<p>*ED will monitor randomly to assure ongoing compliance</p> <p><u>Date of Completion: 10/16/2015</u></p>	

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  HAL034100	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  09/03/2015
--	---	--	--

NAME OF PROVIDER OR SUPPLIER  
**SOMERSET COURT AT UNIVERSITY PLACE**

STREET ADDRESS, CITY, STATE, ZIP CODE  
**1635 EAST 5TH STREET  
WINSTON SALEM, NC 27101**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 309	Continued From page 10  -It was the RCC responsibility to update the dietary department of new diet orders. -The department mangers meet monthly and discuss the diet order changes. -Stated she can not recall the last meeting, "it's been awhile".	D 309	<b>10A NCAC 13F.1002 (a) Medication Orders</b>  It is the policy of Somerset Court University to ensure contact with the resident's physician or prescribing practitioner for verification or clarification of orders for medications and treatments:	
D 344	<b>10A NCAC 13F .1002(a) Medication Orders</b>  10A NCAC 13F .1002 Medication Orders (a) An adult care home shall ensure contact with the resident's physician or prescribing practitioner for verification or clarification of orders for medications and treatments: (1) if orders for admission or readmission of the resident are not dated and signed within 24 hours of admission or readmission to the facility; (2) if orders are not clear or complete; or (3) if multiple admission forms are received upon admission or readmission and orders on the forms are not the same. The facility shall ensure that this verification or clarification is documented in the resident's record.  This Rule is not met as evidenced by: Based on observations, record reviews, and interviews, the facility failed to assure medication orders were clarified for 1 of 6 residents sampled, who was prescribed lisinopril. (Resident #12). The findings are: 1. Review of Resident #12's current FL2 dated 8/20/15 revealed: -Diagnoses including Dementia and hypertension. -An order for llsinopril 10 mg daily [used to lower blood pressure (BP)]. -An order for BP checks every 2 weeks.	D 344	(1)if orders for admission or readmission of the resident are not dated and signed within 24 hours of admission or readmission to the facility;  (2) if orders are not clear or complete; or  (3) if multiple admission forms are received upon admission or readmission and orders on the forms are not the same. The facility shall ensure that this verification or clarification is documented in the resident's record.  *All resident current physician orders were sent for clarification on 9/4/2015  *Resident Care Mgr. (RCM) held staff Meeting to in-service all Med Aides on new system for clarifying orders  *All new orders will be put in a designated area for RCM or ED (if RCM not available) to review and clarify as needed prior to processing/ sending to Pharmacy  *RCM will review and sign and date all	

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  HAL034100	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  09/03/2015
NAME OF PROVIDER OR SUPPLIER  SOMERSET COURT AT UNIVERSITY PLACE		STREET ADDRESS, CITY, STATE, ZIP CODE 1635 EAST 6TH STREET WINSTON SALEM, NC 27101		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 344	<p>Continued From page 11</p> <p>Review of Resident #12's previous FL2 dated 2/17/15 revealed lisinopril 10 mg daily was ordered.</p> <p>Review of Resident #12's Resident Register revealed an admission date for 6/15/11.</p> <p>Observation of the medication pass on 9/03/15 at 8:55 am by a Medication Aide (MA) on the 200 hall medication cart revealed: -The contract pharmacy pre-packaged the resident's medications in bingo cards with one pill in each punch out bubble. -The MA used the electronic Medication Administration Record (eMAR) to compare medications to the pre-packaged card and the eMAR prior to administering the medication. -The MA administered one lisinopril 20mg medication and one nasal spray medication to Resident #12. -The MA immediately documented administration of the 8:00 am medications on the September 2015 eMAR.</p> <p>Review of Resident #12's signed physician's order dated 7/16/15 revealed an order for lisinopril 10 mg daily.</p> <p>Review of physician orders from a physician office visit dated 7/17/15 revealed an order to "increase lisinopril to 20 mg daily".</p> <p>Review of Resident #12's September 2015 eMAR revealed: -An entry for lisinopril 20 mg daily scheduled for administration at 8:00 am. -Documentation as administered by staff on 9/03/15 at 8:00 am.</p> <p>Review of Resident #12's record revealed no</p>	D 344	<p>*A copy of the new procedure will be placed by the fax machine for easy reference for all med aides</p> <p>*ED will monitor this process weekly for one month, monthly for 3 months and periodically thereafter</p> <p style="text-align: right;">Date of Completion: 9/4/2015</p> <p style="text-align: right;">Penny Rogers, Executive Director Somerset Court University Place</p>	

10/8/15 Addendum to Plan of Correction

*Responses to the cited deficiencies do not constitute an admission or agreement by the facility of the truth of the facts alleged or conclusions set forth in the Statement of Deficiencies or Corrective Action Report; the Plan of Correction is prepared solely as a matter of compliance with State law.*

10A NCAC 13F .0904(e) (3) Nutrition and Food

It is the policy of Somerset Court University to maintain an accurate listing of residents with physician –ordered therapeutic diets for guidance of food service staff.

- All residents diet orders were updated immediately which includes the diet order book and the diet list at the cook line kept in the kitchen
- RCM will track and update resident's diet orders ongoing for changes using a tickler system that will be given to the Dietary Manager prn with any updates and or new move-ins
- ED has reviewed this process with the RCM, Dietary Manager and all dietary staff
- ED will monitor this process weekly for one month, monthly for 3 months and periodically thereafter

Date of Completion 9/4/2015

10A NCAC 13F .1004(a) Medication Administration

It is the policy of Somerset Court University to assure that the preparation and administration of medications, prescription and non- prescription and treatments by staff are in accordance with orders by a licensed prescribing practitioner, which are maintained in the resident's record and rules in this Section and the facilities policies and procedures.

- All resident current physician orders were sent for clarification on 9/4/2015
- Resident Care Mgr. (RCM) held staff meeting to in-service all Med Aides on new system for clarifying orders
- Training on medication administration and clarification review will be completed for all medication aides on 9/30/2015
- All new orders will be put in a designated area for RCM or ED (if RCM not available) to review and clarify as needed prior to processing/ sending to Pharmacy

- RCM/SIC Med Aide will contact MD if medication not available for administration for further orders and document
- RCM will review and sign off all new/ changed orders against the EMAR system
- RCM will conduct weekly cart audits for medication reconciliation
- New documentation has been put into operation in the EMAR system drop down box to indicate "Med not available or on hand"
- RCM will monitor a medication pass randomly each week for four weeks then monthly for one month and periodically ongoing.
- ED will randomly observe a medication pass ongoing

Date of Completion 9/4/2015



Penny Rogers, Executive Director  
Somerset Court University