

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 06/30/2011  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  345197	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  R 06/16/2011
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NAME OF PROVIDER OR SUPPLIER  WILLOW RIDGE OF NC LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 237 TRYON ROAD RUTHERFORDTON, NC 28139
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{F 315} SS=D	<p>483.25(d) NO CATHETER, PREVENT UTI, RESTORE BLADDER</p> <p>Based on the resident's comprehensive assessment, the facility must ensure that a resident who enters the facility without an indwelling catheter is not catheterized unless the resident's clinical condition demonstrates that catheterization was necessary; and a resident who is incontinent of bladder receives appropriate treatment and services to prevent urinary tract infections and to restore as much normal bladder function as possible.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observations, staff interviews, and medical record reviews, the facility failed to provide complete incontinence care for one (1) of nine (9) residents observed during incontinent care. (Resident #3)</p> <p>Findings are:</p> <p>Review of the facility policy revised 9/05 and titled "Perineal Care" included in part the following Procedure: 9. For a female resident: b. (1) Separate labia and wash area from front to back.(3) Rinse perineum thoroughly in the same direction, using fresh water and a clean washcloth.(4) Gently dry perineum. e. Wash the rectal area thoroughly f. Rinse thoroughly g. Dry area thoroughly.</p> <p>Resident # 3 was admitted 9/25/09 with diagnoses including Dementia, Diabetes, and Urinary Tract Infection. The Minimum Data (MDS)</p>	{F 315}	<p>Corrective Action(s) taken for the Resident found to be affected by this deficient practice:</p> <p>1. Resident #3 was provided proper incontinence care after this deficient practice was noted &amp; has had no signs/symptoms of Urinary Tract Infection. NA #2 was re-educated on providing proper incontinent care.</p> <p>Corrective Action(s) taken for those residents having the potential to be affected by this deficient practice:</p> <p>1. All residents have the potential to be affected by this deficient practice. NA's in facility were provided with facility's procedure for providing incontinent care. 2. Nurse Management intensified efforts to re-educated NA's and required return demonstrations of incontinent care using the Pericare Procedure Checklist provided to NAs. 3. Directed In-services will be provided by Linda Stanton, R.N. from Mountain Area Health Education Center for all NA staff. In-services will be 1 hour in length and include review of skills, demonstrations of competency and process review to identify barriers to providing good incontinent care. In-services to be provided twice on July 19<sup>th</sup> and again on July 22<sup>nd</sup>. Follow-up may take place the following week if deemed necessary.</p> <p>What measures will be put in place or systematic changes made to ensure the deficient practice will not recur?</p> <p>1. Nurse Managers will continue to do random audits of incontinent care 2x/day x 1 month, then daily x 1 month, then twice weekly x 3 months.</p>	<p>June 16, 2011</p> <p>June 25, 2011</p> <p>July 9, 2011</p> <p>July 22, 2011</p> <p>July 8, 2011</p>

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: *[Signature]* TITLE: *Interim Adm.* (X6) DATE: *7/11/2011*

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.

Original Signature Date: 7-7-11

RECEIVED  
JUL 13 2011  
BY: *[Signature]*

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{F 315}	<p>Continued From page 1</p> <p>Set assessment dated 6/5/11 assessed the resident with cognitive impairment and total dependence on staff for all daily care. The Plan of Care dated 6/15/11 addressed the problem of urinary incontinence with the goal to remain free of signs and symptoms of urinary tract infection (UTI). Review of the medical record revealed the resident had recent UTIs with antibiotic treatment on 5/27/11, 4/26/11, and 3/15/11.</p> <p>On 6/15/11 at 1:50 p.m., Nursing Assistant (NA) #2 was observed providing incontinence care to Resident #3. A stack washcloths was wet and a liberal amount of a liquid body wash soap applied to the top washcloth. The wet brief was removed. The NA washed the groin with the soapy washcloth, and without separating the labia cleaned front to back with the soapy washcloth. The NA then took the second washcloth from the stack and and rinsed the groin and labial area. A shiny film of white soap residue was observed on the skin as the NA turned the resident onto her side. No drying of the skin was observed. The NA took a wet washcloth from the stack and washed the perirectal area without applying any type of cleanser. No drying of the area was observed.</p> <p>On 6/15/11 at 2:00 p.m., NA #2 stated when using a soap product instead of periwash, the skin should be rinsed and dried. NA #2 stated the perineal area should be cleaned and dried thoroughly to help prevent infections.</p> <p>Interview with Director of Nursing (DON) on 6/16/11 at 2:00 p.m. revealed staff are expected to wash, rinse and dry the skin and ensure complete cleaning when providing perineal care.</p>	{F 315}	<p>2. In-service education will be provided thereafter at least quarterly.</p> <p>Indicate how the facility plans to monitor to ensure solutions are sustained.</p> <p>1. The DON or designee will compile audit results and present to the Quality Assurance Committee monthly. Subsequent Plans of Action will be developed as indicated by the Committee. The DON is responsible for overall compliance.</p>	<p>On-going</p> <p>July 22, 2011 and quarterly until no further action is deemed necessary by the committee</p>
{F 441}	483.65 INFECTION CONTROL, PREVENT	{F 441}		

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{F 441} SS=D	<p>Continued From page 2 <b>SPREAD, LINENS</b></p> <p>The facility must establish and maintain an Infection Control Program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of disease and infection.</p> <p>(a) Infection Control Program The facility must establish an Infection Control Program under which it - (1) Investigates, controls, and prevents infections in the facility; (2) Decides what procedures, such as isolation, should be applied to an individual resident; and (3) Maintains a record of incidents and corrective actions related to infections.</p> <p>(b) Preventing Spread of Infection (1) When the Infection Control Program determines that a resident needs isolation to prevent the spread of infection, the facility must isolate the resident. (2) The facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease. (3) The facility must require staff to wash their hands after each direct resident contact for which hand washing is indicated by accepted professional practice.</p> <p>(c) Linens Personnel must handle, store, process and transport linens so as to prevent the spread of infection.</p>	{F 441}	<p>Corrective Action(s) taken for the Resident found to be affected by this deficient practice:</p> <ol style="list-style-type: none"> <li>1. Resident #5 suffered no adverse outcome due to this deficient practice.</li> <li>2. Contaminated surfaced were properly cleaned and sanitized.</li> <li>3. The NA was re-educated related to infection control procedures during incontinent care.</li> </ol> <p>How corrective action will be accomplished for those residents having the potential to be affected by this deficient practice.</p> <ol style="list-style-type: none"> <li>1 All residents could be potentially affected by this deficient practice.</li> <li>2. All NA's were re-educated by Nurse Managers on proper infection control techniques during incontinent care. NA's received the facility's procedures on incontinent care which included handling and disposal of soiled linens and cleaning of contaminated surfaces.</li> <li>3. Directed in-services will be held by a Nurse Educator from Mountain Area Health Education Center on maintaining proper infection control techniques during incontinent care. In-services will be 1 hour in length and include review of skills, demonstrations of competency and process review to identify barriers to providing good incontinent care. In-services to be provided twice on July 19<sup>th</sup>. and again on July 22<sup>nd</sup>. Follow-up may take place the following week if deemed necessary.</li> </ol> <p>What measures will be put in place or systematic changes made to assure these deficient practices do not recur?</p>	<p>June 16, 2011</p> <p>June 25, 2011</p> <p>July 22, 2011</p>

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{F 441}	<p>Continued From page 3</p> <p>This REQUIREMENT is not met as evidenced by: Based on observations, staff interviews, and medical record review the facility failed to properly dispose soiled linens for one (1) of nine (9) residents observed during incontinence care. (Resident #5)</p> <p>The findings are:</p> <p>Review of the facility's "Perineal Care" policy, revised September 2005, revealed the following: "11. Discard disposable equipment and supplies in designated containers."</p> <p>Resident #5 was readmitted 2/9/11 with diagnoses including urinary tract infection and diabetes. The most recent Minimum Data Set (MDS) dated 6/2/11 revealed dependence on staff for activities of daily living, including personal hygiene and toilet use. The MDS also revealed no episodes of continent voiding.</p> <p>On 6/15/11 at 2:45 p.m. Nursing Assistant (NA) #1 was observed as she provided incontinent care to Resident #5. The resident's power wheelchair was observed near her bed and an overbed table was approximately two feet away from the wheelchair. The NA assembled the necessary supplies, laid an unopened trash bag on the arm of the resident's wheelchair, then washed and gloved her hands. NA #1 wetted several washcloths with no-rinse skin cleanser and laid them on the siderail of Resident #5's bed. The NA was observed to clean the resident's groin area with one of the washcloths and toss the soiled cloth onto the seat of the resident's</p>	{F 441}	<p>1. Nurse Managers will continue to do random audits of incontinent care 2x/day x 1 month, then daily x 1 month, then twice weekly x 3 months.</p> <p>2. In-service education will be provided thereafter at least quarterly.</p> <p>Indicate how the facility plans to monitor to assure solutions are sustained.</p> <p>1. DON or designee will compile audit results and present them to the Quality Assurance Committee monthly. Subsequent Plans of Action will be developed as indicated by the Committee. The DON is responsible for overall compliance.</p>	<p>July 9, 2011</p> <p>On-going</p> <p>July 22, 2011 and quarterly until no further action is deemed necessary by the committee</p>

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{F 441}	<p>Continued From page 4</p> <p>wheelchair. NA #1 used a second wet washcloth to clean the resident's labial area, then placed the washcloth between the resident's legs and turned her onto her side. NA #1 removed the washcloth from between the resident's legs, washed her buttocks, and tossed the soiled washcloth onto the seat of the resident's wheelchair. The NA sprayed a third wet washcloth with the skin cleanser, cleaned the rectal area, then tossed the soiled cloth onto the seat of the resident's wheelchair with the other two soiled washcloths. NA #1 patted the buttocks and rectal area dry with a dry cloth, then tossed the cloth onto the wet, soiled items in the resident's wheelchair seat. The NA returned the resident to the supine position and patted the groin area dry with a dry cloth. NA #1 then removed the protective bed pad from under the resident and placed the dry cloth and bed pad on top of the other soiled items in the wheelchair seat.</p> <p>After NA #1 completed the resident's care, she removed her gloves and washed her hands. The NA picked up the soiled items from the resident's wheelchair, placed them in the trash bag that was previously unopened, and took them out of the room for disposal. NA #1 did not clean or sanitize the seat of the resident's wheelchair before she left the room.</p> <p>During an interview on 6/15/11 at 2:55 p.m., NA #1 stated she should have put the soiled linen in the trash bag.</p> <p>Interview with the Director of Nursing (DON) on 6/16/11 at 1:20 p.m. revealed she expected staff to properly dispose of soiled linen. The DON reported staff were very recently re-educated on</p>	{F 441}		

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{F 441}	Continued From page 5 incontinence care and said, "They know they are supposed to put the dirty linen in trash bags."	{F 441}		