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

FEB 28 2012

PRINTED: 02/03/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345286	A. BUILDING ______ B. WING ______	C 01/20/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SALISBURY CENTER	710 JULIAN ROAD SALISBURY, NC 28147

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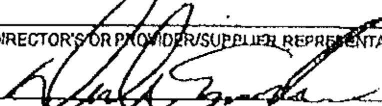
F 315 SS=G	483.25(d) NO CATHETER, PREVENT UTI, RESTORE BLADDER Based on the resident's comprehensive assessment, the facility must ensure that a resident who enters the facility without an indwelling catheter is not catheterized unless the resident's clinical condition demonstrates that catheterization 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.	F 315	The Center provided the following Plan of Correction (POC) without admitting or denying the validity or existence of the alleged deficiencies. The POC is prepared and executed solely because it is required by provisions of the Federal and State Law. The facility reserves all rights to contest findings through dispute, resolution, final appeal proceeding and any administrator or legal proceeding.	
	This REQUIREMENT is not met as evidenced by: Based on record review and staff interviews, the facility failed to have medical justification for the use of an indwelling urinary catheter for 1 of 3 sampled residents (Resident #1) who had indwelling catheters. Findings include:		1. Resident #1 no longer resides in this center.	1-10-2012
	Review of the facility policy and procedure titled Catheter Care revised on 10/1/05 revealed, in part, that indwelling catheters could be used for: urinary retention that could not be corrected medically or surgically, documented post void residual volumes over 200 mls (milliliters), inability to manage retention/incontinence with intermittent catheterization, persistent overflow incontinence, symptomatic infections, and/or renal dysfunction, contamination of Stage III or IV wounds with urine that impedes healing and terminal illness or severe impairment which makes positioning or clothing changes uncomfortable or painful. Resident #1 was originally admitted to the facility		2. All residents currently with indwelling foley catheters have been re-evaluated for appropriate conditions that warrant the placement of an indwelling foley catheter by the attending physician on 2/9/2012. A resident who enters the facility without an indwelling foley catheter is not catheterized unless the residents' clinical condition demonstrates that catheterization is necessary.	2-17-2012

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE



TITLE: Administrator (X6) DATE: 2-28-12

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.

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F 315	Continued From page 1 on 7/9/10 and last readmitted on 10/4/11. Cumulative diagnoses included seizure disorder, cerebral vascular accident (CVA) with hemiparesis, dysphasia, history of Klebsiella urinary tract infection (UTI) and history of pneumonia. Resident #1 also had multiple contractures and a gastrostomy tube (G-tube). Review of the physician ' s progress notes revealed that when the resident was readmitted from hospital on 5/21/11 she returned to the nursing home with an indwelling catheter which was discontinued. Review of the Care Plan initiated on 8/18/11 revealed Resident #1 was care planned for urinary incontinence and interventions included assist with perineal care as needed, encourage resident to consume all fluids during meals, monitor output for color, consistency and amount, and use absorbent products as needed. " There were no revisions present on the Care Plan for urinary incontinence. According to a hospital discharge summary dated 10/4/11 Resident #1 was on antibiotics (Vancomycin, Zosyn and Bactrium) on presentation to the Emergency Room (10/2/11) for a combination of a UTI, which was Extended Spectrum Beta Lactamase (ESBL) Klebsiella and a presumed pneumonia. The antibiotics were discontinued prior to readmission to the nursing home facility and a repeat urinalysis showed no growth on culture. Review of the Quarterly Minimum Data Set (MDS) dated 11/8/11 revealed Resident #1 had short and long term memory problems and was	F 315	3. Inservices for licensed nurses on all shifts was started on 2/10/2012 and completed on 2/17/2012 on use of indwelling catheters to review clinical conditions which indicate a need for an indwelling catheter, the care and maintenance of a foley catheter. This re-education was provided by the DON. License nurses will observe CNA's doing catheter care and pericare on all three shifts through direct observation weekly x4 weeks then randomly for 4 weeks as warranted and any identified issues will be corrected at the time of discovery. 4. Audits of direct observation of pericare and catherter care on all three shifts will be completed by the ADON/delegated person and submitted to the DON for trending and needed intervention. Indwelling catheter assessment will be done by ADON to ensure clinical condition supports the use of indwelling foley catheters. Incontinence care and foley catheter care practices aimed to prevent UTI's will be monitored by the Nurse Practice Educator/designee with skills observation documented. Indwelling foley catheter assessments incontinence care and foley catheter care will be monitored monthly x3 then quarterly. Results will be reported to the DON to the QI committee for continuous quarterly improvements.	2-17-2012 2-17-2012

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severely impaired in decision making. The MDS indicated she did not have an indwelling catheter, was always incontinent of bowel and bladder, was totally dependent and required a one person physical assist for all activities of daily living. In addition, the MDS indicated Resident#1 had upper and lower extremity range of motion impairment.

The Physician ' s Telephone Orders dated 12/12/11 revealed " FC (Foley Catheter) care qs (every shift), (change) FC bag q (every) 30 days and (change) FC q 90 days. FC catheter and bag (changed) today on second shift. " There was no medical indication listed for the indwelling catheter and the date of initial catheter insertion was not evident from the medical record.

The 12/15/11 Physician ' s Telephone Orders and Medication Administration Record (MAR) revealed Resident #1 was started on IV (intervenous) antibiotics (Vancomycin, Zosyn and Ciprofloxacin) to be continued for 10 days.

Results of a blood culture collected on 12/15/11 were no growth at both 24 hours and 5 days.

Results of a urine culture collected on 12/16/11 read, in part, " Multiple Flora Present. ' A report of " Multiple Flora Present ' means that several different bacterial morphotypes have been isolated, none of which is a predominant pathogen. " " No other workup or identification will be performed. "

Results of a blood culture collected on 12/22/11 were no growth at both 24 hours and 5 days.

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On 12/22/11 the Physician ' s Telephone Orders and MAR indicate IV Zosyn was discontinued and IV Clindamycin was initiated for 10 days.

Review of the Significant Change MDS dated 12/28/11 revealed changes since the 11/8/11 MDS. These changes included in part, Resident #1 required the assistance of two people for bed mobility and dressing, instead of one person, and was being transferred from bed to chair less frequently. Resident #1 was also coded as having an indwelling catheter and an active UTI.

Resident #1 ' s recorded temperatures from 1/8/12 - 1/11/12 were:
1/8/12 7:36 PM 99.1 (oral)
1/10/12 9:22 PM 100.5 (axilla)
1/11/12 4 PM 103 (axilla)

A 1/11/12 Change in Condition Note, indicated that Resident #1 was: diaphoretic and had a dusky facial color, along with a cough, change in breathing pattern, fever and decreased fluid intake. It read, in part, " Pt (patient) lying in bed with eyes open, HOB (head of bed) elevated. Respiration even and labored. Diaphoretic with ' grey ' hugh to skin. Axillary temperature 102.0. Staff unable to braw blood for ordered labs or infuse ordered IVF ' s (intervenous fluids). G-tube clogged continuous feedings unable to be given. "

The Physician ' s Telephone Orders dated 1/11/12 at 8:50 AM revealed " May send pt for PICC (peripherally inserted central catheter) line and PEG if okay (with) daughter " and the following labs were ordered: comprehensive metabolic profile and complete blood count with

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F 315	Continued From page 4 differential. The 3:45 PM order on 1/11/12 read, " Send to ER (Emergency Room) for evaluation. " Resident #1 was not readmitted to the nursing home facility following this. Review of the medical record from 10/4/11 through 1/11/12 revealed no order or progress note to initiate the indwelling catheter, or to leave in an indwelling catheter placed at the hospital, and no medical indication for an indwelling catheter. According to the 1/11/12 Hospital History and Physical (H&P) Resident #1 presented to the ER with a high fever and clogged G-tube for replacement. The H&P also revealed that a urinalysis showed 3+ bacteria and that Resident #1 had a chest x-ray which did not show any " convincing evidence " of pneumonia. According to the Hospital Discharge/Transfer Summary dated 1/18/11, Resident #1 ' s discharge diagnosis included " Septicemia from acute pyelonephritis with multifactorial drug resistant Escherichia coli (E coli) from both bottles of blood culture. " Septicemia is a bacterial infection in the blood stream, pyelonephritis is a kidney infection and E cloi is a bacteria found in the digestive tract. E choli infections are caused by contact or contamination with feces. On 1/20/12 at 12:24 PM, interview with Nurse #1 revealed she was the nursing Supervisor on duty, on 1/11/12, when Resident #1 was sent to the ER. She stated that Resident #1 was hot natured so she tended to sweat. She also stated that the resident was on IV fluids and	F 315		

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antibiotics for a UTI but that her G-tube was not functioning and the PICC line was not infusing. Nurse #1 revealed that the resident had been discussed in the Interdisciplinary Team meeting that day and was already going to be sent out for the G-tube and PICC when she became diaphoretic fever, so she was sent out for that as well. Nurse #1 indicated that Resident #1 had an indwelling catheter that had been inserted at the hospital on a previous visit there. She added that when resident ' s return with an indwelling catheter the practice is to leave it in for a few days and then remove it but she did not know why Resident #1 ' s catheter had not been removed.

On 1/20/12 at 12:30 PM, interview with Administrative Nurse #1 revealed that indwelling catheters are only kept in if the resident has urinary retention or a neurogenic bladder. She was not certain of the reason for Resident #1 having an indwelling catheter. She stated that Resident #1 had severe contractures and it was painful for the resident to have her legs moved for perineal care, so she thought that may have been the physician ' s rationale.

On 1/20/12 at 1:00 PM, interview with the attending physician revealed that many resident ' s come back from the hospital with indwelling catheters inserted and " we usually take then out right away unless there is a need like urinary retention or a skin issue. " He further indicated that he did not know why Resident #1 ' s indwelling catheter had not been discontinued but stated that it should have been. He also pointed out that on a previous readmission in May 2011; Resident #1 was readmitted with an indwelling

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F 315	Continued From page 6 catheter which was removed on her readmission to the facility. On 1/20/12 at 1:15 PM, during interview with Administrative Nurse #2, she stated " we always discontinue catheters went they come back from the hospital with them. " She added that she did not know why Resident #1 ' s indwelling catheter was not discontinued as it was not facility practice to keep them in without an underlying reason.	F 315		