

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

PRINTED: 04/11/2012
FORM APPROVED
OMB NO. 0938-0391

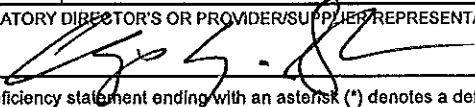
APR 24 2012

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345155	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 03/28/2012
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NAME OF PROVIDER OR SUPPLIER RANDOLPH HEALTH AND REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 230 EAST PRESNELL STREET ASHEBORO, NC 27203
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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 record review, observations, and staff interviews, the facility failed to secure a urinary catheter to prevent excessive tension on the catheter for 1 of 1 sampled resident with a urinary catheter. (Resident # 5).</p> <p>Findings include:</p> <p>Record review revealed Resident # 5 was admitted to the facility on 10/15/09 with a cumulative diagnoses of diabetes mellitus, hypertension, hyperlipidemia, and history urinary tract infections.</p> <p>The resident 's Minimum Data Set dated 12/24/11 indicated the resident had moderate cognitive impairment, was dependent on staff for activities of daily living, was incontinent of bowel and bladder, had Stage 4 pressure ulcers to the coccyx and mid back, and had an indwelling urinary catheter for urinary retention and to promote wound healing.</p>	F 315	<p>483.25(d) NO CATHETER, PREVENT UTI, RESTORE BLADDER</p> <p>Resident #5 has been provided a leg strap to secure the indwelling catheter properly to the resident. This was completed on 3/28/12.</p> <p>Each unit manager has assessed facility current residents that utilize an indwelling catheter to assure that anchoring strap has been provided and is in place on 3/28/12.</p> <p>The facility will provide re-education to facility direct care staff regarding the importance of anchoring strap for each resident identified with indwelling Foley catheter to prevent excessive tension. This will be completed by 4/20/12. All new nursing staff that will be hired will receive this in-service upon hire during orientation beginning 4/16/12.</p>	4/23/12
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE NHA	(X6) DATE 4-20-12
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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 The resident ' s care plan, updated 12/30/11 indicated an indwelling catheter was in place and established a goal of no signs and symptoms of urinary tract infections through the next review. Approaches in part included " anchor catheter to prevent excessive tension " . The facility ' s Infection Prevention Manual for Long Term Care, Patient Care Policies, Urinary Catheters section listed as a purpose: To insure appropriate technique in the care and maintenance of (Name) catheters. Policy Point IV instructed to " Secure catheter properly to prevent movement. A leg strap or tape may be used " . On 3/27/12 at 3:20 pm Treatment Nurse # 1 entered Resident # 5 ' s room to provide a treatment. Resident # 5 was noted to have an indwelling urinary catheter. The urinary catheter drainage tubing was attached to the indwelling catheter and extended up and over the resident ' s right thigh, across the mattress and down the right side of the bed where the tubing was attached to a drainage bag secured to the bed frame. Treatment Nurse # 1 instructed Resident # 5 to turn from her back onto her left side. Resident # 5 followed the instructions and with the assistance of Treatment Nurse # 1, was turned to the left side toward the window and away from the side of the bed where the catheter drainage bag was anchored. The catheter drainage bag remained attached to the right bed frame. When the resident turned, the catheter tubing pulled taught up and over the resident ' s right thigh. Once the resident was turned, it was noted there was no leg strap or tape used to	F 315	The Director of Nursing, Assistant Director of Nursing, and the Unit Managers will complete 1-2 sampled residents that have been identified with indwelling catheters to ensure that anchoring strap has been provided and inplace. The audit will be documented utilizing the catheter audit tool. The audit will be conducted daily times two weeks, then weekly times four weeks, then monthly thereafter. Audits began on 4/9/12. The QA&A committee will review the findings of the audit to determine effectiveness, duration, and frequency of audits going forward weekly times four, then monthly thereafter if indicated.		

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F 315	<p>Continued From page 2</p> <p>anchor the catheter drainage tubing to the thigh to prevent excessive tension on the catheter.</p> <p>On 3/27/12 at 3:21 pm, Treatment Nurse # 1 stated a leg strap usually was in place and she did not know why it was not. Resident # 5 then stated a leg band had been in place, but it had been missing for 2 or 3 days and she did not know where it was.</p> <p>On 3/27/12 at 3:46 pm Nursing Assistant # 1 (NA # 1) and Nursing Assistant # 2 (NA #2) entered Resident # 5 ' s room and performed catheter care. It was noted that no leg band was in place to anchor the catheter drainage tubing. When asked about the use of a leg band to secure the catheter and prevent excessive tension on the catheter, NA # 1 and NA # 2 each stated they did not know if a leg band was required. NA # 1 and NA # 2 each stated they did not know if the facility had a policy that required the use of a leg band to anchor catheter tubing.</p> <p>On 3/27/12 at 4:14 pm, Nurse # 1, assigned to Resident # 5 ' s care stated the use of a leg band to secure the catheter tubing for Resident # 5 was required.</p> <p>On 3/27/12 at 4:15 pm, Nurse # 2, another facility nurse, stated the use of a leg band to secure catheter tubing was required at this facility.</p> <p>On 3/28/12 at 9:00 am, Resident # 5 was observed to have a leg band in place that secured the catheter drainage tubing to her right thigh.</p> <p>On 3/28/12 at 3:10 pm, the Director of Nursing</p>	F 315		

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F 315	Continued From page 3 (DON) stated a leg strap was usually used to anchor catheter drainage tubing to prevent excessive tension on the drainage tube unless the resident refused. She stated sometimes a leg strap was removed and replaced if it was wet or soiled. The DON stated it was her expectation that Resident # 5 would have a leg strap in place to anchor the catheter drainage tubing.	F 315		
F 441 SS=D	483.65 INFECTION CONTROL, PREVENT SPREAD, LINENS 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. (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. (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	F 441	483.65 INFECTION CONTROL, PREVENT SPREAD, LINENS Nurse #3 was re-educated on standard precautions practices related technique for obtain resident Blood sugar, to include wearing gloves during procedure on 3/28/12 by the Director of Nursing. Facility Licensed nurses will be in serviced on proper procedure for Blood Glucose Monitoring by 4/20/12. The Director of Nursing, Assistant Director of Nursing, and RN Unit Managers will complete this. All new nursing staff that will be hired will receive this in-service upon hire during orientation beginning 4/16/12. The Director of Nursing, Assistant Director of Nursing, and Unit Managers will audit nurses	4/23/12

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F 441	<p>Continued From page 4</p> <p>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> <p>This REQUIREMENT is not met as evidenced by:</p> <p>2. Record review of the skills checklist revealed that Nurse #3 completed the facility "Post test: Infection Control" on 9/18/10 with a score of 100%.</p> <p>Review of the "Blood Glucose Monitoring" policy and procedure, revised April 2, 2011, revealed, in part, "Equipment: gloves, portable blood glucose monitor, alcohol pads, gauze pads, disposable lancets or mechanical blood-letting devices, blood glucose test strips.</p> <p>Implementation: Perform hand hygiene, put on gloves."</p> <p>Observations on 3/25/12 at 6:10 PM, revealed Nurse #3 performing a finger stick for glucose monitoring without wearing any gloves.</p> <p>Interview on 3/25/12 at 6:10 PM with Nurse #3 revealed, "Most of the time I wear gloves. She (the resident) came shooting through (down the hall) from the smoking area. I told her to hold on and checked her sugar with no gloves."</p> <p>Interview on 3/26/12 at 10:00 AM with the</p>	F 441	<p>administering Blood Glucose Testing beginning on 3/26/12. The audit will be conducted daily times two weeks, then two times a week for four weeks, then monthly thereafter.</p> <p>The QA&A committee will review the findings of the audit to determine effectiveness, duration, and frequency of audits going forward weekly times four, then monthly thereafter if indicated.</p>	

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F 441	Continued From page 5 Director of Nursing revealed that staff was suppose to wear gloves while performing finger sticks.	F 441			