7/30/13 accept

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

PRINTED: 07/16/2013
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
	345131	A. BUILDING _____ B. WING _____	C 07/02/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CLEMMONS NURSING & REHAB CENTER	3905 CLEMMONS ROAD CLEMMONS, NC 27012

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F 315 SS=D	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. This REQUIREMENT is not met as evidenced by: Based on observations, record review and interviews with staff the facility failed to stabilize urinary catheters. This was evident in 2 of 3 residents review in the sample with urinary catheters. (Resident#4 and Resident#5) Findings included: The facility has a written procedure for the " Catheter (Indwelling) Insertion and Removal of (Female and Male) Procedure 260 " dated 2005 read in part: Step " 12 Tug gently on the catheter until you feel resistance. Secure to leg with catheter strap. Allow sufficient slack for adequate movement. 1. Resident#4 has cumulative diagnoses which included neurogenic bladder. Review of the Minimum data set assessment dated 6/7/13 revealed resident was cognitively intact and dependent on staff for completion of care. Review of the July 2013 physician orders revealed an order urinary catheter. Observation on 7/2/13 at 8:50 AM revealed the	F 315	*This Plan of Correction is the center's credible allegation of compliance.* *Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law.* **F- 315** **1.) How corrective action will be accomplished for the resident affected:** **Resident #4 remains at this facility, and has no ill effects as a result of this finding. Resident #5 is deceased on 7-20-13 unrelated to this citation. Catheter straps were placed on each resident on 7-2-13 meeting requirements and securing each catheter and this is confirmed in the CMS-2567. R#4 & #5 charts were reviewed on 7-2-13 to include any orders for catheter. No changes were found necessary. Nurses and Aides were immediately retrained on 7-2-13 regarding properly securing the placement of a catheter per facility procedures. A new monitoring tool called QA Foley Catheter Stabilization and Positioning is implemented for ensuring each catheter is maintained according to established procedures.**	7-30-13

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Reginald J. Faddon | TITLE: Administrator | (X6) DATE: 7-26-13

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 urinary catheter not stabilized. On 7/2/13 at 8:55 AM the resident ' s urinary catheter was not stabilized. Observation on 7/2/13 at 9:23 AM with NA#5 (nursing assistant) revealed the resident was in bed and the urinary catheter was not stabilized. Observation on 7/2/13 at 11:22 AM revealed (medication aide who are also nursing assistants) Med Aide #3 and Med Aide # 4 were in the resident ' s room placing a catheter strap on the resident ' s right leg. Interview on 7/2/13 at 11:35 am with NA#2 revealed the resident should " have a catheter strap " to stabilize the catheter. Interview on 7/2/13 at 11:40 am with Med Aide #3 revealed she does not know anything about the care of the catheter because her responsibility was only to administer medications. Interview on 7/2/13 at 11:45 am with med aide#4 revealed her role was to administer medications and assist the NA with care of the resident as necessary. " One (referring to the catheter strap) should have been placed on the resident. " Interview on 7/2/13 at 11:55 am with LPN#6 and unit coordinator #7 was held. LPN#6 indicated that the NA know that they should visual check to see if the catheter is intact with a strap. " They (referring to the nursing assistants) notify me when they do not have one on the unit or need to get one. No one told me we needed a strap. " I knew what you were looking for when you were observing the residents. So I told the staff to get leg straps. " Unit coordinator #7 indicated her expectations were staff to apply the leg strap at all times for stabilization. Interview on 7/2/13 at 1 pm with the director of nurses revealed her expectations were to have urinary catheter stabilized with leg straps.	F 315	**2.) How corrective action will be accomplished for those residents having the potential to be affected:** **Any facility resident with orders for a Foley Catheter is potentially affected by this cited deficient practice. A list of all residents with catheters is now maintained by the DON. A 100% sweep of all resident with catheters was conducted to ensure no other resident was affected by this same deficient practice and this sweep resulted in finding no other resident at risk. In-service training for facility nurses and Aides was conducted on 7-2-13 and ongoing by the SDC and focusing on facility procedures for securing a Foley catheter. An audit tool called QA f Foley Catheter Stabilization and Positioning was created to monitor catheter stabilization and positioning. Monitoring and audit completion is done by the DON, QA Nurse, Unit Coordinator, Staff Development Coordinator or any other designee selected by the Director of Nursing. Care plans were reviewed to ensure any required updates were accomplished as needed, and no new changes or interventions were necessary.**	7-30-13

RJ Faddon 7/26/13

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F 315	Continued From page 2 2. Resident #5 has cumulative diagnosis which included dementia, history of urinary tract infections and urinary retention. Review of the Minimum data set assessment dated 6/5/13 revealed the resident ' s cognition was severely impaired and dependent on staff for care. Observation on 7/2/13 at 9:25 AM revealed Resident #5 was lying in bed with his legs, catheter and brief exposed. The urinary catheter was not stabilized. Observation on 7/2/13 at 11:28 AM with NA#5 (nursing assistant) and Med Aide #3 (medication aide) revealed a catheter strap in place on resident ' s right leg. Interview on 7/2/13 at 11:45 am with Med aide#4 indicated that she " just placed the leg strap on the resident because my supervisor " asked me. Interview on 7/2/13 at 11:35 am with NA#2 revealed the resident should " have a catheter strap " to stabilize the catheter. Interview on 7/2/13 at 11:40 am with Med Aide #3 revealed she does not know anything about the care of the catheter because her responsibility was to only administer medications. Interview on 7/2/13 at 11:45 am with med aide#4 revealed her role was to administer medications and assist the NA with care of the resident as necessary. " One (referring to the catheter strap) should have been placed on the resident. " Interview on 7/2/13 at 11:50 am with NA#5 revealed when she pulled the covers of the resident she observed the resident ' s catheter in between her legs and not across the legs. " I knew I needed to get a leg strap so that the urine would flow better. " There was no indication as why a leg strap was not obtained at that time.	F 315	**3.) What measures will be put in place or systemic changes made to ensure correction:** **DON, QA Nurse, Unit Coordinator, Staff Development Coordinator, or DON designee completes the QA Audit of Foley Catheters five times per week times two weeks, weekly times three weeks and monthly times three months.** **QA Audit for Foley Catheters will be used to audit for Foley Catheter stabilization and positioning per facility procedures. Results of these audits are reviewed by and maintained by the Director of Nursing. In-services on Foley Catheters will be scheduled twice annually by the SDC or additionally as required by the Director of Nursing.** **4.) How the facility plans to monitor its performance to make sure that solutions are ensured:** **The DON or designee will compile audit results and present to the Quality Assurance Process Improvement (QAPI) Committee Meeting monthly times three months and quarterly thereafter. Subsequent plans of action will be developed as directed by the QAPI Committee. The Director of Nursing is responsible for overall compliance.**	7-30-13

R J Faddoul 7/26/13

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