DEPARTMENT OF HEALTH AND HUMAN SERVICES

PRINTED: 03/11/2016 FORM APPROVED OMB NO: 0938-0391

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STATEMENT	OF DEFICIENCIES CORRECTION	FIGIENCIES (X1) PROVIDER/SUPPLIER/CHA		(X2) MULTIPLE CONSTRUCTION A, BUILDING		(X3) DATÉ SURVEY COMPLETED	
		345530	B, WING	and the little in the second s	03/0	19/2016	
NAME OF P	ROVIDER OR SUPPLIER	a kangangan na mangang mangan sa mangan na mangan m Mangangan na mangan	merceniar gradus da dos vos maneros fandamen	STREET ADDRESS; CITY, STATE, ZIP CODE			
PENN NU	RSING CENTER			610-A S MAIN STREET REIDSVILLE, NC 27320	and the control of th	Market State of the State of th	
(X4) ID PRÉFIX TAG	TEACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FUILL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDERS PLAN OF COR LEACH CORRECTIVE ACTION CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD'BE	(XS) COMPLETION DATE	
SS=E	RESTORE BLADDE Based on the resider assessment, the faci resident who enters to indwelling catheter is resident's clinical cor catheterization was round to infections and to rest function as possible. This REQUIREMEN' by: Based on observation review the facility fall urinary catheter for 3 (Residents #71, #144 failed to keep the urinary catheter.)	nt's comprehensive fity must ensure that a the facility without an the facility and a resident bladder receives appropriate the sto prevent urinary tract the facility fact the facility and record the fact of the facility also the facility without an the facility mithout an the facility m	F 3	Foley-catheter for resident #71 With foley catheters were secu- inner thigh. Cotheter drainage bays on Resi- residents with foley catheters w- below the level of resident's bi- On 3/9/16, education was init- resident's with catheters to er- catheters are secured to the using a STAT Lock and ensurin all foley drainage bags are ke level below the bladder. Nurs- nurse techs were educated or foley catheter to the inner th resident #71 and maintaining drainage bag below the bladd Resident #71. Care plan reviewed and upda- on resident #71.	red to residem's. Ident #/2 and officere secured ladder. Ideated on a suice thigh age that pt at a securing the ligh of foley der level on	3/9/16	
	level of urinary bladd residents. (Resident	ler for 1 of 3 sampled	and the second s			AND THE PROPERTY OF THE PROPER	
	Findings Included:						
	diagnoses included of gland (BPH). A reviet Data Set (MDS), dat resident 's cognition specified Resident # assistance with activation indwelling urinary Review of Resident 4/21/16, revealed the complications from the catheter related to the state of the set of the	ities of daily living and used	The second of Princeton Control Contro			Company of the Compan	

Any deficiency statement ending with an averisk (*) denotes a deliciency which the institution may be excused from correcting providing it is determined that other safeguerds provide sufficient projection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days oflowing the date of survey whether or not a plan of correction is provided. For nursing homes, the above tindings and plane 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.

Facility ID: 000187

me

(X0) DATE

LABORATORY DIRECTOR'S OR PROVIDENSUPPLIER REPRESENTATIVE'S SIGNATURE

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STATEMENT OF DEFICIENCIES (X1 AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTII A. BUILDIN	PLE CONSTRUCTION G	(X3) DATE SURVEY COMPLETED		
		345530	B. WING_		03/09/2016		
NAME OF PROVIDER OR SUPPLIER PENN NURSING CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 618-A S MAIN STREET REIDSVILLE, NG 27320			
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORI (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	HOULD BE COMPLETION		
F 315	The approaches inckinked or coiled to pobstruction, and to above the urinary beack into the bladdon 3/7/16 at 7:45 A observed sitting in drainage bag attack wheelchair frame, as urinary bladder. On 3/9/16 at 8:20 A observed sitting in his room washing his room washing his urinary cathete securing devices. In near the resident on the same level at 0n 3/9/16 at 9:15 A stated that the in needed to be securating to prevent fried drainage bag need level all the time. On 3/9/16 at 11:45 Nurse Aide #3 state indwelling urinary of She indicated the secured to the resident of t	theter and drainage bag use. Soluded keep the catheter not be prevent urinary flow never raise the drainage bad ladder to prevent urine flow er. M. Resident #71 was the wheelchair with a urinary ned to the right side of the above the level of the resident. M. Resident #71 was the wheelchair at the sink in his face and hands in the sink. In was observed without any the urinary drainage bag was in the seat of the wheelchair, as urinary bladder. AM, during an interview, Nurse andwelling urinary catheter red to the resident? In inner stion/movement. The urinary ed to be below the bladder. AM, during an interview, ed Resident #71 used an catheter and drainage bag. Urinary catheter needed to be	F3	115			
	diagnoses include	admitted on 10/21/15. His d enlarged prostate and hy (blockage of urine flow). A					

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		345530	B. WING		ANNOTES I SECURITION OF THE PROPERTY OF THE PR		03/09/2016
NAME OF PROVIDER OR SUPPLIER				ST	REET ADDRESS, CITY, STATE, ZIP CODE	***************************************	
				611	8-A S MAIN STREET		•
PENN NUI	RSING CENTER				EIDSVILLE, NG 27320		
(X4) ID PREFIX			ID PREFI	v :	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD		(X5) COMPLETION
TAG		SC IDENTIFYING INFORMATION)	TAG	}	CROSS-REFERENCED TO THE APPROPE DEFICIENCY)		этло
F 315	Continued From page	e 2	F	315	Foley catheter for resident #148 and	Ė	3/9/16 3/9/16
			į ,	:	all resident's with foley catheters		211114
	review of the recent Minimum Data Set (MDS), dated 1/21/16, revealed the resident 's cognition was severely impaired. The MDS specified		į	:	were secured to resident's inner thigh.		,
				!			
		ed extensive assistance with			On 3/9/16, education was initiated	OH	21/11/0
	•		:		resident's with catheters to ensure		21111
		dwelling urinary catheter.		1	catheters are secured to the thigh		
		148 's plan of care, dated			using a STAT Lock.		
	•	resident was at risk for			Nurses and nurse techs were educa	ted	
		e use of an indwelling	1	,	on securing the foley catheter to th	10	29/16
		inary retention. The goal	;	1	inner thigh of resident #148. 3/9/1		· 1111
		y tract infections, related to			Care plan reviewed and updated or		
		bag use. The approaches		1	•	ŀ	
		eter not kinked or coiled to	,		resident #148.		,
		ow obstruction and to never		-			
		g above the urinary bladder					· Autorita
	to prevent urine flow						
•		, during Resident #148 's	2	1			i
		ion, provided by Nurse #2	į	i			:
		ne indwelling catheter was	*	1			
	not secured to the leg						1
		, during an interview, Nurse		į			
		catheter was not secured.	ļ	•			
:	She added that the ca	atheter needed to be	Ì	į			į
		nt's thìgh all the time.		1			
		, during an interview, Nurse	1	1			:
	Aide #2 confirmed the	at the urinary catheter was		1			
	not secured to the res	sident's leg. The aide	;	1			*
	indicated that the cath	neter needed to be secured	ĺ	:			
	all the time.						o de la companya de l
	On 3/9/16 at 8:45 AM	, Resident#148 was		:			į
	observed in his room.	The indwelling catheter	1	i			******
	was not secured to th	e thigh. The Nurse #3 was	1				
		's room and she confirmed	:				
	that the catheter was	not secured to the resident '					
	s leg.	M. alicada and Indonesia and		:			
		VI, during an interview,		į			1
	Nurse Aide #3 stated	that Resident #148 used	i				i
	indwelling urinary cat	heter and drainage bag. She	i .	1			
		levices to hold the urinary					
	catheter in place.						

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F 315 Continued From page 3 On 3/9/16 at 1:00 PM, during an interview, the Director of Nursing stated that she expected the staff to maintain indwelling urinary catheters anchored to residents ' legs and to keep the urinary drainage bags below the level of urinary	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
NAME OF PROVIDER OR SUPPLIER PENN NURSING CENTER STREET ADDRESS, CITY, STATE, ZIP CODE 618-A S MAIN STREET REIDSVILLE, NC 27320 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) F 315 Continued From page 3 On 3/9/16 at 1:00 PM, during an interview, the Director of Nursing stated that she expected the staff to maintain indwelling urinary catheters anchored to residents ' legs and to keep the urinary drainage bags below the level of urinary	345530 B. WING		iliaikaa taataa ka k	03/09/2016				
PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) F 315 Continued From page 3 On 3/9/16 at 1:00 PM, during an interview, the Director of Nursing stated that she expected the staff to maintain indwelling urinary catheters anchored to residents ' legs and to keep the urinary drainage bags below the level of urinary	PENN NURSING CENTER 618-A S MAIN STREET				18-A S MAIN STREET			
On 3/9/16 at 1:00 PM, during an interview, the Director of Nursing stated that she expected the staff to maintain indwelling urinary catheters anchored to residents ' legs and to keep the urinary drainage bags below the level of urinary	PREFIX	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL		PREFIX	(EACH CORRECTIVE ACTION SHOULD E CROSS-REFERENCED TO THE APPROPRI	3E	COMPLETION
an indwelling urinary catheter. He had not rejected care Nurses and nurse techs were educated on securing the foley catheter to the 2/17/16, revealed no documentation to use a device to secure the urinary tubing to the thigh, and no care plan indicating Resident #59 chose not to use a catheter stabilizing device. During wound care observation on 03/08/2016 at 11:11 AM, there was no device to secure the indwelling catheter tubing to Resident #59 's thigh. During an observation on 03/09/2016 at 9:30 AM of Resident #59 's catheter tubing, Nurse Aide #1 indicated there was no device to secure the tubing to the thigh. She revealed catheters were required to be secured to a resident 's thigh. During the foley catheter to the inner thigh of resident #59. Facility policy regarding Urinary Catheter Care will be reviewed and updated. All nurses and nurse techs will be educated on the Urinary Catheter Care policy. All nurses and nurse techs will be educated on properly securing foley catheters to resident's inner thigh.	F 315	On 3/9/16 at 1:00 PM Director of Nursing st staff to maintain indw anchored to residents urinary drainage bags bladder. 3. Resident #59 was diagnoses of stage III paraplegia. The most (MDS) dated 2/25/16, cognition was modera an indwelling urinary rejected care Review of Resident # 2/17/16, revealed no device to secure the tand no care plan indie not to use a catheter During wound care of 11:11 AM, there was tandwelling catheter tu thigh. During an observation of Resident #59's ca indicated there was na tubing to the thigh. Sh required to be secure During the observation had never had device he had been admitted it on his thigh and trie During an interview of Director of Nursing in staff to use a device of	I, during an interview, the ated that she expected the elling urinary catheters is legs and to keep the shelow the level of urinary admitted on 2/8/16, with a pressure ulcer and recent minimum data set revealed the resident 's ately impaired, and he used catheter. He had not 159 's care plans dated documentation to use a urinary tubing to the thigh, cating Resident #59 chose stabilizing device. Discription on 03/08/2016 at 100 device to secure the bing to Resident #59 's 100 no 03/09/2016 at 100 device to secure the ne revealed catheters were don't be to secure the ne revealed catheters were don't be to secure the no his catheter tubing since on his catheter swere on his catheter tubing since on his catheter swere		F 315	Care plan reviewed and updated on resident #59 to include securing fole catheter to resident's thigh. Foley catheter for resident #59 and all residents with foley catheters were secured to resident's inner thigh on securing the foley catheter to the inner thigh of resident #59. Facility policy regarding Urinary Catheter Care will be reviewed and updated. All nurses and nurse techs will be educated on the Urinary Catheter Care policy. All nurses and nurse techs will be educated on properly securing foley cathethers to resident's inner All nurses and nurse techs will be educated on properly securing foley cathethers to resident's inner All nurses and nurse techs will be educated on properly securing foley cathethers to resident's inner All nurses and nurse techs will be educated on proper placement of catheter drainage bags below the level of	ed a	3/9/16 3/9/16 4/5/16 4/5/16 4/5/16

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FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING 345530 B. WING 03/09/2016 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 618-A S MAIN STREET PENN NURSING CENTER REIDSVILLE, NC 27320 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PREFIX ID PREFIX PROVIDER'S PLAN OF CORRECTION (X5) COMPLETION DATE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) Nurses will monitor residents with foley F 315 | Continued From page 4 F 315 4/5/16 catheters every shift to ensure thigh. the catheter is secured properly to resident's thigh and to ensure placement of drainage bag below the level of resident's bladder. Nurses will verify compliance by signing off for each individual resident. RN/Charge Nurse will monitor residents with foley catheters daily x 3 months to ensure compliance of proper drainage bag placement and to ensure the foley catheter is properly secured to resident's thigh. RN/Charge Nurse will ensure compliance by signing a Foley Catheter Monitoring Log daily X 3 months verifying proper placement of drainage bag and properly secured foley catheter. DON will monitor RN/Charge Nurse's Foley Catheter Monitoring Log weekly X 3 months to ensure compliance. Care plans of all resident's with foley catheters will be reviewed and updated appropriately for interventions related to proper placement of catheter drainage bag, proper securement of foley catheter to resident's thigh, and any individual resident preferences. All audits and findings will be Reported and re-evaluated In quarterly QA meeting for 3 months for F315,

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