

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345242	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/19/2017
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NAME OF PROVIDER OR SUPPLIER THE FOUNTAINS AT THE ALBEMARLE	STREET ADDRESS, CITY, STATE, ZIP CODE 200 TRADE STREET TARBORO, NC 27886
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F 253 SS=D	<p>483.10(i)(2) HOUSEKEEPING & MAINTENANCE SERVICES</p> <p>(i)(2) Housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior; This REQUIREMENT is not met as evidenced by: Based on observations, policy review and staff interviews the facility failed to properly store a bed pan in a resident ' s bathroom (Room # E 3) on 1 of 2 halls.</p> <p>Findings included:</p> <p>A review of the facility policy dated 8/12, titled, " Bed Pan/Urinal-Offering and Removal " read in part, " B. Procedure: Xwash and rinse and return to appropriate area. "</p> <p>On 1/17/17 at 12:18 PM a bed pan was observed on the bathroom floor in room # E 3. On 1/18/17 at 10:45 AM a bed pan was observed on the bathroom floor in room # E 3. On 1/19/17 at 9:01 AM a bed pan was observed on the bathroom floor in room # E 3.</p> <p>During an interview on 1/19/17 at 9:15 AM nursing assistant (NA#1) stated the bed pan should not be on the floor and should have been placed in a bag and stored under a resident's bed.</p> <p>During an interview on 1/19/17 at 9:26 AM housekeeping staff #1 stated that when she cleaned the room she just picked up the bed pan and cleaned under it and placed it back on the floor.</p> <p>During an interview on 1/19/2017 at 9:30 AM the</p>	F 253	<p>This Plan of Correction has been submitted to meet the requirements established by state/federal law. This Plan of Corrections constitutes this facility's demonstration of compliance for the deficiencies cited. Submission of this Plan of Correction is not an admission that a deficiency existed or that one was cited.</p> <p>Bed Pan was removed from bathroom of resident in E3A and discarded on 1/19/17.</p> <p>100% of resident bathrooms and resident rooms were assessed by housekeeping/maintenance/nursing staff on 1/19/17 and any bed pans found not properly labeled, bagged, or in the appropriate locations were discarded. New bed pans were provided that were properly labeled, bagged, and placed in the appropriate location for use.</p> <p>Inservice began on 1/19/17 covering the policy on Bed Pan/Urinal Offering and Removal with 100% of nursing staff and housekeeping staff to be completed by 2/2/17. All new associates will be inserviced during orientation upon hire.</p> <p>All resident bathrooms and resident rooms will be monitored by Administrator</p>	2/2/17
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Electronically Signed	TITLE	(X6) DATE 01/24/2017
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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 253	Continued From page 1 Administrator stated that she expected her staff to follow her policy to return to the appropriate area. We expect them to place the bed pan in a bag labeled and placed in the bathroom on a shelf and never on the floor. The NA should have never put it on the floor and the housekeeper should have notified her supervisor when she observed the bed pan on the floor.	F 253	and or designee using Bed Pan Audit Tool daily for one week, weekly for three weeks and monthly for 2 months to ensure all bed pans are properly labeled, bagged and placed in the appropriate location. Any bed pans found out of compliance will be discarded and replaced with new, labeled, and bagged bed pans. Findings of Bed Pan Audits will be presented to the QAPI Committee monthly for three months with any changes to plan made as needed.		
F 281 SS=E	483.21(b)(3)(i) SERVICES PROVIDED MEET PROFESSIONAL STANDARDS (b)(3) Comprehensive Care Plans The services provided or arranged by the facility, as outlined by the comprehensive care plan, must- (i) Meet professional standards of quality. This REQUIREMENT is not met as evidenced by: Based on record review, observations and interviews the facility failed to clarify an order for 1 of 1 residents with an indwelling perineal urinary catheter (Resident #9). The findings included: Resident #9 was admitted on 9/23/16 with diagnoses including Urethral Stricture and Perineal Urethrostomy. Review of the most recent quarterly Minimum Data Set Assessment dated 12/18/16 identified	F 281	Order for foley catheter change was clarified by Medical Director Dr. Peters on 1/18/17 to read change foley catheter monthly. Order placed on TAR for monthly catheter change. Foley changed by nursing staff on 1/19/17. 100% of residents with foley catheters orders reviewed to ensure orders present for catheter change and frequency and that orders were on TAR and being followed. All residents were found to have appropriate orders for foley catheter care	2/2/17	

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F 281	<p>Continued From page 2</p> <p>the resident as moderately impaired cognitively. He had an indwelling urinary catheter.</p> <p>Review of the Physician ' s order dated 10/13/16 read to " change out Foley. There were no parameters instructing how often.</p> <p>Review of the Treatment Administration Record (TAR) for October 2016, showed 10/15/16 with a marked area to document the catheter was changed, but this was blank.</p> <p>Review of the Treatment Administration Record for November 2016 documented the catheter was changed on 11/15/16.</p> <p>Review of the Treatment Administration Record for December 2016 documented the catheter was changed on 12/15/16. A hand-written note beside the December 2016 TAR order read, " How often? "</p> <p>On 1/18/17, Resident #9 ' s TAR was reviewed. The January 2017 TAR showed the date 1/15/17, with a marked area to show documentation when the catheter was changed, but this was blank. A hand written note beside the January TAR order read, " Clarification needed, how often? "</p> <p>Observations were made of the indwelling catheter on 1/18/2017 at 3:25 PM. The resident had an indwelling catheter positioned under the scrotal area.</p> <p>During an interview with Nurse #1 on 1/18/17 at 1:56 PM she stated she believed the catheter was to be changed monthly. She stated she only worked as needed and never had to change the catheter.</p>	F 281	<p>to include frequency of changing catheter. Inservice began on 01/24/17 for the policy on General Catheter Care Policy with 100% of licensed nurses to be completed by 2/2/17. All new associates will be inserviced during orientation upon hire.</p> <p>All residents with foley catheters will be reviewed monthly by Director of Nursing or designee using audit tool Foley Catheter Audit Tool to ensure correct orders are in place for changing foley catheter to include frequency and that catheters are changed according to order on TAR.</p> <p>Findings of Foley Cather Audits will be presented to the QAPI Committee monthly for three months with any changes to plan made as needed.</p>		

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F 281	Continued From page 3 During an interview with the acting Director of Nursing on 1/18/2017 at 2:14 PM she stated the order of 10/13/16 read to change out the Foley. She stated the order did not give a time frame of how often and should have been clarified. During an interview with the Physician on 1/18/17 at 4:15 PM he stated Resident #9 had a perineal urinary catheter related to a Urethral Stricture and he had believed that the catheter would not be changed like a typical urinary catheter. He further stated his order written on 10/13/16 was written under his assumption that only the drainage bag would be changed. He stated his order was not clear. He stated after clarification with the Urologist on 1/18/17 the indwelling perineal catheter was to be changed monthly as would an indwelling Foley catheter would be. During an interview with the Administrator on 1/19/2017 at 9:54 AM she stated she did not know who had written on the TAR to clarify the order but the order to change the indwelling urinary catheter should have been clarified by a nurse to include how often.	F 281			
F 315 SS=E	483.25(e)(1)-(3) NO CATHETER, PREVENT UTI, RESTORE BLADDER (e) Incontinence. (1) The facility must ensure that resident who is continent of bladder and bowel on admission receives services and assistance to maintain continence unless his or her clinical condition is or becomes such that continence is not possible to maintain. (2)For a resident with urinary incontinence, based	F 315		2/2/17	

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F 315	<p>Continued From page 4</p> <p>on the resident's comprehensive assessment, the facility must ensure that-</p> <p>(i) A resident who enters the facility without an indwelling catheter is not catheterized unless the resident's clinical condition demonstrates that catheterization was necessary;</p> <p>(ii) A resident who enters the facility with an indwelling catheter or subsequently receives one is assessed for removal of the catheter as soon as possible unless the resident's clinical condition demonstrates that catheterization is necessary and</p> <p>(iii) A resident who is incontinent of bladder receives appropriate treatment and services to prevent urinary tract infections and to restore continence to the extent possible.</p> <p>(3) For a resident with fecal incontinence, based on the resident's comprehensive assessment, the facility must ensure that a resident who is incontinent of bowel receives appropriate treatment and services to restore as much normal bowel function as possible. This REQUIREMENT is not met as evidenced by: Based on record review, observations and interviews the facility failed to change an indwelling urinary catheter monthly for 1 of 1 resident with an indwelling perineal urinary catheter (resident #9).</p> <p>The findings included:</p> <p>Resident #9 was admitted on 9/23/16 with diagnoses including Urethral Stricture and Perineal Urethrostomy.</p>	F 315	<p>Order for foley catheter change was clarified by Medical Director Dr. Peters on 1/18/17 to read change foley catheter monthly. Order placed on TAR for monthly catheter change. Foley changed by nursing staff on 1/19/17.</p> <p>100% of residents with foley catheters orders reviewed to ensure orders present for catheter change and frequency and that orders were on TAR and being</p>		

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F 315	Continued From page 5 Review of the most recent quarterly Minimum Data Set Assessment dated 12/18/16 identified the resident as moderately impaired cognitively. He had an indwelling urinary catheter. Review of the Care Area Assessment dated 9/23/16 triggered related to the resident requiring an indwelling urinary catheter. Review of the Care Plan dated 10/6/16 identified Resident #9 as having an indwelling urinary catheter related to a terminal condition of the urethral structure and stenosis. Interventions in meeting the goal of remaining trauma free included changing the catheter monthly. Review of the Physician ' s order dated 10/13/16 read " change out Foley " . There were no parameters instructing how often. Review of the Treatment Administration Record (TAR) for October 2016 showed an entry to " change out catheter " for 10/15/16 with a marked area to document the catheter was changed. There were no initials present to indicate the catheter was changed. Review of the Treatment Administration Record for November 2016 documented the catheter was changed on 11/15/16. Review of the Treatment Administration Record for December 2016 showed an entry to change the catheter. There were no initials present to indicate the catheter was changed. A hand-written note beside the TAR order read, " How often? " Review of the Treatment Administration Record	F 315	followed. All residents were found to have appropriate orders for foley catheter care to include frequency of changing catheter. Inservice began on 01/24/17 for the policy on General Catheter Care Policy with 100% of licensed nurses to be completed by 2/2/17. All new associates will be inserviced during orientation upon hire. All residents with foley catheters will be reviewed monthly by Director of Nursing or designee using audit tool Foley Catheter Audit Tool to ensure correct orders are in place for changing foley catheter to include frequency and that catheters are changed according to order on TAR. Findings of Foley Cather Audits will be presented to the QAPI Committee monthly for three months with any changes to plan made as needed.		

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F 315	<p>Continued From page 6</p> <p>on 1/18/17 for January 2017 showed 1/15/17 with a marked area to document the catheter was changed. There were no initials present to indicate the catheter was changed. A hand written note beside the TAR order read, " Clarification needed, how often? "</p> <p>Review of the progress notes for October 2016 through January 2016 showed no documentation that the urinary catheter was changed.</p> <p>An observation was made of the indwelling catheter on 1/18/2017 at 3:25 PM. The catheter was positioned under the scrotal area.</p> <p>During an interview with Nurse #1 on 1/18/17 at 1:56 PM she stated she believed the catheter was to be changed monthly but she worked as needed and had never had to change the catheter.</p> <p>During an interview with the acting Director of Nursing on 1/18/2017 at 2:14 PM she stated the order of 10/13/16 read to change out the Foley. She stated the order did not give a time frame of how often and should have been clarified. She further stated the catheter should have been changed out monthly.</p> <p>During an interview with the physician on 1/18/17 at 4:15 PM he stated he had spoken with the Urologist and the urinary catheter should have been changed monthly just as an indwelling urinary catheter would have been changed.</p> <p>During an interview on 1/19/17 at 9:12 AM with Nurse #2 who worked with Resident #9 on 1/15/17 she stated she did not change the indwelling urinary catheter because she did not</p>	F 315			

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

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F 315	<p>Continued From page 7</p> <p>have the supplies to do so. She stated there was not an Administrator or Director of Nursing working the weekend of 10/15/16 to help her locate the supplies.</p> <p>During an interview on 1/19/17 at 9:26 AM with Nurse #3 who worked with Resident #9 on 10/15/16 she stated she could not remember if she changed the urinary catheter or not.</p> <p>During a follow up interview with the Administrator on 1/19/2017 at 9:54 AM she stated the indwelling catheter should have been changed monthly.</p>	F 315			