

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345462	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 04/05/2017
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NAME OF PROVIDER OR SUPPLIER THE OAKS-BREVARD	STREET ADDRESS, CITY, STATE, ZIP CODE 300 MORRIS ROAD BREVARD, NC 28712
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
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F 315 SS=D	<p>483.25(e)(1)-(3) NO CATHETER, PREVENT UTI, RESTORE BLADDER</p> <p>(e) Incontinence.</p> <p>(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.</p> <p>(2) For a resident with urinary incontinence, based 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:</p>	F 315		5/3/17
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Electronically Signed	TITLE	(X6) DATE 04/24/2017
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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 315	<p>Continued From page 1</p> <p>Based on observations, medical record reviews, and staff interviews, the facility failed to provide proper indwelling catheter care as evidenced by cleaning upwards from the perineum towards the urinary meatus for 1 of 2 sampled residents reviewed for urinary incontinence or catheter care (resident #1).</p> <p>Findings included:</p> <p>A review of the indwelling urinary catheter care and management policy with a revised date of 10/02/15 read in part: "to avoid contaminating the urinary tract, always clean by wiping away from, never toward the urinary meatus. Use soap and water or a perineal cleaner to clean the periurethral area after each bowel movement."</p> <p>Resident #1 was admitted to the facility on 10/25/16.</p> <p>A review of the most recent comprehensive Minimum Data Set (MDS) dated 12/18/16 indicated Resident #1 had severely impaired cognition with no speech. The MDS indicated Resident #1 needed total care for toilet use and personal care. The MDS indicated Resident #1 did not have a indwelling urinary catheter and was always incontinent of bladder and bowel.</p> <p>Resident #1 was readmitted to the nursing home from the hospital on 03/22/17 with an indwelling urinary catheter. The diagnoses included urinary tract infection (UTI) and dementia.</p> <p>A review of Resident #1's care plan date of 03/22/17 focused on indwelling urinary catheter, self-care deficit of activities of daily living, and UTI. Interventions in place for nursing were to</p>	F 315	<p>A Resident #1 did not have any adverse effects from the incontinent care provided on April 4, 2017 at 4:21PM.</p> <p>B. All residents with indwelling catheters and residents requiring incontinent care have the potential to be affected by the same practice. An audit to identify 100% of residents requiring incontinent care by staff and indwelling catheter care was conducted by the MDS Director. NA #1 was reeducated by the RN, Licensed Nurse Clinical Care Coordinator, on appropriate catheter care to avoid contaminating the urinary tract.</p> <p>C. All Certified Nursing staff were reeducated by staff RNs, on providing appropriate Catheter care. Newly employed Certified Nursing Assistants will be education during new hire orientation</p> <p>D. Registered Nurses will audit Nursing Assistants providing Catheter care and /or indwelling catheter care to identified residents. Audits will be conducted on three residents, three times weekly for four weeks, weekly for four Weeks, then monthly for three months.</p> <p>All audits will be presented to the Quality Assurance, Performance Improvement Committee by the Director of Nursing for five months or until compliance is maintained the committee will make changes to the plan as indicated.</p>		

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F 315	<p>Continued From page 2</p> <p>provide perineal care every day and as needed and promptly notify the physician of urinary tract infection symptoms. The goal was to remain free of a UTI.</p> <p>On 04/04/17 at 4:21 PM Nurse Aide (NA) #1 was observed during catheter care for Resident #1. Two additional staff members who were in training were also present for the care. NA #1 was observed wiping the perineum area using washcloths and perineal cleaner. She wiped towards the scrotum and towards the urinary meatus. The washcloths used had evidence of a bowel movement. NA #1 continued to clean the perineum area using the same back to front wiping technique until the washcloths revealed no evidence of a bowel movement.</p> <p>During an interview on 04/04/17 at 6:34 PM, NA #1 indicated she would wipe from the front to the back away from the perineum area, but had wiped from the back to the front towards the perineum area. NA #1 confirmed she should have wiped from the front to the back away from the perineum area when providing incontinence care.</p> <p>During an interview on 04/05/17 at 12:20 PM, the Director of Nursing (DON) indicated it was her expectation for NA #1 to follow the indwelling urinary catheter care and management policy when providing catheter care for residents.</p> <p>During an interview on 04/05/17 at 1:01 PM, the Nurse Practitioner confirmed Resident #1 did not have an indwelling urinary catheter on 03/17/17, when discharged from the facility to the hospital but returned from the hospital on 03/22/17 with an indwelling urinary catheter in place.</p>	F 315			