STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345508	A. BUILDING _____ B. WING _____	05/24/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
UNC REX REHAB & NURSING CARE CENTER OF APEX	911 SOUTH HUGHES STREET APEX, NC 27502

(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
F 690 SS=D	Bowel/Bladder Incontinence, Catheter, UTI CFR(s): 483.25(e)(1)-(3) §483.25(e) Incontinence. §483.25(e)(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. §483.25(e)(2)For a resident with urinary incontinence, based on the resident's comprehensive assessment, the facility must ensure that- (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; (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 (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. §483.25(e)(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 observation, staff interviews, and	F 690	The deficiency cited was for Resident	6/15/18

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Electronically Signed | 06/06/2018

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F 690	Continued From page 1 record review the facility failed to keep a catheter bag from coming in contact with the floor for 1 of 2 residents reviewed for catheter care (Resident #86). Findings included: Resident #86 was admitted to the facility on 5/21/18. His active diagnoses included a left hip fracture, urinary tract infection, and atrial fibrillation. Review of Resident #86's baseline care plan dated 5/21/18 revealed the resident was care planed for having a catheter. The interventions included catheter care per protocol. During observation on 5/23/18 at 1:12 PM the Physical Therapy Assistant was observed pushing Resident #86 in a wheelchair down the main hall of the facility to his room. The resident's catheter bag was observed to have the bottom of the collection bag in contact with the floor dragging across the floor as she was pushing him. During an interview on 5/23/18 at 1:16 PM the Physical Therapy Assistant stated catheter bags should not touch the ground for infection control concerns. Upon observing the catheter bag she stated one of the catheter bag clips had come off the wheelchair which caused the bag to come in contact with the ground and it should not have been in contact with the ground. During an interview on 5/23/18 at 1:35 PM the Infections Control Nurse stated neither catheter bags nor catheter tubing were to come in contact with the floor. She further stated it was her	F 690	#86, foley catheter bag was touching the floor on two separate instances noted. The first instance described on 5/23/18 noted the catheter bag touching the floor from its mounted position on the wheel chair. The second instance was on 5/24/18 for Resident #86, where the catheter bag was noted to be touching the floor hanging from its position on the bed frame. In both situations for resident #86, the height of the bag was adjusted as to not come in contact with the floor. While in the wheel chair the foley catheter bag hook was re-attached to the wheel chair and while in bed, the bed height was adjusted so the foley catheter bag did not touch the floor. The plan for correcting this deficient practice is staff education and scheduled auditing. Education will be provided by the Staff Educator/Infection Preventionist to employees that are responsible for catheter bag placement. These employees consist of nurses, certified nurse's aides, and therapists. A current employee roster was obtained for the groups noted above. Face to face education was provided and completed via phone for those not able to attend in person. New hires will be educated during new hire employee orientation. This education will consist of proper foley catheter bag placement to prevent the foley catheter bag from touching the floor. An audit will be conducted by the Director of Nursing, Assistant Director of Nursing, or Staff Educator/Infection Preventionist. Upon investigation in the first instance on	

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F 690	Continued From page 2 expectation that the resident's catheter bag not touch the floor during transport. During observation on 5/24/18 at 8:53 AM Resident #86 was observed in bed. The bottom of the catheter bag was observed to be in contact with the floor. During an interview on 5/24/18 at 8:56 AM Nurse #1 stated catheter bags were to be stored off the floor. Upon observation of Resident #86's catheter bag she stated the bag should not have been in contact with the floor and she would adjust it. She stated someone must have lowered the bed and not noticed it was in contact with the floor. During an interview on 5/24/18 at 8:59 AM the Director of Nursing stated catheter bags were not to touch the floor. She further stated it was her expectation that catheter bags be stored high enough that they were not in contact with the ground at any time.	F 690	5/23/18, it was identified that the foley bag was improperly hung on the wheel chair. The foley product was evaluated for quality and integrity of the bag and the attachment system. There are two hooks available for foley bag mounting. One hook was noted to be detached from the wheel chair. User error, not product failure, was the reason for the observed deficiency. In the second instance on 5/24/18, it was found that the bed height was not set appropriately to prevent the foley catheter bag from touching the floor, again user error, there was no failure in the product being used. The procedure for implementing the plan of correction will be the completion of staff education conducted by the Staff Educator/Infection Preventionist. An audit will be conducted by the Director of Nursing, Assistant Director of Nursing, or Staff Educator/Infection Preventionist. The monitoring procedure to ensure the plan of correction is effective will be to conduct a randomized audit of choosing 3 Residents with foley catheters for proper bag placement weekly times 1 month, bi-weekly times one month, and finally monthly times one month with an anticipated completion date of August 15, 2018. The results of the audit will be reviewed in the monthly Quality Assurance Performance Improvement meeting. The Administrator, Director of Nursing, Assistant Director of Nursing, or Staff Educator/Infection Preventionist will be responsible for implementing the plan of correction. The corrective action will be completed by June 15th, 2018.	

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