

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

PRINTED: 08/21/2018
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345414	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 07/26/2018
NAME OF PROVIDER OR SUPPLIER HAYMOUNT REHABILITATION & NURSING CENTER, INC			STREET ADDRESS, CITY, STATE, ZIP CODE 2346 BARRINGTON CIRCLE FAYETTEVILLE, NC 28303		
(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 000	INITIAL COMMENTS No deficiencies were cited as a result of the complaint investigation conducted on 07/26/18. Event ID# 7Q8911.	F 000			
F 550 SS=D	Resident Rights/Exercise of Rights CFR(s): 483.10(a)(1)(2)(b)(1)(2) §483.10(a) Resident Rights. The resident has a right to a dignified existence, self-determination, and communication with and access to persons and services inside and outside the facility, including those specified in this section. §483.10(a)(1) A facility must treat each resident with respect and dignity and care for each resident in a manner and in an environment that promotes maintenance or enhancement of his or her quality of life, recognizing each resident's individuality. The facility must protect and promote the rights of the resident. §483.10(a)(2) The facility must provide equal access to quality care regardless of diagnosis, severity of condition, or payment source. A facility must establish and maintain identical policies and practices regarding transfer, discharge, and the provision of services under the State plan for all residents regardless of payment source. §483.10(b) Exercise of Rights. The resident has the right to exercise his or her rights as a resident of the facility and as a citizen or resident of the United States. §483.10(b)(1) The facility must ensure that the resident can exercise his or her rights without interference, coercion, discrimination, or reprisal	F 550		8/13/18	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Electronically Signed

08/09/2018

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 550	<p>Continued From page 1 from the facility.</p> <p>§483.10(b)(2) The resident has the right to be free of interference, coercion, discrimination, and reprisal from the facility in exercising his or her rights and to be supported by the facility in the exercise of his or her rights as required under this subpart.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, staff and resident interviews and record review, the facility failed to provide a privacy cover for the urinary catheter drainage bag for 1 of 3 sampled residents with an indwelling urinary catheter (Resident #184).</p> <p>The findings included:</p> <p>Resident #184 was admitted to the facility on 07/10/18 with diagnoses which included neuromuscular dysfunction of the bladder and retention of urine.</p> <p>A review of the admission Minimum Data Set (MDS), dated 07/17/18, revealed Resident #184 was cognitively intact and required extensive assistance with her Activities of Daily Living (ADLs). The MDS indicated Resident #184 had an indwelling urinary catheter and a diagnosis of neurogenic bladder.</p> <p>A review of Resident #184's Care Plan, last revised 07/19/18, revealed Resident #184 had the potential for a urinary tract infection (UTI) related to the presence of an indwelling urinary catheter for urinary retention secondary to her diagnosis of neurogenic bladder related to her new diagnosis of cerebrovascular accident with hemiplegia.</p>	F 550	<p>1.a.Resident was admitted to this facility from the hospital on 7/10/18 with an all-in-one catheter system (bag couldn't be detached from foley catheter).</p> <p>b.On 7/24/2018, the nurse applied blue privacy bag to cover the resident's catheter bag. On 7/25/2018, the nursing assistant was preparing to give resident a shower which is located in resident's room when the surveyor was passing the room and observed the catheter without the blue privacy cover bag (which was placed on the w/c during transfer).</p> <p>c.On 7/25/18, the DON was notified of exposure and immediately changed the entire catheter system which includes a leaf bag which alleviates privacy bag being separated from the catheter bag.</p> <p>d.Care plan was reviewed and statement added to read "foley catheter bag will be covered to maintain privacy".</p> <p>e.Catheter should have been covered or changed out upon admission. Human error prevented this from occurring.</p> <p>2.a.An audit was conducted on 8/8/18 by the Clinical Care Coordinator to obtain a list of residents with Foley catheters and to ensure all residents have a leaf bag in</p>		

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F 550	<p>Continued From page 2</p> <p>A review of the Admission Nursing Assessment revealed Resident #184 had been admitted with an indwelling urinary catheter.</p> <p>During an observation of Resident #184 on 07/24/18 at 11:58 a.m., Resident #184 was noted to have an indwelling urinary catheter with the urinary catheter drainage bag attached to the side of the bed. The urinary catheter drainage bag did not have a privacy cover and could be seen from the hall.</p> <p>During an interview with Nurse #1 on 07/24/18 at 12:10 p.m., Nurse #1 stated it had been brought to her attention the urinary catheter drainage bag did not have a privacy cover while she had passed her morning medications. Nurse #1 stated Resident #184 had been admitted to the facility from the hospital with the indwelling urinary catheter. Nurse #1 stated upon assessment of the indwelling urinary catheter she had been unfamiliar with the tubing associated with the indwelling urinary catheter Resident #184 had and had planned to talk with her Director of Nursing (DON) for instruction.</p> <p>During an observation of Resident #184 on 07/25/18 at 9:10 a.m., Resident #184 had been sitting up on the side of her bed, feet touching the floor and facing the door to her room. Resident #184's urinary catheter drainage bag was connected to the side of the bed. The urinary catheter drainage bag did not have a privacy cover and could be seen from the hall.</p> <p>During an and observation and interview with Resident #184 on 07/26/18 at 10:15 a.m., Resident #184's urinary catheter bag was noted to have a privacy cover in place. Resident #184</p>	F 550	<p>place to alleviate any privacy/dignity issues. Any catheters identified without a privacy cover were replaced.</p> <p>b.Audit completed on 7/27/18 by medical supply clerk for all catheter bags without privacy covers to be removed from the facility. The facility is expected to only order leaf design bags by the medical supply clerk. Medical supply clerk in-serviced on the new ordering procedure on 8/8/18.</p> <p>c.On 8/7/18, Catheter Care policy reviewed and revised to incorporate privacy of Foley catheters by Director of Clinical Operations and Risk Manager and Corporate Compliance Officer.</p> <p>d.In-servicing began on 8/6/18 for all nursing staff by the DON and/or Clinical Care Coordinator on the following policies: catheter care policy, resident rights, and privacy. Any nursing staff not in-serviced by 8/13/18 will be removed from the schedule until in-service is conducted; phone in-services will be conducted as needed. All applicable new hires will be oriented on resident rights, privacy, use and care of Foley catheter.</p> <p>e.All catheter careplans/kardex were updated to include privacy of Foley catheters by MDS Coordinator.</p> <p>f.Upon admission, all residents with catheters will be reviewed during the 5 day chart check process by the interdisciplinary team (IDT). If resident does not have a leaf design catheter bag upon admission, catheter will be discarded and new leaf design bag will be implemented. On 7/26/18, checking for the type of catheter bag was added to the</p>		

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F 550	<p>Continued From page 3</p> <p>stated she had felt embarrassed the urine in her urinary catheter drainage bag had been visible to others and felt better now that the urinary drainage bag had a privacy cover.</p> <p>During an interview with the DON on 07/26/18 at 10:20 a.m., the DON stated it was her expectation nursing staff use a privacy cover for urinary collection bags or replace the urinary collection bag with one with a privacy flap (fig-leaf design).</p> <p>During an interview with the Administrator on 07/26/18 at 10:30 a.m., the Administrator stated it was her expectation nursing staff use a privacy cover for urinary collection bags for new residents upon admission to the facility or when an indwelling urinary catheter had been placed on an established resident.</p>	F 550	<p>5 Day Chart Check which is completed by the administrative nurses.</p> <p>3.a.QA Members will complete Resident and Room Audits weekly x 4 weeks and then monthly thereafter to monitor for catheter bags and any other dignity issues.</p> <p>b.The Clinical Care Coordinator or designee will complete the Quality Care: Catheter Care audit monthly x2 and then quarterly thereafter.</p> <p>c.Results of audits will be brought to the morning clinical meeting by the DNS/ Appropriate designee weekly X 4 and then monthly for review.</p> <p>d.Compliance with the audits and changes will be brought to the facility monthly QAPI by DNS/ Designee meeting x 2 months, and as needed going forward, for review of compliance with said plan by the QAPI committee members.</p> <p>e.Outcomes, discussions, and revisions if needed, will be part of the meeting minutes</p> <p>f.Applicable staff will be re-in serviced by SDC/Designee as needed for any revisions to said plan.</p> <p>g.Revisions to said plan will require monitoring to begin again at step 3(a).</p> <p>4.a.The Director of Nursing or designee in conjunction with the facility QAPI committee will be responsible for implementing, directing, and monitoring the above said program.</p> <p>b.The facility Executive Director, in conjunction with the facility QAPI committee, will serve as the alternate</p>		

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