STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345063	A. BUILDING _____ B. WING _____	C 09/13/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CURIS AT WILSON NURSING & REHABILITATION CENTER	1804 FOREST HILLS ROAD W WILSON, NC 27893

(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
E 000	Initial Comments An unannounced Recertification survey was conducted on 09/10/2019 through 09/13/2019 . The facility was found in compliance with the requirement cfr 483.73, Emergency preparedness. Event ID # sj1o11.	E 000		
F 000	INITIAL COMMENTS No deficiencies were cited as a result of the complaint investigation of 9/13/2019. Event ID# SJ1011.	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.	F 550		10/7/19

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

Electronically Signed | 10/07/2019

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F 550	Continued From page 1 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 from the facility. §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. This REQUIREMENT is not met as evidenced by: Based on observations, resident and staff interview and record review, the facility failed to cover an indwelling urinary catheter bag for two of two residents reviewed for catheters (Resident # 68 and Resident #74). Findings included: 1. A review of the medical record revealed Resident #68 was admitted 5/30/2019 with diagnoses including Benign Prostatic Hyperplasia (enlargement of the prostate gland) with lower urinary tract symptoms, and obstructive uropathy. A review of notes from the follow up urology appointment, dated 7/25/2019, revealed diagnoses of Bladder Outlet Obstruction and Neurogenic bladder. The Quarterly Minimum Data Set (MDS) dated 8/27/2019 noted Resident #68 to be cognitively intact and needed extensive assistance for all	F 550	F550 On 9/12/2019 Director of Nursing assessed and provided a privacy protector catheter bag (Fig Leaf) for resident #68 and resident #74. All current resident that has an order for an indwelling catheter was audited by the unit manager and Assistant Director of Nursing on 9/12/2019 to ensure fig leaf (attached privacy covers) catheter bags were in place. Any identified areas of concerns were immediately corrected by the Assistant Director of Nursing and Unit manager. An in-service was initiated on 9/12/2019 by the Director of Nursing for Licensed Nurses, Unit managers, Staff Development Coordinator to: 1) all catheter bags must have a protective covering or fig leaf (privacy protective	

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F 550	Continued From page 2 care with the help of one person. Resident #68 could propel himself in his wheelchair without assistance. The MDS noted the presence of an indwelling urinary catheter. The Admission MDS dated 6/6/2019 included in the Care Area Assessment a focus of an indwelling urinary catheter. The care plan dated 8/22/2019 noted a focus of indwelling catheter and a goal of Resident #68 would be free from catheter related trauma through next review. Interventions included: Change catheter per physician ' s order, check tubing for kinks, observe for pain/discomfort due to catheter, position catheter bag and tubing below the level of the bladder and away from entrance room door. On 9/10/2019 at 1:00 PM Resident #68 was observed sitting on the front porch of the facility in his wheel chair. The catheter bag was hanging on the bottom of the wheel chair with no cover. Urine was visible in the bag. Resident #68 was observed on 9/11/2019 at 10:12 AM sitting in a wheel chair in his room with the catheter bag hanging on the bottom of the wheel chair with no cover. Urine was visible in the bag. Resident #68 was interviewed and stated he did not know why he had the catheter. When asked if he was bothered by the bag being uncovered, Resident #68 shrugged his shoulders and turned his head away. In an interview on 9/12/2019 at 10:05 AM, Nurse #1 stated the catheter bags are supposed to be covered and she did not know why it was not. Nurse #1 indicated the covers should be applied when the catheter is inserted or when the	F 550	covering) to ensure the resident has a a dignified existence, self-determination, and communication with and access to persons and services inside and outside the facility to include the use of providing privacy covers for catheters. Assistant Director of Nursing and Unit Manager will audit residents with catheter drainage bags to ensure the utilization of Fig Leaf catheter drainage bags (privacy bag). The audit findings will be documented on the Foley Catheters Audit Tool. The audits will be completed 5 days per week X 4 weeks; 3 days per week X 4 weeks; weekly X 4 weeks; and then monthly X 3 months. Director of Nursing will complete a summary of audit results and present to the QAPI committee for review and recommendations for any modifications of the monitoring process X 3 months.	

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F 550	Continued From page 3	F 550		

resident is admitted.

In an interview on 9/12/2019 at 10:27 AM, the Director of Nursing (DON) stated her expectation was the catheter bags would be covered. The DON stated the bag covers are available and staff should know to put a cover on the bag if it does not have one.

2. A review of the medical record revealed Resident #74 was admitted 8/9/2019 with diagnoses including Urinary Tract Infection and sepsis.
The Admission Minimum Data Set (MDS) dated 8/26/2019 indicated Resident #74 was cognitively intact and needed extensive to total assistance for all Activities of Daily Living with the help of one to two persons. The MDS indicated Resident #74 had an indwelling urinary catheter and the Care Area Assessment indicated a focus of this for care plan.

The care plan dated 8/14/2019 indicated a focus of Resident #74 had an indwelling catheter and a goal of no catheter related trauma through the next review. Interventions included: Check tubing for kinks as necessary, observe for pain/discomfort due to catheter and position catheter bag and tubing below the level of the bladder and away from entrance room door.

On 9/10/2019 at 11:30 AM, Resident #74 was observed in a wheel chair with the catheter bag hooked to the bottom of the wheel chair with no cover on the catheter bag. Urine was visible in the bag. Resident #74 stated she would like for the catheter bag to be covered.

In an interview on 9/12/2019 at 10:05 AM, Nurse

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F 550	Continued From page 4 #1 stated catheter bags were supposed to be covered when the catheter was inserted or when the resident was admitted, and she did not know why there was no catheter bag cover on that bag. In an interview on 9/12/2019 at 10:27 AM, the Director of Nursing (DON) stated her expectation was the catheter bags would be covered. The DON stated the bag covers are available and staff should know to put a cover on the bag if it doesn ' t have one.	F 550		
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	F 690		10/7/19

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F 690	Continued From page 5 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 observations, resident and staff interviews and record review, the facility failed to apply a leg strap to prevent tension on indwelling urinary catheter tubing for 1 of 2 residents reviewed for urinary catheters (Resident #74). Findings included: A review of the medical record revealed Resident #74 was admitted 8/9/2019 with diagnoses that included Urinary Tract Infection (UTI) and Sepsis. A review of orders revealed an order dated 8/19/2019 for an indwelling urinary catheter with a diagnosis of obstructive uropathy. The admission Minimum Data Set (MDS) dated 8/26/2019 noted Resident #74 was cognitively intact and needed extensive assistance for all care with the help of one to two persons. The MDS noted Resident #74 had an indwelling urinary catheter. The Care Area Assessment indicated the urinary catheter was a focus for a care plan. The care plan dated 8/14/2019 indicated a focus of Resident #74 had an indwelling urinary	F 690	F690 Immediately upon notification facility assessed and provided a leg strap for resident #74. On 9/12/2019 all current residents that had an order for an indwelling catheter were assessed by the Director of Nursing to ensure leg straps were properly securing the catheter tubing. Any identified areas of concerns were immediately corrected by the Assistant Director of Nursing and Unit manager. An in-service was initiated on 9/12/2019 by the Director of Nursing for staff on: 1) to ensure that there is a catheter securement device in place (leg strap). This ensures that there is no tension on the catheter itself. Staff is to observe the skin at and around the catheter for securement device to ensure there are not any signs of skin irritation that need to be addressed related to the catheter or securement device itself. To be	

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F 690	Continued From page 6 catheter and a goal of no catheter related trauma through the next review. Interventions included: Check tubing for kinks as necessary, observe for pain/discomfort due to catheter and position catheter bag and tubing below the level of the bladder and away from entrance room door. On 9/12/2019 at 10:05 AM, Resident #74 was interviewed and stated she did not have a strap on her leg to hold the catheter tubing and had not had one since she was admitted. In an interview on 9/12/2019 at 10:20 AM Nursing Assistant (NA) #1 was interviewed and stated she usually checked the leg straps to make sure there was no tension in the tubing. NA #1 indicated if she had concerns about the tubing, she would notify the nurse. NA #1 noted she did not apply leg straps, it was a nursing action. On 9/12/2019 at 10:05 AM, Nurse #1, who was regularly assigned to Resident #74, came into the room and looked for a strap on Resident #74's legs. The tubing was underneath Resident #74's leg and Nurse #1 stated she had to get it out from beneath the resident. Nurse #1 stated the strap should have been applied when the catheter was inserted, or when Resident #74 was admitted since she had the catheter on admission. Nurse #1 noted she had a strap on her medication cart and would apply it. In an interview on 9/12/2019 at 10:27 AM, the Director of Nursing (DON) stated the facility had no policy about leg straps, but her expectation was, any resident with a catheter would have a leg strap. The DON stated applying leg straps was a nursing responsibility.	F 690	completed by 10/7/2019. The Assistant Director of Nursing and unit managers will audit current residents with Foley catheters utilizing the Foley Catheter audit tool for securement device (leg strap) 5 days a week X 4 weeks; 3 days/week X 4 week; weekly X 4 weeks; then monthly X 3months. Any identified areas of concerns will be immediately corrected by the Assistant Director of Nursing or unit managers. Director of Nursing will review and initial audits daily. Director of Nursing will complete a summary of audit results and present to the QAPI committee for review and recommendations for any modifications of the monitoring process X 3 months.	