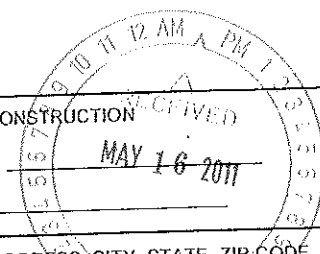


DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 05/11/2011
FORM APPROVED
OMB NO. 0938-0391



STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345063	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 04/27/2011
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NAME OF PROVIDER OR SUPPLIER AVANTE AT WILSON	STREET ADDRESS, CITY, STATE, ZIP CODE 1804 FOREST HILLS RD BOX 7156 WILSON, NC 27893
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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(d) NO CATHETER, PREVENT UTI, RESTORE BLADDER</p> <p>Based on the resident's comprehensive assessment, the facility must ensure that a resident who enters the facility without an indwelling catheter is not catheterized unless the resident's clinical condition demonstrates that catheterization was necessary; and a resident who is incontinent of bladder receives appropriate treatment and services to prevent urinary tract infections and to restore as much normal bladder function as possible.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review, observation and staff interviews, the facility failed to ensure that medical conditions and/or diagnosis justified the ongoing use of an indwelling catheter for 1 of 1 sampled resident (Resident #1).</p> <p>Findings included:</p> <p>Resident # 1 was originally admitted to the facility on 1/27/11 and readmitted to the facility on 3/11/11. The resident admitting diagnoses included: Aspiration Pneumonia, resolving Hypoxemia, Altered Mental Status, improved. The residents chronic problems included: Recurrent Aspiration Pneumonia, Respiratory failure in the past, Coronary Artery Disease, Seizure Disorder and Right Hemiparesis.</p> <p>During an observation of the resident at 10:00 AM on 4/27/11, the resident was observed lying in bed sleeping and having an indwelling catheter to straight drainage.</p>	F 315	<p>This Plan of Correction (POC) constitutes my written allegation of compliance for the deficiencies cited. However, submission of this POC is not an admission that a deficiency exists or that one was cited correctly. This POC is submitted to meet requirements established by Federal and State Law.</p> <p><u>483.25(d): No catheter, prevent UTI, restore bladder: F-315</u></p> <p>1. <u>Corrective Actions for Resident:</u></p> <p>Deficiency corrected.</p> <p>For Resident #1, an order was obtained from their physician and the Foley Catheter was removed the same day as the survey team visit, 4/27/2011. Resident #1 has since been discharged.</p> <p>2. <u>Corrective Action Taken for All Residents Having the Potential to be Affected.</u></p> <p>On 4/27/2011, a 100% audit of all residents with Foley catheters was completed to ensure that appropriate orders and diagnosis were in place. All were in compliance.</p>	
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Jed Maguire LIC# 2021</i>	TITLE ADMINISTRATOR	(X6) DATE 5/12/2011
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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	Continued From page 1 During an interview at 10:30 AM with the licensed staff responsible of care for the resident on 4/27/11, the nurse stated the resident had been recently hospitalized and was admitted from the hospital with an indwelling catheter. The nurse stated that the family had requested the catheter to prevent the resident to have skin breakdown. The nurse stated that the resident did not have a pressure sore and did not know the reason for the indwelling catheter use for the resident. The nurse indicated that she was going to review his chart. Review of hospital Discharge Summary Dated 3/11/11, indicated the resident had a quite complicated hospital history. The Hospital Course revealed the resident was treated in the Intensive Care Unit from 1/30/11 to 2/28/11 and had been discharge to the facility but hospitalized again with possible aspiration pneumonia and subsequent pneumonia. The resident was discharge back to the facility on 3/11/11. Further review of hospital records for admission on 1/30/11 revealed the resident was discharge to the facility on 2/28/11. The discharge instructions in part stated: "3. The patient is being discharge with an indwelling catheter which can be discontinued in the nursing home if voiding trial succeeds." Review of the most recent Initial Minimum Data Set Assessment dated 3/07/11, Section H did not reflect use of indwelling catheter for the resident. Review of the Nursing Assessment signed and dated on 2/28/11 indicated the resident had a #18	F 315	3. <u>Measures Implemented and/or Systemic Changes Made to Assure Deficient Practice will Not Reoccur:</u> a) Appropriate actions were taken with individual staff where needed on 4/27-28/2011. b) In-service training programs were conducted with the facility licensed nursing staff on the following (copy attached): <ul style="list-style-type: none"> • Clinical assessments of residents with Foley Catheters; • compliance with specific clinical needs and protocols, observation and actions, and • documenting and reporting care/treatment needs upon admission and with changes of condition and/or physician orders. c) The Director of Nursing, Assistant Director of Nursing and Nursing Supervisors will review all new admissions medical records during clinical meeting for the presence of Foley catheter orders and appropriate diagnosis for use of same. For all Foley catheters without appropriate diagnosis, physician orders will be obtained to discontinue the Foley catheter or secure appropriate diagnosis.	

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F 315	<p>Continued From page 2 indwelling catheter.</p> <p>Review of the Nurse's Notes dated 2/28/11 indicated the resident had been admitted to the facility on 2/28/11. The notes indicated that the resident was dependant on staff for incontinent care and that the indwelling catheter was patent and draining.</p> <p>The Nurse's Note dated 3/03/11 thru 4/12/11 reflected the resident had an indwelling catheter that was patent and draining. The notes did not reflect a voiding trial had been done as per the discharge instructions for 2/28/11.</p> <p>Review of the Physician orders for 4/01/11 thru 4/3/11 revealed no indications for the use of the indwelling catheter.</p> <p>Review of the resident's Care Plan last updated on 3/21/11 stated the resident had bladder incontinence related to decreased mobility, disease process and cognitive status.</p> <p>During an interview with the Assistant Director of Nursing (ADON) at 2:30 PM on 4/27/11, the ADON revealed that she did not know the reason/ indications for the Foley indwelling catheter use for Resident #1.</p> <p>During an interview at 2:45 PM with the MDS Nurse on 4/27/11, The MDS nurse stated she did not know the reason for the use of an indwelling catheter for the Resident #1. The Nurse stated that she was going to review the residents chart to find information.</p> <p>During a second interview with the MDS Nurse at</p>	F 315	<p>4. <u>Actions to Monitor and Evaluate the Effectiveness of Actions Taken and Systems Implemented:</u></p> <p>The results of the monitoring described in item 3 above will be summarized on a monthly basis and presented to the Quality Assurance Committee for a period of at least 3-months or until substantial compliance is achieved (99%)</p> <p>5. <u>Date Corrective Action Achieved:</u></p> <p>Corrective action was achieved on 4/28/2011.</p>	

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F 315	<p>Continued From page 3</p> <p>3:15 PM on 4/27/11, The MDS nurse stated she had reviewed the resident's chart and found no indications/ diagnoses to support the use of the indwelling catheter for the resident. The nurse stated she was going to call the physician and obtain an order to discontinue the catheter.</p> <p>During an interview with the Facility Administrator and the Director of Nursing on 4/27/11 at 4:00 PM, the administrator stated the physician had been called and an order was given to discontinue the indwelling catheter for resident #1.</p>	F 315		