

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

PRINTED: 09/29/2011  
FORM APPROVED  
OMB NO. 0938-0391

RECEIVED  
OCT 07 2011  
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  345191	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  C 09/14/2011
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NAME OF PROVIDER OR SUPPLIER  GOLDEN LIVINGCENTER - SURRY COMMUNITY	STREET ADDRESS, CITY, STATE, ZIP CODE 542 ALLRED MILL ROAD MOUNT AIRY, NC 27030
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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 observations, staff interviews, and record review the facility failed to securely anchor the tubing of an indwelling catheter to prevent pulling or reduce trauma on the catheter tubing for 1 of 1 sampled residents with indwelling catheters. (Resident #3) Findings include: Resident #3 was re-admitted to the facility on 9/5/2010. His diagnoses included but were not limited to; cerebral vascular accident, hypertension, seizure disorder, trauma to penile opening secondary to patient trying to pull foley out(indwelling urinary catheter) and history of urinary tract infection. Review of the resident's Care Area Assessment (CAA) summary, dated 04/04/11, revealed a CAA for "Urinary Incontinence and Indwelling Catheter." The CAA read in part, "...has history of frequent UTI (urinary tract infections) and urinary retention. He currently has a foley cath (in dwelling urinary catheter) in place." The most recent care plan dated 4/4/11 and last</p>	F 315		
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Robin Leake</i>	TITLE <i>Executive Director</i>	(X6) DATE <i>10/5/11</i>
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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>updated on 9/8/11, indicated in part intervention for use of the indwelling catheter the goal was no complications from use of the indwelling catheter such as pain infection obstruction. The intervention in part included,</p> <ul style="list-style-type: none"> <li>Anchor catheter, avoiding excessive tugging on the catheter during transfer and delivery of care. (initiated 11/3/10)</li> </ul> <p>A second careplan dated 4/4/11, for the use of the indwelling catheter goal in part was to be free of a urinary tract infection, and was no complications from use of the indwelling catheter such as pain infection obstruction. The intervention in part included,</p> <ul style="list-style-type: none"> <li>Anchor catheter, avoiding excessive tugging on the catheter during transfer and delivery of care. (initiated 4/4/11)</li> </ul> <p>Review of the most recent physicians orders dated 9/1/11, check leg strap each shift everyday-7am-3pm,3pm-11pm ,11pm-7am.</p> <p>The most recent medication administration record (MAR) dated 9/1/11, " check leg strap q (every) shift Order date 12/13/10, no documentation as the strap being checked on 9/3/11 3pm-11pm, 9/5/11 3pm-11pm, or 9/13/11 7am-3pm.</p> <p>During an observation on 9/13/11 at 1:13pm, of indwelling catheter care, it was noted there was no leg anchor securing Resident ' s #3 catheter tubing. Resident #3 began to thrash in the bed and the catheter had excessive tension from the head of the penis, in which a well healed split was noted.</p> <p>During an interview on 9/13/11 at 1:13pm aide # 1 indicated she had never seen a leg strap used on Resident #3 since she had been hired two months ago and indicated the split (of the penis) had always been there. Aide #2 indicated she had never used a leg strap to secure the catheter</p>	F 315	<p><i>Preparation and or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusion set forth in the statement of deficiencies. The plan of correction is prepared and or executed solely because the provision of federal and state laws requires it.</i></p> <p>F 315 SS=D</p> <p>1. Leg strap was immediately applied to resident #3. 100% audit was completed by the ADNS immediately to ensure that all residents with indwelling catheters had leg straps in use. All nursing staff on duty 9/13/11 were re-educated by wound care nurse regarding the necessity of catheter leg straps for all residents with indwelling catheters.</p> <p>2. All nursing staff were re-educated on 10/6/11 by Director of Clinical Education regarding the Importance and necessity of catheter leg straps for any resident with an indwelling catheter. All newly hired nursing staff will be educated by DCE to ensure a leg strap is in use. DNS will monitor through the DNS start up, to ensure that all newly admitted residents have a leg strap in use.</p>		

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F 315	Continued From page 2 used on Resident #3. Aide #1 and #2 indicated, residents who walked used the leg anchors to secure the indwelling catheters. During an interview on 9/13/11 at 1:30pm, the MDS coordinator and the hall nurses #1 and #2 indicated everyone was to use a leg strap to secure an indwelling catheter. During an interview on 9/13/11 at 1:39pm, nurse #3 indicated, Resident #3 should have had leg strap and the treatment nurse was responsible for checking it. During an interview on 9/13/11 at 1:50pm, treatment nurse indicated Resident #3 was to wear an anchor for his indwelling catheter at all times. She indicated the hall nurse, treatment nurse and the aides were all responsible for ensuring catheters secured at all times. During an interview on 9/13/11 at 2:00pm, director of nursing indicated all staff was in serviced when hired residents are to have a leg strap to secured an indwelling urinary catheter. The expectation was all residents with indwelling catheters were to have an anchor. Residents who refused to wear an anchor were care planned During an interview on 9/13/11 at 3:34pm, the primary care provider indicated an secured indwelling urinary would absolutely prevent further trauma to an already traumatized penile opening.	F 315	3. Residents with indwelling catheters are assessed every shift by licensed nurse to ensure leg strap is in use. Documentation verifying use will be reflected on the Treatment Administration Record every shift. Visual audits will be completed weekly by Assistant Director of Nursing or Charge Nurses in her absence to ensure that leg straps are in use.  4. Results of weekly audits and DNS start up discussions regarding compliance will be brought to the QAA committee to monitor for compliance and feedback, monthly until no longer deemed necessary. Discussed in QAA on 9/15/11.  5. Date of Compliance 10/6/11		