

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

PRINTED: 03/06/2013
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345459	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/27/2013
NAME OF PROVIDER OR SUPPLIER WILLOWBROOKE COURT SC CTR AT TRYON ESTATES			STREET ADDRESS, CITY, STATE, ZIP CODE 619 LAUREL LAKE DR COLUMBUS, NC 28722	
(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 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 observation, record review, resident interview and staff interviews, the facility failed to anchor a catheter tubing to prevent excessive tension for 1 of 2 sampled residents with indwelling catheters.</p> <p>Findings included: The facility policy for indwelling catheter care (dated June 2009) included, "Attach the catheter to the resident's upper thigh using a leg strap."</p> <p>Resident #25 had diagnoses that included urinary retention. The most recent quarterly Minimum Data Set (MDS) dated 12/26/2013, indicated Resident #25 was moderately cognitively impaired and required extensive assistance from staff for dressing and transfers.</p> <p>A physician's order dated 02/19/2013, revealed Resident #25 had an indwelling catheter inserted for urinary retention. The Care Plan, updated on</p>	F 315	<p>Prior to the surveyors leaving the facility a leg strap was applied to the resident found to be without a securement device. The other resident with a foley catheter was checked and found to have their catheter secured with a device.</p> <p>To prevent further occurrences in the future the leg strap or stat lock will be included as part of the physician's order and added to the treatment sheet to be checked every day for placement and initialed by the licensed nurse. The third shift licensed nurse will be responsible to check daily to assure the securement device is in place. This will be ongoing. The staff will receive inservice training regarding our policy and procedure for catheter care for an indwelling catheter with emphasis on attaching</p>	

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

TITLE

(X6) DATE

Dionne M. James

Administrator

3-20-13

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 30 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.

Original Signature Date: 3-13-13



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F 315	<p>Continued From page 1 02/19/2013, included daily catheter care.</p> <p>On 02/27/2013 at 10:51 AM, Resident #25 was observed as he was transferred onto the toilet via a mechanical lift by Nurse Aides (NA) #1 and #2. When his trousers were removed it was observed that the indwelling catheter tubing was not secured to his thigh. Resident #25 indicated he could feel the tension on his bladder from the extended tubing during transfers with the mechanical lift. NA #1 said that the resident only had the catheter for a few weeks and that she didn't usually anchor the tubing to the resident's thigh. NA #2 said she knew where the leg straps were kept and she left to get one for the resident.</p> <p>On 02/27/2013 at 1:17 PM, Nurse #1 was interviewed about securing the tubing of an indwelling catheter. Nurse #1 said, "They (catheter tubing) should have some kind of an anchor."</p> <p>On 02/27/2013 at 4:47 PM the Director of Nursing said the tubing of an indwelling catheter, "Should be secured to the leg so it doesn't pull."</p>	F 315	<p>the catheter to the resident's upper inner thigh and using a securement device. This will also be included in any new hires orientation.</p> <p>The DON or assistant DON will review all residents with new orders for a foley catheter to check for proper diagnosis and proper orders for the catheter , proper documentation on the treatment sheet and also check the resident to assure a securement device has been applied. The DON or assistant DON will randomly monitor securement devices for all residents with foley catheters 2x's weekly and document results for 3 months and then monthly thereafter. The monitoring tool will be reviewed quarterly in our QA meeting. All resident's with foley catheters will be reviewed for compliance at least quarterly in our QA meeting.</p>	3.27.13
F 371 SS=E	<p>483.35(i) FOOD-PROCURE, STORE/PREPARE/SERVE - SANITARY</p> <p>The facility must - (1) Procure food from sources approved or considered satisfactory by Federal, State or local authorities; and (2) Store, prepare, distribute and serve food under sanitary conditions</p>	F 371		

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F 371	<p>Continued From page 2</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation and staff interview, the facility failed to remove outdated thickened dairy drink, and failed to ensure kitchenware was dry before stacking for storage.</p> <p>Findings included:</p> <p>1. During an observation on 02/25/2013 at 4:08 PM, the Dairy/Meat cooler contained 52 single-serving boxes of a thickened dairy product with a use by date of December 2012.</p> <p>During an interview on 2/27/13 at 10:30 AM, the Nutritional Services Manager said it was her expectation that the Dietary Aides and Stock Clerk would check expiration dates and remove outdated products as needed.</p> <p>On 02/27/2013 at 4:31 PM, the Administrator said it was her expectation that expired stock in the kitchen would be discarded.</p> <p>2. On 02/25/2013 at 4:16 PM, dessert dishes were stacked and ready for service. Upon examination, the center of the top plate had moisture droplets over an area approximately the size of a 50 cent piece.</p> <p>The dishwashing service was observed on 02/26/2013 at 9:40 AM. As soon as the dishes came out of the dishwasher the Dietary Aide removed them from the tray and stacked them together while still wet. Two large mixing bowls were also taken immediately from the dishwasher and stacked on top of another large mixing bowl</p>	F 371	<p>Expired food items were immediately discarded. All other items were checked for expiration dates, with no out-of-date items located. To ensure food is stored properly, an inservice is being conducted with staff and policy is reviewed. These inservices will be completed by 3.27.13. All stock in the storage rooms, coolers and freezers will be rotated (FIFO first in, first out) by all dietary aide staff, inventory clerk and other culinary staff to ensure stock in not out of date. Nutrition Services Manager and Lead Diet Aide will check stock to make sure it is being rotated and in date on a weekly basis when gathering order information. Nutrition Services Manager and Lead Diet Aide will keep a weekly monitoring log to ensure compliance and this log will be reviewed quarterly in QA meeting.</p>	
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F 371	Continued From page 3 in a final storage area. At 10:02 AM, the mixing bowls were separated and were still dripping water. On 02/26/2013 at 10:02 AM, the Nutritional Services Manager and the Culinary Director both indicated it was their expectation that dishes and pots would be dry before being stacked together. On 02/27/2013 at 4:31 PM, the Administrator said it was her expectation that dishware would be dry before being stored for service.	F 371	The dessert dishes were immediately separated and the dishwasher was instructed to allow them to air-dry. Inservices to ensure kitchenware is being properly air dried before storing in addition to operating the new dish machine are being conducted 2.28.13- 3.27.13. During regular sanitation duties, dishes will be check to ensure proper drying procedures are being followed. The Assistant Culinary Services Director and/or the Culinary Services Manager will make sanitation rounds daily for the first two weeks and then weekly as routine. This compliance will be reviewed at the QA meeting.	3.27.13	