STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345423	A. BUILDING _____ B. WING _____	03/16/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WILSON REHABILITATION AND NURSING CENTER	1705 SOUTH TARBORO STREET 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
F 315 SS=D	483.25(d) NO CATHETER, PREVENT UTI, RESTORE BLADDER 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. This REQUIREMENT is not met as evidenced by: Based on record review and staff interviews the facility failed to collect and send a urine sample for 1 of 1 sampled residents (Resident #94) who had physician orders for a urinalysis with culture and sensitivity due to suspicion of a urinary tract infection (UTI). Findings included: Resident #94's Admission Minimum Data Set (MDS) dated 12/16/15 revealed she was admitted to the facility on 12/09/15 with diagnoses of muscle weakness, pneumonia and respiratory failure. Resident #94 was moderately cognitively impaired. Review of the Nurses Additional Notes dated 03/04/16 revealed Resident #94 was disoriented to place, time, and others. Resident #94 was attempting to pack up her roommates belongings. Reorientation was provided but Resident #94's disorientation continued. A new order for a UA C&S (urinalysis with culture and sensitivity) was received from the physician to rule out a UTI because of Resident #94's increased confusion. Review of the Physician's Telephone Orders dated 03/04/16 revealed an order for UA C& due	F 315	F315 The facility will ensure a resident who is incontinent of bladder receives appropriate treatment and services to prevent urinary tract infections. The facility will collect and send a urine sample for Resident #94 per physician order. UA for C&S for Resident #94 was collected and sent to laboratory on 3/16/16. MD notified and order received to report results. For Resident #94,report for sample showing no growth was received and reported to physician on 3/17/16. For all other residents, 11-7 pm Nursing staff began on 3/17/2016 reconciling all resident lab orders from 3/4/16 to 3/16/16 with completion of reconciliation on 3/22/16. No trends identified.	4/12/16

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

Electronically Signed | 04/05/2016

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345423	A. BUILDING _____ B. WING _____	03/16/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WILSON REHABILITATION AND NURSING CENTER	1705 SOUTH TARBORO STREET 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
F 315	Continued From page 1 to increased confusion to rule out UTI. Review of the Nurse's Communication Sheet for March 2016 did not show any documentation regarding the need to collect a urine sample for Resident #94. In an interview on 03/16/16 at 12:32 PM the Staff Supervisor stated she was not aware an order for a UA C&S had been written. She indicated she had checked with the laboratory (lab) and no urine sample had been sent for analysis for Resident #94. In a telephone interview on 03/16/16 at 12:34 PM Nurse #1 (the nurse who wrote the physician order) stated Resident #94 had increased restlessness and confusion. She indicated she notified the physician and received an order for a UA C&S. She stated she had been unable to collect the sample during her shift but had passed on in report that the sample still needed to be collected. In a telephone interview on 03/16/16 at 1:34 PM Nurse #2 (the nurse who received report from Nurse #1) stated she did not remember being told Resident #94 needed to have a urine sample collected. She indicated if she had known she would have collected the sample. In an interview on 03/16/16 at 2:00 PM Nurse #3 stated the process for telephone orders consisted of getting the order, writing the order, and carrying out the order. She indicated if the nurse who took an order for a UA was unable to collect the sample it should be written on the Nurse's Communication Sheet and also passed on in shift report. Nurse #3 stated a Nurse's Note should also be written that the sample had not been collected. In an interview on 03/16/16 at 3:15 PM Resident #94's Physician stated it was important his orders be followed. He indicated if the nurses had been	F 315	The facility will provide in-services on UTI prevention, appropriate peri-care and assessment for s/sx of UTI for direct nursing care staff. General and annual education for direct nursing care staff will occur on assessment of s/sxs & prevention of UTI and peri-care. 11-7 pm Supervisor or designee will perform weekly audit reconciliation of pink copy of MD order, lab requisition sheet and lab calendar, printed record of results and documentation of MD notification x 3 months. Monthly peri-care audits will be completed x 3 months. DON will report results of audits quarterly at the QAPI team meeting x 6 months.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345423	A. BUILDING _____ B. WING _____	03/16/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WILSON REHABILITATION AND NURSING CENTER	**1705 SOUTH TARBORO STREET 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
F 315	Continued From page 2 unable to collect the urine sample he ordered he would expect to be notified so he could decide if an empiric antibiotic should be started or if just monitoring was needed. In an interview on 03/16/16 at 3:50 PM the Director of Nursing (DON) indicated it was her expectation that urine samples be collected and sent for testing as ordered. She indicated if the nurse was unable to collect the sample it should have been passed on in report and written on the Communication Log. The DON stated the order was missed and it was unacceptable that it had happened.	F 315		