

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

PRINTED: 06/14/2016  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>345531</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>04/14/2016</b>
NAME OF PROVIDER OR SUPPLIER  <b>NORTH CAROLINA STATE VETERANS NURSING HOME SALISBU</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>1601 BRENNER AVE, BUILDNG #10 SALISBURY, NC 28145</b>		
(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 282 SS=D	<p>483.20(k)(3)(ii) SERVICES BY QUALIFIED PERSONS/PER CARE PLAN</p> <p>The services provided or arranged by the facility must be provided by qualified persons in accordance with each resident's written plan of care.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observations, record reviews and staff interviews the facility failed to follow care plan interventions for 2 of 3 residents (Resident #1 and #47) with suprapubic urinary catheters.</p> <p>Findings included:</p> <p>1. Resident #1 was admitted to the facility 1/15/15 with the diagnosis of malignant neoplasm of the penis, atrial fibrillation and dementia.</p> <p>The most recent quarterly Minimum Data Set (MDS) assessment dated 3/22/16 revealed that Resident #1 required limited assistance with activity of daily living (ADL 's), had an indwelling urinary catheter and had not had a urinary tract infection in the last 30 days.</p> <p>The care plan initiated on 1/7/16 revealed a problem for a potential for urinary tract infection related to the presence of an indwelling catheter, history of urinary tract infections. (Has had several penile surgeries related to cancer.) An approach was listed on the care plan that indicated to secure catheter tubing to the thigh to prevent tug/injury to bladder.</p> <p>Review of the physician order dated 4/10/15</p>	F 282	<p>This plan of correction is submitted not as an admission that a deficiency exists or that one was cited correctly, but to meet requirements by state and federal law.</p> <p>F282 The North Carolina state Veterans Home-Salisbury will provide qualified persons in accordance with each resident's written plan of care. During our annual survey the surveyor noted that the following requirement was not met, "The services provided or arranged by the facility must be provided by qualified persons in accordance with each resident's written plan of care". The surveyor monitored two individuals, Resident #1 and Resident #47, and found that on two occasions on two seperate days both individual's catheters were not secured to the resident's thigh per each resident's care plan.</p> <p>1. The corrective action for Resident #1 and Resident #47 were accomplished by the responsible nurse immediately applying a new secure device (Statlock) for each resident and secured the catheter tubing as per the resident's care plan and physician's orders. The nurse was immediately educated on the policy</p>	5/12/16	

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

TITLE

(X6) DATE

Electronically Signed

05/04/2016

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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>345531</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>04/14/2016</b>
NAME OF PROVIDER OR SUPPLIER  <b>NORTH CAROLINA STATE VETERANS NURSING HOME SALISBU</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>1601 BRENNER AVE, BUILDNG #10 SALISBURY, NC 28145</b>		
(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 282	<p>Continued From page 1</p> <p>indicated to keep catheter tubing properly secured with catheter securement device and change as needed.</p> <p>An observation on 4/13/16 at 3:15 PM revealed Resident #1 to be sitting on the edge of his bed with his catheter tubing over his right thigh. The staylock secure device was in place on his right thigh and the catheter tubing was not secured in the device.</p> <p>During a second observation on 4/13/16 at 3:30 PM revealed Resident #1 to be sitting on the edge of his bed, the secure device was in place and not being used. The catheter tubing was resting on Resident #1 ' s right thigh.</p> <p>An observation on 4/14/16 at 8:55 AM with Nurse #1 confirmed that the catheter tubing was not secured. Nurse #1 indicated that she was not sure who was responsible to check and make sure that the catheter tubing was secured to the thigh.</p> <p>During an interview with the director of nursing on 4/14/16 at 10:20AM indicated that it is her expectations for the catheter tubing to be secured to the thigh per the policy and care plan.</p> <p>2. Resident #47 was admitted to the facility on 3/23/16 with the diagnosis of atrial fibrillation, pneumonia, anemia and chronic kidney disease.</p> <p>The most recent significant change Minimum Data Set (MDS) assessment dated 3/30/16 revealed that Resident #47 required extensive assistance with ADL ' s, had a indwelling urinary catheter with a diagnosis of benign prostatic hyperplasia and had a urinary tract infection in the</p>	F 282	<p>for Urinary Catheter Care and Management; the policy for Medicaiton Errors; and the manufacturer's guidelines for Statlock catheter tubing securement devices. The education stressed the importance of checking the catheter tubing eachshfit to ensure that it is secured with a securement device. A 100% monitoring of all resdient's with catheters was completed as soon as the nurse reproted the surveyor approached her about the catheter tubing for Resident #1 and Resident #47 not being secured. Completion Date: May 6, 2016</p> <p>2. The corrective action to residents having potential to be affected by the same deficient practices wer 100% in-service education of the nurses including policy for Urinary Catheter Care and Management; the policy for Medication Errors; and the manufacturer's guidelines for Statlock catheter tubing securement devices. The education also stressed the importance of checking the catheter tubing each shift to ensure that it is secured with a securement device. Our Catheter Care Checklist was revised to include monitoring of the securement device was developed and a monitoring tool was put into place. Monitoring of compliance of all urinary catheters for securement device in place; catheter tubing secured; catheter tubing draining properly; privacy bag in place; and care plan checked for accuracy will be monitored by the RN Supervisor, PI Nurse, and/or designee. The monitoring schedule is daily for five days, then three times a week for four weeks, then two</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>345531</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>04/14/2016</b>
NAME OF PROVIDER OR SUPPLIER  <b>NORTH CAROLINA STATE VETERANS NURSING HOME SALISBU</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>1601 BRENNER AVE, BUILDNG #10 SALISBURY, NC 28145</b>		
(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 282	<p>Continued From page 2 last 30 days.</p> <p>The care plan initiated 4/5/16 revealed a problem for potential for urinary tract infection and/or injury related to presence of chronic catheter use (suprapubic catheter inserted on 2/4/15) for diagnosis of neurogenic bladder: also has benign prostatic hyperplasia with obstruction. An approach was listed to attach tubing to thigh to prevent excessive tug/pull to tubing, use staylock of similar device.</p> <p>Review of a physician order dated 3/23/16 indicated to keep catheter secured with secure device and change as needed.</p> <p>An observation on 4/13/16 at 10:47 AM revealed Resident #47 to have his catheter tubing on his left thigh and not secured to his thigh. No secure device was in place.</p> <p>A second observation on 4/14/16 at 8:05 AM revealed Resident #47 with his catheter tubing on his left thigh and not secured to his thigh. No secure device in place.</p> <p>An observation on 4/14/16 at 9:00 AM with Nurse #1 confirmed that the catheter tubing was not secured. Nurse #1 indicated that she was not sure who was responsible to check and make sure that the catheter tubing was secured to the thigh.</p> <p>During an interview with the director of nursing on 4/14/16 at 10:20AM indicated that it is her expectations for the catheter tubing to be secured to the thigh per the policy and care plan.</p>	F 282	<p>times a week for four weeks, then on-going. The orders for 100% of residents with catheters were reviewed and the physician was consulted on developing a uniform order for all residents with catheters. The orders included the size of the catheter; bulb size of catheter; securement device to be checked each shift for placement; tubing to be checked each shift to ensure it is secured in securement device; change catheter securement device every every seven days and as needed; and perform catheter care every shift.</p> <p>Completion Date: May 6, 2016 and on-going.</p> <p>3. The measures put into place and systemic changes made to ensure that the deficient practice will not occur include revision of the Catheter Care Checklist, to include, monitoring of the securement device in place; catheter tubing secured; catheter tubing draining properly; privacy bag in place; and care plan checked for accuracy. This checklist will be used to monitor daily for five days, then three times a week for four weeks, then two times a week for four weeks, and then weekly on-going by the RN Supervisor, PI Nurse, and/or designee.</p> <p>Completion Date: June 10, 2016 and on-going.</p> <p>4. The North Carolina State Veterans Home-Salisbury plans to monitor its performance by continuing the Catheter Care Checklist weekly after the initial monitoring period is completed on June 10, 2016. The Catheter Care Checklists will be brought to the Quality Assurance</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>345531</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>04/14/2016</b>
NAME OF PROVIDER OR SUPPLIER  <b>NORTH CAROLINA STATE VETERANS NURSING HOME SALISBU</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>1601 BRENNER AVE, BUILDNG #10 SALISBURY, NC 28145</b>		
(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 282	Continued From page 3	F 282			
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, record reviews and staff interviews the facility failed to secure the supra-pubic catheter tubing for 2 of 3 residents with a supra-pubic catheter (Resident #1 and #47).</p> <p>Findings included:</p> <p>The policy and procedure dated 4/14/16 for Indwelling Urinary Catheter (Foley) Care and Management under Implementation, read in part: Make sure the catheter is properly secured. Assess the securement device daily and change it when clinically indicated.</p> <p>1. Resident #1 was admitted to the facility 1/15/15 with the diagnosis of malignant neoplasm of the</p>	F 315	<p>Performance Improvement weekly by the PI Nurse and/or designee for review by the QAPI Team. Completion Date: On-going.</p> <p>F315 The North Carolina State Veterans Home-Salisbury will ensure that a resident who enters the facility without an indwelling catheter is not catheterized unless the resident's medical 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. During our annual survey the surveyor noted that Resident #1 had a secure device in place but the catheter tubing was not secured in the device on two occasions during the survey and Resident #47 did not have a secure</p>	5/12/16	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>345531</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>04/14/2016</b>
NAME OF PROVIDER OR SUPPLIER  <b>NORTH CAROLINA STATE VETERANS NURSING HOME SALISBU</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>1601 BRENNER AVE, BUILDNG #10 SALISBURY, NC 28145</b>		
(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	<p>Continued From page 4</p> <p>penis, atrial fibrillation and dementia.</p> <p>The most recent quarterly Minimum Data Set (MDS) assessment dated 3/22/16 revealed that Resident #1 required limited assistance with activity of daily living (ADL ' s), had an indwelling urinary catheter and had not had a urinary tract infection in the last 30 days.</p> <p>The care plan initiated on 1/7/16 revealed a problem for a potential for urinary tract infection related to the presence of an indwelling catheter, history of urinary tract infections. (Has had several penile surgeries related to cancer.) An approach was listed on the care plan that indicated to secure catheter tubing to the thigh to prevent tug/injury to bladder.</p> <p>Review of the physician order dated 4/10/15 indicated to keep catheter tubing properly secured with catheter securement device and change as needed.</p> <p>An observation on 4/13/16 at 3:15 PM revealed Resident #1 to be sitting on the edge of his bed with his catheter tubing over his right thigh. The staylock secure device was in place on his right thigh and the catheter tubing was not secured in the device.</p> <p>During a second observation on 4/13/16 at 3:30 PM revealed Resident #1 to be sitting on the edge of his bed, the secure device was in place and not being used. The catheter tubing was resting on Resident #1 ' s right thigh.</p> <p>An observation on 4/14/16 at 8:55 AM with Nurse #1 confirmed that the catheter tubing was not secured. Nurse #1 indicated that she was not</p>	F 315	<p>device in place on two occasions during the survey.</p> <p>1. The corrective action for Resident #1 and Resident #47 were accomplished by the responsible nurse who immediately applied a new secure device (Statlock) for both residents and secured the catheter tubing as per the resident's care plan and the physician's orders. The nurse was immediately educated on the policy for Urinary Catheter Care and Mangement and the manufacturer's guidlines for Statlock catheter tubing securement devices. The education stressed the importance of checking the tubing each shift to ensure that it is secured with a securement device to prevent tugging and pulling which increases the risk of infection. A 100% monitoring of all resident's with catheters was completed as soon as the nruse reported that the surveyor approached her about the catheter tubing for Resident #1 and Resident #47. Completion Date: May 6, 2016</p> <p>2. The corrective action to prevent residetns having the potential to be affected by the same deficient practices were 100% in-service education of nurses including the policy for Urinary Catheter Care and Management and the manufacturer's guidlines for Statlock catheter tubing securement devices. This education also stressed the importance of checking the catheter tubing each shift to ensure that it is secured with a securement device. Our Catheter Care Checklist was revised to include the monitoring of the securement device and</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>345531</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>04/14/2016</b>
NAME OF PROVIDER OR SUPPLIER  <b>NORTH CAROLINA STATE VETERANS NURSING HOME SALISBU</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>1601 BRENNER AVE, BUILDNG #10 SALISBURY, NC 28145</b>		
(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	<p>Continued From page 5</p> <p>sure who was responsible to check and make sure that the catheter tubing was secured to the thigh.</p> <p>During an interview with the director of nursing on 4/14/16 at 10:20AM indicated that it is her expectations for the catheter tubing to be secured to the thigh per the policy and care plan.</p> <p>2. Resident #47 was admitted to the facility on 3/23/16 with the diagnosis of atrial fibrillation, pneumonia, anemia and chronic kidney disease.</p> <p>The most recent significant change Minimum Data Set (MDS) assessment dated 3/30/16 revealed that Resident #47 required extensive assistance with ADL ' s, had an indwelling urinary catheter with a diagnosis of benign prostatic hyperplasia and had a urinary tract infection in the last 30 days.</p> <p>The care plan initiated 4/5/16 revealed a problem for potential for urinary tract infection and/or injury related to presence of chronic catheter use (suprapubic catheter inserted on 2/4/15) for diagnosis of neurogenic bladder: also has benign prostatic hyperplasia with obstruction. An approach was listed to attach tubing to thigh to prevent excessive tug/pull to tubing, use staylock of similar device.</p> <p>Review of a physician order dated 3/23/16 indicated to keep catheter secured with secure device and change as needed.</p> <p>An observation on 4/13/16 at 10:47 AM revealed Resident #47 to have his catheter tubing on his left thigh and not secured to his thigh. No secure device was in place.</p>	F 315	<p>a monitoring schedule was put into place. Monitoring of compliance of all urinary catheters for securement device in place; catheter tubing draining properly; privacy bag in place; and care plan checked for accuracy will be monitored by the RN Supervisor, PI Nurse, and/or designee. The monitoring schedule is daily for five days, then three times a week for four weeks, then two times a week for four weeks, then weekly on-going. Completion Date: June 10, 2016 and on-going.</p> <p>3. Measures put into place and systemic changes made to ensure that the deficient practice will not occur includes revision of catheter care checklist, to include monitoring of the catheter secure device, catheter tubing secured, catheter tubing draining properly, privacy bag in place, and care plan checked for accuracy. The check list will be monitored daily for five days, then three times a week for four weeks, then then two times a week for four weeks, then weekly on-going by the RN Supervisor, PI Nurse, and/or designee. All new nurses will receive the education for Indwelling Catheter Care and Management and manufacturer's guidelines for Statlock catheter tubing securement devices during orientation. The edcuation of new nurses will be completed by the Clinical Care Coordinator and/or designee. Completion Date: June 10, 2016 and on-going.</p> <p>4. The North Carolina State Veterans Home-Salisbury plans to monitor its performance by continuing the Catheter</p>		

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

PRINTED: 06/14/2016  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>345531</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>04/14/2016</b>
NAME OF PROVIDER OR SUPPLIER  <b>NORTH CAROLINA STATE VETERANS NURSING HOME SALISBU</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>1601 BRENNER AVE, BUILDNG #10 SALISBURY, NC 28145</b>		
(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 6  A second observation on 4/14/16 at 8:05 AM revealed Resident #47 with his catheter tubing on his left thigh and not secured to his thigh. No secure device in place.  An observation on 4/14/16 at 9:00 AM with Nurse #1 confirmed that the catheter tubing was not secured. Nurse #1 indicated that she was not sure who was responsible to check and make sure that the catheter tubing was secured to the thigh.  During an interview with the director of nursing on 4/14/16 at 10:20AM indicated that it is her expectations for the catheter tubing to be secured to the thigh per the policy and care plan.	F 315	Care Checklist weekly after the initial monitoring period is complete on June 10, 2016. The Catheter Care Checklist will be brought to the Quality Assurance Performance Improvement meetings weekly for review by the QAPI Team by the PI Nurse and/or designee. Completion Date: On-going.		