

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

PRINTED: 03/08/2017
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345142	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 02/09/2017
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NAME OF PROVIDER OR SUPPLIER UNIVERSITY PLACE NURSING AND REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 9200 GLENWATER DRIVE CHARLOTTE, NC 28262
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F 000	INITIAL COMMENTS Following the survey's original exit date of 01/26/17 the State Agency identified Substandard Quality of Care at tags F-241 and F-315 which necessitated an onsite extended survey be conducted at the facility on 02/09/17. The survey's exit date was extended to 02/09/17. Event ID #ZJ3X11.	F 000		
F 157 SS=H	483.10(g)(14) NOTIFY OF CHANGES (INJURY/DECLINE/ROOM, ETC) (g)(14) Notification of Changes. (i) A facility must immediately inform the resident; consult with the resident's physician; and notify, consistent with his or her authority, the resident representative(s) when there is- (A) An accident involving the resident which results in injury and has the potential for requiring physician intervention; (B) A significant change in the resident's physical, mental, or psychosocial status (that is, a deterioration in health, mental, or psychosocial status in either life-threatening conditions or clinical complications); (C) A need to alter treatment significantly (that is, a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or (D) A decision to transfer or discharge the resident from the facility as specified in §483.15(c)(1)(ii). (ii) When making notification under paragraph (g)	F 157		2/27/17

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Electronically Signed	TITLE	(X6) DATE 02/27/2017
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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 157	<p>Continued From page 1</p> <p>(14)(i) of this section, the facility must ensure that all pertinent information specified in §483.15(c)(2) is available and provided upon request to the physician.</p> <p>(iii) The facility must also promptly notify the resident and the resident representative, if any, when there is-</p> <p>(A) A change in room or roommate assignment as specified in §483.10(e)(6); or</p> <p>(B) A change in resident rights under Federal or State law or regulations as specified in paragraph (e)(10) of this section.</p> <p>(iv) The facility must record and periodically update the address (mailing and email) and phone number of the resident representative(s). This REQUIREMENT is not met as evidenced by:</p> <p>Based on observations, record reviews, resident, physician and staff interviews the facility failed to notify the physician when during a urinary catheter change the nurse observed a slit in the skin at the catheter insertion site with progression of increased erosion of skin around an indwelling urinary catheter, which resulted in the resident experiencing pain for over a month, for 1 of 3 residents sampled with indwelling urinary catheters (Resident #1).</p> <p>Findings included:</p> <p>Resident #1 was admitted to the facility on 11/14/16 with diagnoses which included heart disease, diabetes, urinary tract infections, kidney disease, prostate cancer and a stroke. A review of the most recent 30 day minimum data set</p>	F 157	<p>University Place Nursing and Rehabilitation Center acknowledges receipt of the Statement of Deficiencies and proposes this Plan of Correction to the extent that the summary of findings is factually correct and in order to maintain compliance with applicable rules and provisions of quality of care of residents. The Plan of Correction is submitted as a written allegation of compliance.</p> <p>University Place Nursing and Rehabilitation Center's response to this Statement of Deficiencies does not denote agreement with the Statement of Deficiencies nor does it constitute an admission that any deficiency is accurate. Further, University Place Nursing and</p>		

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F 157	<p>Continued From page 2</p> <p>(MDS) dated 12/11/16 indicated Resident #1 was cognitively intact for daily decision making, required extensive assistance with toileting and hygiene and had an indwelling urinary catheter.</p> <p>A review of an admission nursing assessment dated 11/14/16 at 3:35 PM indicated Resident #1 was alert and oriented and had an indwelling urinary catheter in place. A section of the assessment labeled skin assessments had no documentation regarding the condition of Resident #1's skin around his urinary catheter.</p> <p>A review of a physician's history and physical dated 11/14/16 indicated Resident #1 had chronic urinary retention with a history of prostate cancer and because of nerve damage was dependent on an indwelling urinary catheter.</p> <p>A review of a nurse's note dated 12/30/16 at 11:50 PM documented by Nurse #4 indicated indwelling urinary catheter was changed and resident tolerated procedure well. The note further indicated there was no assessment regarding the condition of Resident #1's skin around the urinary catheter and no documentation the physician was notified regarding the condition of Resident #1's skin around the urinary catheter.</p> <p>A review of a progress note dated 01/16/17 by the Nurse Practitioner (NP) indicated Resident #1 was seen today because of recurrent UTIs and refer to urology for further work up.</p> <p>A review of a Urology Specialists note dated 01/17/17 by a Physician's Assistant (PA) indicated Resident #1 had been treated for recurrent UTIs based on urine cultures and complained of penile</p>	F 157	<p>Rehabilitation Center reserves the right to refute any of the deficiencies on this Statement of Deficiencies through Informal Dispute Resolution, formal appeal procedure and/or any other administrative or legal proceeding.</p> <p>An appointment was scheduled for Resident #1 with his Urology Specialists for 1/18/17. On 1/18/17, resident was seen by urologist with exam completed. The urology report indicates Resident #1 is with a fileting of urethra and meatus and recommendation is placement of supra pubic catheter. On 1/19/17, the treatment nurse notified the physician and responsible party of the resident having a base penile shaft split. On 1/20/17, the treatment nurse completed an assessment of the Resident #1's Foley catheter. On 1/22/17, a note was placed in the doctor communication book related Resident #1 complaining of penile pain by the hall nurse. On 1/27/17, Resident #1 was transferred out for supra pubic catheter placement and returned to facility.</p> <p>On 1/27/17, 100% of residents with catheters were assessed for any new abnormalities at the insertion site by the Minimum Data Set Coordinator (MDS) and the MDS nurses without negative findings. On 2/9/17, a head to toe assessment was completed on 100% of residents to ensure no new skin</p>		

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F 157	<p>Continued From page 3</p> <p>pain on occasion and the meatus and urethra had been "fileted" open due to saw effect from chronic indwelling catheter.</p> <p>A review of a progress note dated 01/18/17 by the Nurse Practitioner (NP) indicated the notes from urology were reviewed and Resident #1 was having issues related to chronic indwelling urinary catheter which included pain and some increase in urethral opening and urology suggested a suprapubic catheter (a tube place through the abdomen into the bladder to drain urine into a bag). A section labeled assessment and plan indicated frequent urinary tract infections and urethra meatus erosion.</p> <p>A review of a facility document titled Physician Communication Record indicated an entry dated 01/22/17 Resident #1 complained of pain to the skin of his penis.</p> <p>During an interview on 01/24/17 at 2:52 PM with Nurse #3 she stated she worked first and second shifts and had provided care to Resident #1. She explained family had approached her recently and were upset and asked her if she had seen Resident #1's private area. She stated she told them she had not looked at his private areas and confirmed she had not received any report from other nurses regarding any problem with the skin in his private areas and had not talked to the physician or NP about it.</p> <p>During an interview on 01/24/17 at 3:28 PM with Nurse #4 who was also the second shift Nursing Supervisor he explained he changed Resident #1's catheter on 12/30/16 because the NP wanted him to change it because she wanted a clean urine specimen for a urinalysis and culture</p>	F 157	<p>abnormalities, without MD and/or Nurse Practioner (NP) notification, were noted by the MDS Coordinator, MDS nurses, and/or the Quality Improvement (QI) nurse without negative findings. On 2/23/17, 100% audit of resident progress notes to ensure MD and/or NP notification of new skin abnormalities and/or ineffective pain management was completed by the MDS Coordinator, MDS nurses, QI nurse, and/or the Assistant Director of Nursing (ADON) without negative findings.</p> <p>On 1/26/17 an in-service was initiated by the Staff Facilitator (SF) related to when a new skin abnormality is observed (examples-bleeding from site, open areas, split, abnormal drainage) by the certified nursing assistant they will immediately notify the nurse and the nurse will assess the site and notify the MD and/or NP. The in-servicing will be 100% complete by 2/27/17. No staff will be allowed to work after 2/27/17 prior to completion of in-service. All newly hired employees will receive in-service during new employee orientation</p> <p>On 2/23/17, 100% of resident progress notes were audited by the MDS Coordinator, MDS nurses, QI nurse, and/or ADON using the chart audit tool to ensure physician notification of acute changes, ineffective pain management,</p>		

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F 157	<p>Continued From page 4</p> <p>and sensitivity. He stated when he changed Resident #1's catheter he noticed there was a slit in the skin on the underside of his penis. He explained he did not know the length of the split in the skin or how long the slit in the skin had been there. He stated he thought the slit had occurred because of long term use of a urinary catheter but he had not received any reports from staff regarding the condition of Resident #1's skin around his urinary catheter and had not reported the slit in the skin to the physician or NP because he thought it was a chronic condition and they were already aware.</p> <p>During an interview on 01/24/17 at 4:10 PM with the treatment nurse she stated when Resident #1 was admitted she was in his room with another nurse who completed his admission nursing assessment and she had observed Resident #1 had an area that looked like a slit at the catheter insertion site and it appeared to her to be an old scar. She explained she assessed the open skin on Resident #1's penis on 01/19/17 and reported to the Director of Nursing (DON) that Resident #1's skin did not look like that when he was admitted. She stated she also observed 2 small open areas on his scrotum that she thought was excoriation of the skin and she put barrier cream on the areas. She further stated she was not aware of the slit skin because no one had reported it to her so she had not reported it to the physician or NP until today and the NP had just written an order to have the wound Physician to see Resident #1 on 01/25/17.</p> <p>During an observation and interview on 01/24/17 at 4:52 PM Resident #1 was seated in a wheelchair in his room and was shifting from one side to another. He stated he could not sit</p>	F 157	<p>and/or new skin abnormalities. The chart audit will be completed by the MDS Coordinator, MDS nurse, QI nurse, SF, ADON and/or Director of Nursing (DON) 5xweek x 4 weeks, then weekly x 4 weeks, then biweekly x 4 weeks, then monthly x 2 months.</p> <p>The Administrator and/or designee will review the results of the audit weekly and will present the findings to the monthly QI Committee. The monthly QI Committee will review the results of the audits and determine the need for and/or frequency of the continued monitoring and make recommendations for monitoring for continued compliance.</p>		

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F 157	<p>Continued From page 5</p> <p>comfortably in his wheelchair because he had problems related to his urinary catheter. He explained he could not get comfortable when sitting in his wheelchair because it caused pressure and pain to the split skin on his penis and the only time he was comfortable was when he is in bed. He stated he had told staff he was hurting and sore during the last month but nobody took him seriously and felt they had ignored him and the opening of skin had increased during that time. He explained he had told his family he wanted to see his Urologist because he was hurting in his private areas and he saw an Associate who was a Physician's Assistant (PA) in the Urologist office last week and was told the skin on his penis had split from the end of his penis where the catheter went in down to his scrotum and he would have to have a new catheter inserted in his stomach on 01/27/17. He stated the PA asked him how long it had been like that and he told him it had happened over the last month but nobody listened to him when he told them something was wrong. He explained he took routine pain medication for back pain and that helped decrease his pain but the area was uncomfortable and sore especially when he sat in his wheelchair</p> <p>During an interview on 01/25/17 at 1:05 PM with Resident #1's physician who was also the facility Medical Director he explained fissuring occurred at the end of the penis with long term urinary catheter use and even with use of a leg strap it was hard to keep movement from causing some erosion. He stated he had not received calls from nursing staff regarding the erosion of the skin on Resident #1's penis but had heard about it indirectly but could not recall who had reported it. He further stated he expected for staff to keep</p>	F 157			

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F 157	<p>Continued From page 6</p> <p>him or his NP or the on-call physician notified if there was increased erosion or splitting of the skin and there were on call providers available for staff to call and report any changes a resident had.</p> <p>During an interview on 01/25/17 at 2:36 PM with the NP she confirmed she had seen Resident #1 numerous times for chronic UTIs and she had made a referral for him to see his Urologist and had read the notes from his visit on 01/17/17. She stated she had not seen the open skin on Resident #1's penis until 01/24/17 and she had referred him for the wound Physician for evaluation today. She stated she was not sure when the skin had split but she saw a note in the physician's communication book on Monday 01/23/17 when she made rounds in the facility that Resident #1's skin had split on his penis. She stated she relied on staff to inform her when a resident had open areas of their skin or had changes in their condition. She explained there was a physician communication book for nurses to document resident concerns and she expected for staff to write concerns in the book or call the provider on call when a resident had changes in their condition.</p> <p>During a telephone interview on 01/25/17 at 3:11 PM with the PA from Resident #1's Urologist office he confirmed he saw Resident #1 on 01/17/17 and Resident #1 had long term urinary catheter use and was at risk for erosion of skin around the catheter due to chronic rubbing or friction by the catheter in his pants. He explained the erosion of skin around a catheter usually began at the opening where the catheter was inserted and then over time the skin split open. He stated he had looked back in Resident #1's</p>	F 157			

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F 157	<p>Continued From page 7</p> <p>chart to see when the erosion had started but he could not confirm when it had begun. He explained when the catheter was down in Resident #1's pants leg it caused the catheter to move and caused friction and tearing of the skin and if he was moved around by staff it increased the risk of pulling on the catheter which caused erosion and tearing. He confirmed he did not expect to see the extent of tearing of the skin on Resident #1's penis before he examined him but verified the tear extended from the urethra where the catheter was inserted down the underside of his penis to his scrotum. He stated they encouraged staff to let them know if there was a change in the skin around his catheter in order to prevent infection or complications and now since the skin had opened the only option was to insert a suprapubic catheter. He explained the Urologist would be able do a more detailed examination of his skin while Resident #1 was under anesthesia on 01/27/17 and would be able to assess for any skin damage but they could not do that examination now because it would be too painful for him.</p> <p>During an interview on 01/25/17 at 4:51 PM with the Administrator she explained last Thursday afternoon on 01/19/17 after second shift started the Social Worker (SW) was looking for the DON because Resident #1's family had questions. She explained the DON reviewed Resident #1's medical record and then talked to the treatment nurse and they went to Resident #1's room and looked at Resident #1's skin. She stated then they came and reported to her what his skin looked like and that was first she had heard of it.</p> <p>During an interview on 01/26/17 at 12:24 PM with Nurse #5 she explained she worked the day shift</p>	F 157		

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F 157	<p>Continued From page 8</p> <p>and had been assigned to care for Resident #1 in the past. She stated she recalled she had looked at the skin around his catheter about 5 weeks ago with the treatment nurse and there was a small slit at the catheter insertion site that looked like a scar and the treatment nurse told her to keep an eye on it and if it started draining or changed to let her know. She stated no one had reported any open skin around Resident #1's catheter to her and she had not reported any problems with his catheter or his skin to the physician.</p> <p>During a telephone interview on 01/26/17 at 2:01 PM with Nurse #6 she stated she had provided care for Resident #1 and had assessed his catheter and his skin approximately 2 months ago and he had no skin breakdown but Resident #1 had complained his catheter was pulling when he stood up and she had adjusted the leg strap higher up on his thigh and he had no more complaints to her. She stated she had not reported any problems with his skin or catheter to the physician.</p> <p>During an interview on 01/26/17 at 2:28 PM with Nurse #7 he stated he worked second and third shifts and he recalled he had done a skin assessment for Resident #1 over a month ago but he did not see any erosion or open skin at that time. He further stated he had not reported any skin concerns to the physician.</p> <p>During an interview on 01/26/17 at 2:39 PM with Nurse #8 she stated she was assigned to care for Resident #1 last Friday on 01/20/17 on first shift but she did not usually work on the hall where Resident #1 lived and she was unfamiliar with the resident's. She stated she received no report from the night shift nurse about open skin around</p>	F 157			

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F 157	Continued From page 9 Resident #1's catheter and she did not look at his skin because she did not have any reason to look at his catheter or his skin during her shift. She stated the Nurse Aides (NAs) did not report to her any problems or concerns with open skin around his catheter and she had not reported any concerns to the physician. During an interview on 01/26/17 at 3:47 PM the DON stated it was her expectation for nursing staff to notify the physician when a resident had a change in condition. She explained the facility utilized a communication book and staff were expected to document any concerns for the NP or physician to review when they made rounds in the facility. She stated she also expected for staff to call the NP or physician or physician on call when a resident had a change in their condition.	F 157			
F 241 SS=H	483.10(a)(1) DIGNITY AND RESPECT OF INDIVIDUALITY (a)(1) A facility must treat and care for each resident in a manner and in an environment that promotes maintenance or enhancement of his or her quality of life recognizing each resident's individuality. The facility must protect and promote the rights of the resident. This REQUIREMENT is not met as evidenced by: Based on observations, record reviews and resident and staff interviews the facility failed to promote a resident's dignity and respect when they failed to pay attention to him after he had told staff he was hurting and sore due to erosion of skin around a urinary catheter during the last month and the opening of skin had increased for 1 of 3 residents sampled with indwelling urinary catheters (Resident #1).	F 241	On 1/22/17 a note was placed in the doctor communication book related resident #1 complaining of penile pain by the hall nurse. On 1/24/2017 the nurse practitioner assessed resident #1's penis and wrote new orders for wound doctor consult and to wrap penis in xeroform to change daily and PRN. On 1/24/17 the treatment nurse initiated the new	2/27/17	

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F 241	Continued From page 10 Findings included: Resident #1 was admitted to the facility on 11/14/16 with diagnoses which included heart disease, diabetes, urinary tract infections, kidney disease, prostate cancer and a stroke. A review of the most recent 30 day minimum data set (MDS) dated 12/11/16 indicated Resident #1 was cognitively intact for daily decision making, required extensive assistance with toileting and hygiene and had an indwelling urinary catheter. A review of an admission nursing assessment dated 11/14/16 at 3:35 PM indicated Resident #1 was alert and oriented and had an indwelling urinary catheter in place. A section of the assessment labeled skin assessments had no documentation regarding the condition of Resident #1's skin around his urinary catheter. A review of a physician's history and physical dated 11/14/16 indicated Resident #1 had chronic urinary retention with a history of prostate cancer and because of nerve damage was dependent on an indwelling urinary catheter. A review of a nurse's note dated 12/30/16 at 11:50 PM documented by Nurse #4 indicated indwelling urinary catheter was changed this morning and resident tolerated procedure well but there was no assessment regarding the condition of Resident #1's skin around the urinary catheter. A review of a progress note dated 01/16/17 by the Nurse Practitioner (NP) indicated Resident #1 was seen today and had recurrent UTIs and refer to urology for further work up.	F 241	treatment orders. On 1/25/17 resident #1 was seen by the wound care doctor. On 1/25/17 the wound doctor gave new orders to discontinue the xeroform to resident #1 penis and apply dry dressing to penis every day and PRN once Foley catheter is removed. On 1/26/2017 the Minimum Data Set Nurse (MDS) completed a Pain Assessment on Resident #1 with no negative findings. On 1/27/2017 resident #1 was transferred out for supra pubic catheter placement and returned to facility. On 1/26/2017 Pain Assessments were completed on 100% of residents by the MDS Coordinator and MDS nurses with any negative findings being addressed immediately. On 2/23/2017 a 100% audit of resident's Progress Notes to ensure Physician and/or Nurse Practitioner notification of new skin abnormalities and/or ineffective pain management was completed by the Minimum Data Set Coordinator (MDS), MDS nurses, Quality Improvement Nurse (QI) and/or the Assistant Director of Nursing (ADON) without negative findings. On 2/23/2017 the Staff Facilitator (SF) initiated an in-service with all licensed nurses related to treating a resident's complaint of pain by assessing the resident's pain to include visualizing the body part of the resident to ensure there are no abnormalities. The nurse must also address the resident's pain and notify the physician of any abnormalities		

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F 241	<p>Continued From page 11</p> <p>A review of a Urology Specialists note dated 01/17/17 by a Physician's Assistant (PA) indicated Resident #1 had been treated for recurrent UTIs based on urine cultures and complained of penile pain on occasion and the meatus and urethra had been "fileted" open due to saw effect from chronic indwelling catheter.</p> <p>A review of a progress note dated 01/18/17 by the NP indicated the notes from urology were reviewed and Resident #1 was having issues related to chronic indwelling urinary catheter including pain and some increase in urethral opening and urology suggested a suprapubic catheter (a tube place through the abdomen into the bladder to drain urine into a bag). A section labeled assessment and plan indicated frequent urinary tract infections and urethra meatus erosion.</p> <p>During an interview on 01/24/17 at 3:28 PM with Nurse #4 who was also the second shift Nursing Supervisor he explained he changed Resident #1's catheter on 12/30/16. He stated when he changed Resident #1's catheter he noticed there was a slit in the skin on the underside of his penis. He further stated he did not know the length of the split in the skin or how long the slit in the skin had been there but the treatment nurse should know how long the slit had been there and he had not received any reports from staff regarding the condition of Resident #1's skin around his urinary catheter.</p> <p>During an interview on 01/24/17 at 4:00 PM with the treatment nurse she stated when Resident #1 was admitted she was in his room with another nurse who completed his admission nursing assessment and she had observed Resident #1</p>	F 241	<p>noted or ineffective pain management. On 2/24/2017 an in-service was initiated by the SF for 100% of licensed nurse related to treatment and care for a resident with complaints of pain to maintain or enhance resident quality of life. The in-servicing will be 100% complete by 2/27/2017. No staff will be allowed to work after 2/27/2017 prior to completion of in-servicing. All newly hired employees will receive in-servicing during new hire orientation.</p> <p>On 2/23/17 100% of resident progress notes were audited by the MDS Coordinator, MDS nurses, QI nurse, and/or ADON using the chart audit tool to ensure physician notification of acute changes, ineffective pain management, and/or new skin abnormalities. The chart audit will be completed by the MDS Coordinator, MDS nurse, QI nurse, SF, ADON and/or Director of Nursing (DON) 5xweek x 4 weeks, then weekly x 4 weeks, then biweekly x 4 weeks, then monthly x 2 months.</p> <p>The monthly QI Committee will review the results of the audits and determine the need for and/or frequency of the continued monitoring and make recommendations for monitoring for continued compliance. The Administrator and Director of Nursing will present the findings and recommendations of the monthly QI Committee to the quarterly QI Committee for further recommendations and oversight.</p>		

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F 241	<p>Continued From page 12</p> <p>had an area that looked like a slit at the catheter insertion site and it appeared to her to be an old scar. She explained Resident #1 went for a visit to a Urologist office on 01/17/17 and she was called to Resident #1's room on 01/19/17 by the Director of Nursing (DON) and she assessed the open skin on Resident #1's penis and reported to the DON that Resident #1's skin did not look like that when he was admitted. She stated she did not know how the skin had split but thought the catheter could have caused the split in the skin especially when he pulled up his pants or if there was movement of the catheter.</p> <p>During an observation and interview on 01/24/17 at 4:52 PM Resident #1 was seated in a wheelchair in his room and was shifting from one side to another. He stated he could not sit comfortably in his wheelchair because he had problems related to his urinary catheter. He explained he could not get comfortable when sitting in his wheelchair because it caused pressure and pain to the split skin on his penis and the only time he was comfortable was when he is in bed. He stated he had told nurses he was hurting and sore during the last month but nobody took him seriously and felt they had ignored him and the opening of skin had increased during that time. He further stated he could not recall the names of the nurses but they were the nurses who had taken care of him. He explained he had told his family he wanted to see his Urologist because he was hurting in his private areas and he saw an Associate who was a PA in the Urologist office last week and was told the skin on his penis had split from the end of his penis where the catheter went in all the way down to his scrotum and he would have to have a new catheter inserted in his stomach on 01/27/17. He</p>	F 241			

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F 241	<p>Continued From page 13</p> <p>stated the PA asked him how long it had been like that and he told him it had happened over the last month but nobody listened to him when he told them something was wrong. He explained he took routine pain medication for back pain and that helped decrease his pain but the area was uncomfortable and sore especially when he sat in his wheelchair.</p> <p>During an interview on 01/25/17 at 3:23 PM with the Social Worker (SW) he explained Resident #1's family came to his office on 01/19/17 and told him Resident #1 was having pain, discomfort and issues with his catheter and he reported the conversation to the treatment nurse and to the DON. He stated no one had told him anything about concerns prior to his family mentioning it.</p> <p>During an interview on 01/25/17 at 4:51 PM with the Administrator she explained on 01/19/17 after second shift started the SW was looking for the DON because Resident #1's family had questions. She explained the DON reviewed Resident #1's medical record and then talked to the treatment nurse and they went to Resident #1's room and looked at Resident #1's skin and they came and reported to her what his skin looked like and that was first she had heard of it.</p> <p>During a follow up interview on 01/26/17 at 9:00 AM with Resident #1 he stated he was upset about the condition of his skin on his penis. He explained he could not get comfortable when he was sitting in his wheelchair and that upset him and he was upset because this problem had been going on for a month. He then started crying and with tears flowing down his cheeks and his voice cracking he stated he was so upset because staff let it go for so long and he felt like they didn't</p>	F 241		

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F 241	Continued From page 14 believe him and it shouldn't have happened and he didn't want anyone else to go through what he had gone through. During an interview on 01/26/17 at 9:24 AM with the DON she stated she expected for nursing staff to treat all residents' with dignity and respect. She also stated it was her expectation for staff to assess residents when they complained of skin concerns and she was not made unaware of the split skin on his penis until 01/19/17 when she was informed family had concerns.	F 241			
F 315 SS=H	483.25(e)(1)-(3) NO CATHETER, PREVENT UTI, RESTORE BLADDER (e) Incontinence. (1) The facility must ensure that resident who is continent of bladder and bowel on admission receives services and assistance to maintain continence unless his or her clinical condition is or becomes such that continence is not possible to maintain. (2) For a resident with urinary incontinence, based on the resident's comprehensive assessment, the facility must ensure that- (i) A resident who enters the facility without an indwelling catheter is not catheterized unless the resident's clinical condition demonstrates that catheterization was necessary; (ii) A resident who enters the facility with an indwelling catheter or subsequently receives one is assessed for removal of the catheter as soon as possible unless the resident's clinical condition demonstrates that catheterization is necessary and	F 315		2/27/17	

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F 315	<p>Continued From page 15</p> <p>(iii) A resident who is incontinent of bladder receives appropriate treatment and services to prevent urinary tract infections and to restore continence to the extent possible.</p> <p>(3) For a resident with fecal incontinence, based on the resident's comprehensive assessment, the facility must ensure that a resident who is incontinent of bowel receives appropriate treatment and services to restore as much normal bowel function as possible.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observations, record reviews, resident, physician and staff interviews the facility failed to assess the progression of erosion of skin around an indwelling urinary catheter, which resulted in the resident experiencing pain and discomfort for over a month and was subsequently scheduled for a surgical procedure for insertion of a suprapubic catheter (a tube place through the abdomen into the bladder to drain urine into a bag), for 1 of 3 residents sampled with indwelling urinary catheters (Resident #1).</p> <p>Findings included:</p> <p>Resident #1 was admitted to the facility on 11/14/16 with diagnoses which included heart disease, diabetes, urinary tract infections, kidney disease, prostate cancer and a stroke. A review of the most recent 30 day minimum data set (MDS) dated 12/11/16 indicated Resident #1 was cognitively intact for daily decision making, required extensive assistance with toileting and hygiene and had an indwelling urinary catheter.</p> <p>A review of an admission nursing assessment</p>	F 315	<p>An appointment was scheduled for Resident #1 with the urology specialist for 1/18/17. On 1/18/17, Resident #1 was seen by the urologist and an exam completed. The urology report indicates Resident #1 was with a fileting of urethra and meatus. The urologist's recommendation was placement of supra pubic catheter. On 1/19/17, the treatment nurse assessed Resident #1's penile and scrotal areas and initiated treatment with barrier cream. On 1/19/17, the treatment nurse notified the physician and responsible party of Resident #1 having a base penile shaft split. On 1/20/17, the treatment nurse completed an assessment of Resident #1's Foley catheter. On 1/22/17, the hall nurse placed a note in the doctor communication book related to Resident #1 complaining of penile pain. On 1/27/17, Resident #1 was sent out for supra pubic catheter placement and then returned to the facility.</p>		

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F 315	<p>Continued From page 16</p> <p>dated 11/14/16 at 3:35 PM indicated Resident #1 was alert and oriented and had an indwelling urinary catheter in place. A section of the assessment labeled skin assessments had no documentation regarding the condition of Resident #1's skin around his urinary catheter.</p> <p>A review of a physician's history and physical dated 11/14/16 indicated Resident #1 had chronic urinary retention with a history of prostate cancer and because of nerve damage was dependent on an indwelling urinary catheter.</p> <p>A review of a care plan dated 11/28/16 with a problem statement for altered pattern of urinary elimination with indwelling urinary catheter indicated Resident #1 was at risk for infection and had a history of prostate cancer and required a urinary catheter. The goals revealed Resident #1 would be free from urinary tract infections and would be clean, dry and free from skin breakdown. The interventions indicated in part to change indwelling urinary catheter per physician's orders and/or facility protocol and ensure drainage tubing of catheter was secured with anchoring device such as a leg strap to prevent tension or accidental removal. The interventions also indicated to monitor for signs or symptoms of urinary tract infections and notify the physician as indicated.</p> <p>A review of a facility document labeled resident care guide included in part Resident #1 had an indwelling urinary catheter and ensure drainage tubing was secured with anchoring device such as a leg strap to prevent tension or accidental removal.</p> <p>A review of a nurse's note dated 12/30/16 at</p>	F 315	<p>On 1/27/17, the Minimum data Set (MDS) Coordinator and the MDS nurses assessed 100% of residents with catheters for any new abnormalities at the insertion site. There were no negative findings. On 2/9/17, the MDS Coordinator, MDS nurses, and/or the Quality Improvement (QI) nurse completed a head-to-toe assessment on 100% of residents to ensure there were no new skin abnormalities without MD and/or NP notification. There were no negative findings. On 2/22/17, the Corporate Wound Consultant completed an audit of 100% of residents with indwelling catheters. On 2/23/17, the MDS Coordinator, MDS nurses, QI nurse, and/or the Assistant Director of Nursing (ADON) completed a 100% audit of resident progress notes to ensure physician and/or Nurse Practitioner (NP) notification of new skin abnormalities and/or ineffective pain management. There were no negative findings.</p> <p>On 1/26/17, the staff facilitator (SF) initiated a 100% in-service with RNs and LPNs, to include the treatment nurse, and nursing assistants regarding:</p> <p>" Indwelling Catheters (Foley) insertion sites will be observed by nurses and nurse aides when providing incontinence care, ADL care, and during treatment assessments.</p> <p>" Soap and water should be used to clean the meatus and the adjacent catheter daily when providing catheter care. Hold catheter near meatus. Avoid</p>		

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F 315	<p>Continued From page 17</p> <p>11:50 PM documented by Nurse #4 indicated indwelling urinary catheter was changed and resident tolerated procedure well but there was no assessment documented regarding the condition of Resident #1's skin around the urinary catheter.</p> <p>A review of a progress note dated 01/16/17 by the Nurse Practitioner (NP) indicated Resident #1 was seen today and had recurrent UTIs and refer to urology for further work up.</p> <p>A review of a nurse's note dated 01/16/17 at 11:33 PM indicated a urine culture showed bacterial growth and the NP was notified and new orders were received for Bactrim DS (oral antibiotic) and a urology consult.</p> <p>A review of a Urology Specialists note dated 01/17/17 by a Physician's Assistant (PA) indicated Resident #1 had been treated for recurrent UTIs based on urine cultures and complained of penile pain on occasion and the meatus and urethra had been "fileted" open due to saw effect from chronic indwelling catheter.</p> <p>A review of a progress note dated 01/18/17 by the NP indicated the notes from urology were reviewed and Resident #1 was having issues related to chronic indwelling urinary catheter including pain and some increase in urethral opening and urology suggested a suprapubic catheter. A section labeled assessment and plan indicated frequent urinary tract infections and urethra meatus erosion.</p> <p>A review of a therapy note dated 01/19/17 by Speech Therapist (ST) #1 indicated Resident #1 stated he was in too much pain to do anything</p>	F 315	<p>tugging the catheter. Always wash in one direction, away from where the catheter enters the body. Use a clean area of the washcloth for each stroke or change the wash cloth completely if soiled with feces.</p> <p>" Proper positioning of the catheter tubing includes the resident is not sitting or lying on the tubing and there is no tension on the catheter or tubing. Anchor drainage tubing to resident's thigh to prevent trauma due to pulling out catheter or drainage tubing.</p> <p>" It is the responsibility of all nursing staff to ensure that a securing device is in place for the catheter tubing. The nurse must be notified immediately if the securing device is not in place. The nurse must replace the securing device immediately when aware that it is not in place. The treatment nurse will assess the securing device and document daily on the treatment administration record (TAR) that the securing device is in place.</p> <p>" If any skin abnormalities are observed (ex. bleeding from site, open areas, split, abnormal drainage etc.) the nurse aide will report findings to the nurse immediately.</p> <p>On 1/26/17, the RN initiated a 100% in-service with license nurses to regarding:</p> <p>" When the nurse is aware of any skin abnormality (ex. Bleeding from site, open areas, split, abnormal drainage etc.) from a catheter, the nurse will complete an assessment, notify the MD and RP, implement any new orders, complete a Skin Referral form, and document in the</p>		

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F 315	<p>Continued From page 18</p> <p>today because his penis was split down the middle from his catheter and treatments would resume the following day.</p> <p>During an interview on 01/24/17 at 2:52 PM with Nurse #3 she stated she worked first and second shifts and had provided care to Resident #1. She explained family had approached her recently and were upset and asked her if she had seen Resident #1's private area and she stated she told them she had not and had not received any report from other nurses regarding any problem with the skin in his private areas.</p> <p>During an interview on 01/24/17 at 3:28 PM with Nurse #4 who was also the second shift Nursing Supervisor he explained he changed Resident #1's catheter on 12/30/16 because the NP wanted him to change it because she wanted a clean urine specimen for a urinalysis and culture and sensitivity. He stated when he changed Resident #1's catheter he noticed there was a slit in the skin on the underside of his penis. He further stated he did not know the length of the split in the skin or how long the slit in the skin had been there but the treatment nurse should know how long the slit had been there. He also stated he had not reported it to anyone because he thought the slit had occurred because of long term use of a urinary catheter. He further stated he had not received any reports from staff regarding the condition of Resident #1's skin around his urinary catheter.</p> <p>During an interview on 01/24/17 at 3:55 PM with Nurse Aide (NA) #1 she stated she had been assigned to care for Resident #1 and Nurse #4 had asked her to assist him when he changed Resident #1's catheter on 12/30/16. She stated</p>	F 315	<p>medical records.</p> <p>" The Treatment Nurse will review the skin referral and ensure that the appropriate treatment is initiated.</p> <p>" The Treatment Nurse will assess catheter insertion sites at minimum of weekly and document the assessment on a Flow Sheet of Non-Ulcer Skin Condition.</p> <p>" Any abnormal changes observed by the treatment nurse will be assessed and reported to the MD immediately. The resident's responsible party (RP) will also be notified.</p> <p>" Following physician orders and documenting on the MAR/TAR.</p> <p>All above in-services will be completed by 2/27/17. No RN, LPN, or CNA will be allowed to work without completing the in-services. All newly hired RNs, LPNs, and CNAs will receive the in-services by the staff facilitator and/or DON during orientation.</p> <p>On 2/20/17 <input type="checkbox"/> 2/21/17, the corporate wound specialist audited 100% of residents with Foley catheters, condom catheters and suprapubic catheters. The QI: Foley Catheter Audit tool was used to document the audit.</p> <p>The treatment nurse will observe catheter insertion sites at a minimum of weekly and documents the assessment on a Flow Sheet of Non-Ulcer Skin Condition on an ongoing basis.</p> <p>The DON and/or ADON will audit the</p>		

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F 315	<p>Continued From page 19</p> <p>she didn't notice the slit on Resident #1's penis but Nurse #4 mentioned it when he changed the catheter. She further stated she didn't think any more about it and did not report anything to anyone since Nurse #4 was already aware.</p> <p>During an interview on 01/24/17 at 4:00 PM with the treatment nurse she stated when Resident #1 was admitted she was in his room with another nurse who completed his admission nursing assessment and she had observed Resident #1 had an area that looked like a slit at the catheter insertion site and it appeared to her to be an old scar. She explained Resident #1's family went with him for a visit to a Urologist office prior to 01/18/17 and they saw the open skin on his penis during that visit. She stated when he came back to the facility Resident #1's family wanted to know what had happened and she was called to Resident #1's room on 01/19/17 by the Director of Nursing (DON) because family wanted to know why the skin on his penis had split and had progressed. She further stated she assessed the open skin on Resident #1's penis and reported to the DON that Resident #1's skin did not look like that when he was admitted. She stated she also observed 2 small open areas on his scrotum that she thought was excoriation of the skin. She explained she put barrier cream on the areas but was not aware of the split skin because no one had reported it to her. She stated she did not know how the skin had split but thought the catheter could have caused the split in the skin especially when he pulled up his pants or if there was movement of the catheter. She further stated the NP had just written an order to have the wound Physician to see Resident #1 on 01/25/17.</p>	F 315	<p>Foley catheters, condom catheters, and suprapubic catheters weekly for any abnormalities for 12 weeks then every-other-week for 12 weeks using the QI: Foley Catheter Audit Tool.</p> <p>The monthly QI Committee will review the results of the QI: Foley Catheter Audit Tool monthly for 6 months for identification of trends, actions taken, and to determine the need for and/or frequency of continued monitoring, and make recommendations for monitoring for continued compliance. The administrator and/or DON will present the findings and recommendations of the monthly QI Committee to the Quarterly QAA Committee for further recommendations and oversight.</p>		

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F 315	<p>Continued From page 20</p> <p>During an observation and interview on 01/24/17 at 4:52 PM Resident #1 was seated in a wheelchair in his room and was shifting from one side to another. He stated he could not sit comfortably in his wheelchair because he had problems related to his urinary catheter. He explained he could not get comfortable when sitting in his wheelchair because it caused pressure and pain to the split skin on his penis and the only time he was comfortable was when he is in bed. He stated he had told staff he was hurting and sore during the last month but nobody took him seriously and he felt they had ignored him and the opening of skin had increased during that time. He explained he had told his family he wanted to see his Urologist because he was hurting in his private areas and he saw an Associate who was a PA in the Urologist office last week and was told the skin on his penis had split from the end of his penis where the catheter went in down to his scrotum and he would have to have a new catheter inserted in his stomach on 01/27/17. He stated the PA asked him how long it had been like that and he told him it had happened over the last month but nobody listened to him when he told them something was wrong. He explained he took routine pain medication for back pain and that helped decrease his pain but the area was uncomfortable and sore especially when he sat in his wheelchair.</p> <p>During a telephone interview on 01/25/17 at 10:21 AM with Nurse #1 she stated she usually worked on weekends from 7:00 PM until 7:00 AM and had only been assigned to care for Resident #1 once or twice. She stated she thought she was assigned to care for him the last time about a month ago. She explained she recalled she</p>	F 315			

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F 315	<p>Continued From page 21</p> <p>checked to make sure the leg strap was in place to secure Resident #1's urinary catheter but she had not assessed his skin around his catheter or on his penis and no one had reported any open skin to her.</p> <p>On 01/25/17 at 10:42 AM an attempt was made to call NA #2 who had been assigned to care for Resident #1 but there was no answer or option to leave a message.</p> <p>During an observation and interview on 01/25/17 at 11:00 AM a wound Physician and the treatment nurse were in Resident #1's room. Resident #1 was lying in bed and the skin on the underside of his penis was split open from the top of the penis where the urinary catheter was inserted down to his scrotum. The wound Physician stated he felt the urinary catheter had caused the skin to split and Resident #1 was scheduled to have a suprapubic catheter placed through his abdomen into his bladder on 01/27/17.</p> <p>A review of a wound care specialist evaluation dated 01/25/17 indicated Resident #1 was seen and evaluated today for a wound of the inferior (underside) split of his penis of greater than 10 days duration due to an indwelling catheter and the wound size was 4 centimeters (cm) x 1.5 cm width and depth was not measurable. The notes further indicated Resident #1 was scheduled for a surgical procedure to have a suprapubic catheter placed on Friday 01/27/17. The notes also indicated to apply a dry protective dressing daily and as needed.</p> <p>During an interview on 01/25/17 at 1:05 PM with Resident #1's physician who was also the facility Medical Director he explained fissuring occurred</p>	F 315			

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F 315	<p>Continued From page 22</p> <p>at the end of the penis with long term urinary catheter use and even with use of a leg strap it was hard to keep movement from causing some erosion. He stated he had not received calls from nursing staff regarding the erosion of the skin on Resident #1's penis but had heard about it indirectly but could not recall who had reported it. He further stated he expected for staff to keep him or his NP or the on-call physician notified if there was increased erosion or splitting of the skin and there were on call providers available for staff to call and report any changes a resident had in their condition.</p> <p>During an interview on 01/25/17 at 2:36 PM with the NP she confirmed she had seen Resident #1 numerous times for chronic UTIs and she had made a referral for him to see his Urologist and had read the notes from his visit on 01/17/17. She stated she had not seen the open skin on Resident #1's penis until 01/24/17 and she had referred him for the wound Physician for evaluation today. She stated she was not sure when the skin had split but she saw a note in the physician's communication book on Monday 01/23/17 when she made rounds in the facility that Resident #1's skin had split on his penis. She stated she only looked at his catheter if there was problem and she relied on staff to inform her when a resident had open areas of their skin. She further stated she expected for staff to write in the communication book or call her or the on call physician if a resident had a change in condition or if they had concerns about skin issues.</p> <p>During a telephone interview on 01/25/17 at 3:11 PM with the PA from Resident #1's Urologist office he confirmed he saw Resident #1 on</p>	F 315			

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F 315	<p>Continued From page 23</p> <p>01/17/17 and Resident #1 had long term urinary catheter use and was at risk for erosion of skin around the catheter due to chronic rubbing or friction by the catheter in his pants. He explained the erosion of skin around a catheter usually began at the opening where the catheter was inserted and then over time the skin split open. He stated he had looked back in Resident #1's chart to see when the erosion had started but he could not confirm when it had begun. He explained when the catheter was down in Resident #1's pants leg it caused the catheter to move and caused friction and tearing of the skin and if he was moved around by staff it increased the risk of pulling on the catheter which caused erosion and tearing. He stated he did not expect to see the extent of tearing on Resident #1's penis before he examined him but during the exam he observed the tear extended from the urethra where the catheter was inserted down the underside of his penis to his scrotum. He stated they encouraged staff to let them know if there was a change in the skin around his catheter in order to prevent infection or complications and now since the skin had opened the only option was to insert a suprapubic catheter. He explained the Urologist would be able do a more detailed examination of his skin while Resident #1 was under anesthesia during the procedure for suprapubic catheter insertion on 01/27/17 to assess for any skin damage but they could not do that examination now because it would be too painful for him.</p> <p>During an interview on 01/25/17 at 3:23 PM with the Social Worker (SW) he explained Resident #1's family came to his office on 01/19/17 and told him Resident #1 was having pain, discomfort and issues with his catheter and he reported the</p>	F 315			

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F 315	<p>Continued From page 24</p> <p>conversation to the treatment nurse and to the DON. He stated no one had told him anything about concerns prior to his family mentioning it. He confirmed family had gone with Resident #1 to an Urologist appointment and saw the open skin during the appointment and they seemed to be very surprised by what it looked like.</p> <p>On 01/25/17 at 4:00 PM an attempt was made to call NA #3 who had been assigned to care for Resident #1 but there was no answer.</p> <p>During an interview on 01/25/17 at 4:51 PM with the Administrator she explained last Thursday afternoon on 01/19/17 after second shift started the SW was looking for the DON because Resident #1's family had questions. She explained the DON reviewed Resident #1's medical record and then talked to the treatment nurse and they went to Resident #1's room. She stated they talked to Resident #1's family and looked at Resident #1's skin and then they came and reported to her what his skin looked like and that was first she had heard of it.</p> <p>During an interview on 01/26/17 at 8:30 AM with ST #1 he confirmed he had routinely provide speech therapy to Resident #1 but on 01/19/17 Resident #1 said he was in too much pain because the skin was split on his penis. He further explained he asked one of the nurses about it and she said he was in a lot of pain but did not explain why he was in pain and he could not remember the name of the nurse.</p> <p>During an interview on 01/26/17 at 12:24 PM with Nurse #5 she explained she worked the day shift and had been assigned to care for Resident #1 in the past. She stated she recalled she had looked</p>	F 315			

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

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F 315	<p>Continued From page 25</p> <p>at the skin around his catheter about 5 weeks ago with the treatment nurse and there was a small slit at the catheter insertion site that looked like a scar and the treatment nurse told her to keep an eye on it and if it started draining or changed to let her know. She stated since then no one had reported any open skin around Resident #1's catheter to her.</p> <p>On 01/26/17 at 1:52 PM an attempt was made to call NA #4 who had been assigned to care for Resident #1 but there was no answer or option to leave a message.</p> <p>On 01/26/17 at 1:59 PM an attempt was made to call NA #5 who had been assigned to care for Resident #1 but there was no answer.</p> <p>During a telephone interview on 01/26/17 at 2:01 PM with Nurse #6 she stated she had provided care for Resident #1 and had assessed his catheter and his skin approximately 2 months ago and he had no skin breakdown. She explained Resident #1 had complained his catheter was pulling when he stood up and she had adjusted the leg strap higher up on his thigh and he had no more complaints to her.</p> <p>During an interview on 01/26/17 at 2:28 PM with Nurse #7 he stated he worked second and third shifts and he recalled he had done a skin assessment for Resident #1 over a month ago but he did not see any erosion or open skin at that time.</p> <p>During an interview on 01/26/17 at 2:39 PM with Nurse #8 she stated she was assigned to care for Resident #1 last Friday on 01/20/17 on first shift but she did not usually work on the hall where</p>	F 315			

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F 315	<p>Continued From page 26</p> <p>Resident #1 lived and was unfamiliar with the resident's. She stated she received no report from the night shift nurse about open skin around Resident #1's catheter and she did not look at his skin because she did not have any reason to look at his catheter or his skin during her shift. She stated the Nurse Aides (NAs) did not report to her any problems or concerns with open skin around his catheter.</p> <p>During a follow up interview on 01/26/17 at 2:55 PM with Nurse #4 he confirmed when he changed Resident #1's catheter on 12/30/16 the skin was split under the catheter insertion site on the underside of his penis. He stated he did not recall the exact length of the split because he did not measure it at the time but then held up his thumb and forefinger to indicate the slit was approximately one and a half to two inches in length. He explained he had reminded the NAs to not fasten Resident #1's brief because he felt when the brief was fastened it caused the catheter to pull against his skin and could cause the skin to tear. He stated he thought Resident #1 had a chronic skin issue at his catheter site but he thought almost everyone knew the skin was open at Resident #1's catheter site. He stated Resident #1 was alert and oriented but hardly ever complained but if he was asked if he had pain or discomfort Resident #1 would state yes or no.</p> <p>During a follow up interview on 01/26/17 at 3:12 PM with Nurse #3 she stated she had not changed Resident #1's catheter and had not assessed the skin around his catheter when she was assigned to care for him. She further stated the NAs had not reported any open areas of skin but she had told them to make sure the leg strap</p>	F 315			

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F 315	Continued From page 27 was in place. She explained if the NA had reported any skin concerns to her she would have looked at his skin to evaluate it. During an interview on 01/26/17 at 3:41 PM with Nurse #9 she stated she had been assigned to care for Resident #1 in the past on second shift and had received no reports of open skin or problems related to his urinary catheter. She stated the NAs had not reported any problems with Resident #1 's skin around the catheter so she had not assessed it. During an interview on 01/26/17 at 3:47 PM the DON stated the assessment of Resident #1's skin around his urinary catheter should have been assessed on admission as a baseline. She confirmed she could find no nursing assessments regarding the open skin at Resident #1's catheter insertion site until it was brought to their attention when Resident went for a urology visit on 01/17/17. She stated it was her expectation for NAs to report any skin issues to the nurse and the nurse was expected to go and assess the resident. She explained she would have expected to see nursing assessments even if the open skin was a change with a chronic condition. She stated it was her expectation for nurses to assess a resident anytime something was reported to them.	F 315			
F 490 SS=H	483.70 EFFECTIVE ADMINISTRATION/RESIDENT WELL-BEING 483.70 Administration. A facility must be administered in a manner that enables it to use its resources effectively and efficiently to attain or maintain the highest practicable physical, mental, and psychosocial	F 490		2/27/17	

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F 490	<p>Continued From page 28</p> <p>well-being of each resident. This REQUIREMENT is not met as evidenced by:</p> <p>Based on observations, record review and staff interviews the facility's administration failed to provide oversight of care for a resident when facility staff failed to do ongoing assessments of the progression of erosion of skin around an indwelling urinary catheter, which resulted in the resident experiencing pain and discomfort for over a month and was subsequently scheduled for a surgical procedure for insertion of a suprapubic catheter (a tube placed through the abdomen into the bladder to drain urine into a bag), for 1 of 3 residents sampled with indwelling urinary catheters (Resident #1). The facility also failed to utilize its resources effectively to implement and sustain plans of correction which resulted in observations of expired medications in medication carts during 4 federal surveys of record for a repeat deficiency in the area of medication storage.</p> <p>Findings included:</p> <p>Cross refer to F 315: Based on observations, record reviews, resident, physician and staff interviews the facility failed to assess the progression of erosion of skin around an indwelling urinary catheter, which resulted in the resident experiencing pain and discomfort for over a month and was subsequently scheduled for a surgical procedure for insertion of a suprapubic catheter (a tube placed through the abdomen into the bladder to drain urine into a bag), for 1 of 3 residents sampled with indwelling urinary catheters (Resident #1).</p> <p>Cross refer to F 431: Based on observations,</p>	F 490	<p>On 2/16/2017 the facility QI Committee held a meeting. The Medical Director, Administrator, Director of Nursing (DON), Assistant Director of Nursing (ADON), Minimum Data Set (MDS) Nurse, Maintenance Supervisor, Dietary Manager and Housekeeping Supervisor will attend QI Meetings on an ongoing basis and will assign additional team members as appropriate.</p> <p>On 2/24/17, the administrator made a schedule and directed the administrative nurse team that they will be responsible for daily monitoring and completion of the Expired Medications Audit Tool. When the director of nursing is not in the facility the assistant director of nursing will be responsible for the daily monitoring of the completion of the Expired Medications Audit Tool by the administrative nurse team. On Saturday and Sunday the weekend RN supervisor will be responsible for the daily monitoring and completion of the audit tool with assistance from the administrator, if needed. The completed Expired Medication Audit Tools will be kept labeled binders in the administrator's office for final review of 1. What medication carts were audited, 2. If there were any expired medications on the cart, 3. If all vials of medication were labeled, dated, and stored correctly, 4. What medication rooms were audited, 5. If there were any expired medication in the medication</p>		

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F 490	<p>Continued From page 29</p> <p>record review and staff interviews the facility failed to discard 2 medications in unlabeled cups prepared for administration, remove an expired Novolog FlexPen and discard an opened, undated multi-dose vial of normal saline in 2 of 7 medication carts (100 hall medication cart and a cart which was used for 300, 500 and 700 halls).</p> <p>The facility was recited for F 431 for failure to discard 2 medications in unlabeled cups prepared for administration, remove an expired Novolog insulin FlexPen and discard an opened, undated multi-dose vial of normal saline in 2 of 7 medication carts.</p> <p>F 431 was originally cited on the annual recertification survey on 02/04/16 for failure to discard an expired vial of Humalog (insulin) and failed to ensure 2 bottles of Heparin (blood thinner) were dated when opened. F 431 was cited again during the annual recertification survey conducted on 11/03/16 for failure to remove expired pain medication and was recited on a Revisit/Follow up survey on 12/29/16 for failure to remove expired medications from use. F 431 was subsequently recited again on the current Revisit/Follow up survey of 02/09/17 for failure to discard 2 medications in unlabeled cups prepared for administration, remove an expired Novolog insulin FlexPen and discard an opened, undated multi-dose vial of normal saline.</p>	F 490	<p>room, 6. If all vials of medication were dated, labeled, and stored correctly, and 7. What corrections were made to correct any unlabeled, undated, or expired medications.</p> <p>On 2/27/2017 the Corporate Clinical Director in-serviced the facility Administrator, ADON, MDS Nurse, QI Nurse, Maintenance Supervisor, Dietary Manager and Housekeeping Supervisor related to appropriate functioning of the QI Committee and the purpose of the committee to include identified issues related to quality assessment and assurance activities as needed and developing and implementing appropriate plans of action for identified concerns, to include F431 Pharmacy, F490 Effective Administration, F520 Quality Assessment and Assurance Committee and F315 No Catheter, Prevent UTI, Restore Bladder. The corporate clinical director worked with the QI committee (including the administrator, assistant director of nursing, AP, AR, admissions, maintenance, dietary, MDS nurses, social work) to perform an in-service and root cause analysis of why there are medications on the medication carts unlabeled, undated, and/or expired. The root cause analysis process included asking questions, brainstorming, review of direct observations of nurses working on the medication carts, direct observations of nurses performing audits, review of audit results, fishbone diagram, and use of asking 5 Whys: 1. Why does the QI Action team keep</p>		

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F 490	Continued From page 30	F 490	<p>finding expired medications? Because expired medications are on the medication carts?</p> <p>2. Why are there expired medications on the medication carts? Because the medications were not dated?</p> <p>3. Why were the medications not dated? (Resist the temptation to blame the nurses/a nurse and really think about why- perhaps include including hall nurses in this QI Committee meeting) Because no-one dated the medication.</p> <p>4. Why did no one date the medication on the cart? Because the nurse did not know the medication was on the cart? (OR, because the medication on the cart should have been dated prior to getting on the cart. OR, because the medication was not seen prior to getting on the cart, OR &)</p> <p>5. Why did the nurse not know the medication was on the cart? Because the order for the medication was discontinued and the medication should not be on the cart.</p> <p>6. Why was the medication on the cart, after the medication was discontinued? The Pink Slip Review process was not followed may be part of the root cause in this scenario.</p> <p>Starting 2/27/17, the administrator continued meeting with QI Committee Members further discussing the root cause analysis and identifying other "5 Whys" paths related to process development in the areas of F431 Pharmacy, F490 Effective Administration, F520 Quality Assessment and Assurance</p>		

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F 490	Continued From page 31	F 490	Committee and F315 No Catheter, Prevent UTI, Restore Bladder. The Committee will continue to meet a minimum of monthly. The QI Committee including the Medical Director, will review monthly complied QI Report for information, review trends, and review corrective actions taken and date's completion. The QI Committee will validate the facility's progress or identified concerns. The Administrator will be responsible for ensuring the Committee's concerns are addressed through further training and other interventions. The Administrator or her designee will report back to the Executive QI Committee at the next scheduled meeting. The Corporate Clinical Director will participate in the monthly QI Committee meetings and quarterly Executive QI Committee meetings for a period of six months to ensure QI practices in-serviced are followed.		
F 520 SS=H	483.75(g)(1)(i)-(iii)(2)(i)(ii)(h)(i) QAA COMMITTEE-MEMBERS/MEET QUARTERLY/PLANS (g) Quality assessment and assurance. (1) A facility must maintain a quality assessment and assurance committee consisting at a minimum of: (i) The director of nursing services; (ii) The Medical Director or his/her designee;	F 520		2/27/17	

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F 520	<p>Continued From page 32</p> <p>(iii) At least three other members of the facility's staff, at least one of who must be the administrator, owner, a board member or other individual in a leadership role; and</p> <p>(g)(2) The quality assessment and assurance committee must :</p> <p>(i) Meet at least quarterly and as needed to coordinate and evaluate activities such as identifying issues with respect to which quality assessment and assurance activities are necessary; and</p> <p>(ii) Develop and implement appropriate plans of action to correct identified quality deficiencies;</p> <p>(h) Disclosure of information. A State or the Secretary may not require disclosure of the records of such committee except in so far as such disclosure is related to the compliance of such committee with the requirements of this section.</p> <p>(i) Sanctions. Good faith attempts by the committee to identify and correct quality deficiencies will not be used as a basis for sanctions. This REQUIREMENT is not met as evidenced by: Based on observations, record reviews and staff interviews the facilities Quality Assessment and Assurance Committee failed to maintain implemented procedures and monitor these interventions that the committee put into place in December of 2016. This was for 2 recited deficiencies which were originally cited in February of 2016 on a Recertification survey and was recited again in November of 2016 on a</p>	F 520	<p>On 2/15/2017 the facility QI Committee held a meeting. The Medical Director, Administrator, Director of Nursing, Quality Improvement Nurse (QI), Minimum Data Set (MDS) Nurse, Treatment Nurse, Staff Facilitator, Maintenance Supervisor and Housekeeping Supervisor will attend QI Committee Meetings on an ongoing basis and will assign additional team members</p>		

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F 520	<p>Continued From page 33</p> <p>Recertification survey. The facility was subsequently cited on the Revisit/Follow up survey on 12/29/16 and again on the current Revisit/Follow up survey. The deficiencies were in the areas of effective Administration and drug storage. The continued failure of the facility during 4 federal surveys of record show a pattern of the facilities inability to sustain an effective Quality Assurance Program.</p> <p>Findings included:</p> <p>This tag is cross referred to:</p> <p>1. a. F 490 Administration: Based on observations, record review and staff interviews the facility's administration failed to provide oversight of care for a resident when facility staff failed to do ongoing assessments of the progression of erosion of skin around an indwelling urinary catheter, which resulted in the resident experiencing pain and discomfort for over a month and was subsequently scheduled for a surgical procedure for insertion of a suprapubic catheter (a tube placed through the abdomen into the bladder to drain urine into a bag), for 1 of 3 residents sampled with indwelling urinary catheters (Resident #1). The facility administration also failed to utilize its resources effectively to implement and sustain plans of correction which resulted in observations of expired medications in medication carts during 4 federal surveys of record for a repeat deficiency in the area of medication storage.</p> <p>During the recertification survey of February 2016 the facility was cited for failure to discard an expired vial of Humalog (insulin) and failed to ensure 2 bottles of Heparin (blood thinner) was</p>	F 520	<p>as appropriate.</p> <p>On 2/24/17, the administrator made a schedule and directed the administrative nurse team that they will be responsible for daily monitoring and completion of the Expired Medications Audit Tool. When the director of nursing is not in the facility the assistant director of nursing will be responsible for the daily monitoring of the completion of the Expired Medications Audit Tool by the administrative nurse team. On Saturday and Sunday the weekend RN supervisor will be responsible for the daily monitoring and completion of the audit tool with assistance from the administrator, if needed. The completed Expired Medication Audit Tools will be kept labeled binders in the administrator's office for final review of 1. What medication carts were audited, 2. If there were any expired medications on the cart, 3. If all vials of medication were labeled, dated, and stored correctly, 4. What medication rooms were audited, 5. If there were any expired medication in the medication room, 6. If all vials of medication were dated, labeled, and stored correctly, and 7. What corrections were made to correct any unlabeled, undated, or expired medications.</p> <p>On 2/27/17, the corporate clinical director worked with the QI committee (including the administrator, assistant director of nursing, AP, AR, admissions, maintenance, dietary, MDS nurses, social work) to perform an in-service and root</p>		

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F 520	<p>Continued From page 34</p> <p>dated when opened. On the annual recertification survey November 2016 the facility was again cited for failure to remove expired medications from use on medication carts and in medication storage rooms. On the Revisit/Follow survey of December 2016 the facility was cited again for failure to remove expired pain medication from medications carts and on the current Revisit/Follow up survey the facility was cited again for failure to discard 2 medications in unlabeled cups prepared for administration, remove an expired Novolog Flex pen and discard an opened, undated multi-dose vial of normal saline in medication carts.</p> <p>b. F 431 Drug storage: Based on observations, record review and staff interviews the facility failed to discard 2 medications in unlabeled cups prepared for administration, remove an expired Novolog FlexPen and discard an opened, undated multi-dose vial of normal saline in 2 of 7 medication carts (100 hall medication cart and a cart which was used for 300, 500 and 700 halls).</p> <p>The facility was recited for F 431 for failure to discard 2 medications in unlabeled cups prepared for administration, remove an expired Novolog insulin FlexPen and discard an opened, undated multi-dose vial of normal saline in 2 of 7 medication carts.</p> <p>F 431 was originally cited on the annual recertification survey on 02/04/16 for failure to discard an expired vial of Humalog (insulin) and failed to ensure 2 bottles of Heparin (blood thinner) was dated when opened. F 431 was cited again during the annual recertification survey conducted on 11/03/16 for failure to remove expired pain medication and F 431 was</p>	F 520	<p>cause analysis of why there are medications on the medication carts unlabeled, undated, and/or expired. The root cause analysis process included asking questions, brainstorming, review of direct observations of nurses working on the medication carts, direct observations of nurses performing audits, review of audit results, fishbone diagram, and use of asking 5 Whys:</p> <ol style="list-style-type: none"> 1. Why does the QI Action team keep finding expired medications? Because expired medications are on the medication carts? 2. Why are there expired medications on the medication carts? Because the medications were not dated? 3. Why were the medications not dated? (Resist the temptation to blame the nurses/a nurse and really think about why- perhaps include including hall nurses in this QI Committee meeting) Because no-one dated the medication. 4. Why did no one date the medication on the cart? Because the nurse did not know the medication was on the cart? (OR, because the medication on the cart should have been dated prior to getting on the cart. OR, because the medication was not seen prior to getting on the cart, OR &) 5. Why did the nurse not know the medication was on the cart? Because the order for the medication was discontinued and the medication should not be on the cart. 6. Why was the medication on the cart, after the medication was discontinued? The Pink Slip Review process was not 		

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F 520	<p>Continued From page 35</p> <p>recited on a Revisit/Follow up survey on 12/29/16 for failure to remove expired medications from use. F 431 was subsequently recited again on the current Revisit/Follow up survey of 02/09/17 for failure to discard 2 medications in unlabeled cups prepared for administration, remove an expired Novolog insulin FlexPen and discard an opened, undated multi-dose vial of normal saline.</p> <p>During an interview on 01/25/17 at 4:51 PM with the Administrator she explained she was unaware of the split skin on Resident #1's penis until the Director of Nursing (DON) and treatment nurse went to Resident's #1's room on 01/19/17 and assessed his skin and then they came and reported to her what his skin looked like and that was first she had heard of it. She further stated it was her expectation for nurses to do a skin referral to the treatment nurse when a resident had a change in their skin condition and she expected for the treatment nurse to assess the resident's skin. She explained the Quality Assurance and Assessment Committee met on a monthly basis and the Pharmacist attended the meetings on a quarterly basis. She stated the committee had developed the plans of correction for drug storage and they had last met in January 2017. She explained they had in-serviced nursing staff again after the last Revisit/Follow up survey to check medication carts and discard all expired medications and nurses who were assigned to a medication cart were expected to check the carts for expired medications. She further explained Administrative nurses which included the DON, Assistant Director of Nursing and Nursing Supervisors were expected to monitor medication carts and medications storage rooms for expired medications. She stated she had also checked for expired</p>	F 520	<p>followed.</p> <p>Starting 2/27/17, the administrator continued meeting with QI Committee Members further discussing the root cause analysis and identifying other "5 Whys" paths related to process development in the areas of F431 Pharmacy, F490 Effective Administration, F520 Quality Assessment and Assurance Committee and F315 No Catheter, Prevent UTI, Restore Bladder.</p> <p>As of 2/27/2017, after the Corporate Clinical Director in-service, the facility QI Committee will begin identifying other areas of quality concern through the QI process using root cause analysis, for example: review rounds tools, review work orders, review Point Click Care (Electronic Medical Record), resident council minutes, resident concern logs, pharmacy reports and regional facility consultant recommendations.</p> <p>The Facility QI Committee will meet a minimum of Quarterly to identify issues related to quality assessment and assurance activities as needed and will develop and implement appropriate plans of action for identified facility concerns.</p> <p>Corrective action has been taken for identified concerns related to F241 Dignity and Respect of Individuality, F431 Drug Records, Label/Store Drugs, F490 Administration, F520 Quality Assessment and Assurance Committee and F315 No Catheter, Prevent UTI, Restore Bladder.</p>		

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CENTERS FOR MEDICARE & MEDICAID SERVICES

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OMB NO. 0938-0391

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F 520	Continued From page 36 medications and the Pharmacist had audited for expired medications. She further stated she did not know why the plans had failed because everything had looked good to her and she thought with multiple layers of observations there would be no expired medications in medication carts. She explained they would have to develop another plan to ensure expired medications were not left on medication carts or in medication storage rooms and in-servicing of nursing staff would have to be done again.	F 520	The Committee will continue to meet at a minimum of monthly. The Executive QI Committee including the Medical Director will review the monthly compiled QI report information, review trends, and review corrective actions taken and the dates of completion. The Executive QI Committee will validate the facility's progress in correction of deficient practices or identify concerns. The Administrator will be responsible for ensuring Committee concerns are addressed through further training or other interventions. The Administrator or her designee will report back to the Executive QI Committee at the next scheduled meeting. The Corporate Clinical Director will participate in the monthly QI Committee meetings and quarterly Executive QI Committee meetings for a period of six months to ensure QI practices in-serviced are followed.		

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F 000	<p>INITIAL COMMENTS</p> <p>On 01/26/17, the Division of Health Service Regulation, Nursing Home Licensure and Certification Section conducted a revisit. While the deficiencies cited on the recertification and complaint survey on 11/03/16 were partially corrected on the revisit on 12/29/16 the facility remains out of compliance.</p> <p>Following the survey's original exit date of 01/26/17 the State Agency identified Substandard Quality of Care at tags F-241 and F-315 (Event ID# ZJ3X11) which necessitated an onsite extended survey be conducted at the facility on 02/09/17. The survey's exit date was extended to 02/09/17. (Event ID# 123513)</p>	F 000		
{F 431} SS=D	<p>483.60(b), (d), (e) DRUG RECORDS, LABEL/STORE DRUGS & BIOLOGICALS</p> <p>The facility must employ or obtain the services of a licensed pharmacist who establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled.</p> <p>Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable.</p> <p>In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature</p>	{F 431}		2/27/17

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Electronically Signed	TITLE	(X6) DATE 02/27/2017
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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 431}	<p>Continued From page 1</p> <p>controls, and permit only authorized personnel to have access to the keys.</p> <p>The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observations, record review and staff interviews the facility failed to discard 2 medications in unlabeled cups prepared for administration, remove an expired Novolog FlexPen and discard an opened, undated multi-dose vial of normal saline in 2 of 7 medication carts (100 hall medication cart and a cart which was used for 300, 500 and 700 halls).</p> <p>Findings included:</p> <p>1. An observation on 01/24/17 at 1:30 PM of the 100 hall medication cart revealed a pink pill in an unlabeled medicine cup and a white pill in an unlabeled medication cup in the top left drawer of the medication cart. The medication was intended for Resident #260 and Resident #67.</p> <p>Record review revealed Resident #260 was admitted on 10/07/16 with diagnoses which included dementia and Alzheimer's disease. Klonopin 0.5 milligram (mg) by mouth twice daily</p>	{F 431}	<p>University Place Nursing and Rehabilitation Center acknowledges receipt of the Statement of Deficiencies and proposes this Plan of Correction to the extent that the summary of findings is factually correct and in order to maintain compliance with applicable rules and provisions of quality of care of residents. The Plan of Correction is submitted as a written allegation of compliance.</p> <p>University Place Nursing and Rehabilitation Center's response to this Statement of Deficiencies does not denote agreement with the Statement of Deficiencies nor does it constitute an admission that any deficiency is accurate. Further, University Place Nursing and Rehabilitation Center reserves the right to refute any of the deficiencies on this Statement of Deficiencies through Informal Dispute Resolution, formal</p>		

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{F 431}	<p>Continued From page 2</p> <p>was ordered on 12/09/16 to be administered at 8:30 AM and 8:30 PM. Nurse #2 identified that the pink pill in the cup in the cart was Klonopin.</p> <p>Record review revealed Resident #67 was admitted on 04/30/08 with diagnoses which included Alzheimer's vascular dementia and depression. Tramadol 50 milligrams (mg) by mouth twice daily for pain was ordered on 10/31/16 to be administered at 9:30 AM and 9:30 PM. Nurse #2 identified that the white pill in the cup in the cart was Tramadol.</p> <p>An interview on 01/24/17 at 2:53 PM with Nurse #2, who was responsible for the 100 hall medication cart, revealed she intended to waste the medications because both residents were sleeping.</p> <p>An interview on 01/25/17 at 4:10 PM with the Director of Nursing (DON) revealed she expected nurses to administer medications to the right resident, at the right time and in the right manner. She explained if medications could not be administered at the time it was prepared the medication should be wasted following policy and procedure. She stated it was not acceptable to leave medications in the cups in the drawer of the cart and it was her expectation both medications should have been wasted and witnessed with another nurse.</p> <p>An follow up interview on 01/26/17 at 9:16 AM with the DON revealed she expected the nurse should have wasted the medications at the time she realized she was not going to give the medication even if she had to lock the medication cart, take the Medication Administration Record and medication and go to another nurse and</p>	{F 431}	<p>appeal procedure and/or any other administrative or legal proceeding.</p> <p>On 1/25/17 the expired Flexpen for resident #245 was discarded by the Director of Nursing (DON) and ordered from pharmacy. The medication that was stored in resident #67, #260 were destroyed by the Charge Nurse and another Charge Nurse as a witness.</p> <p>A 100% audit was completed on Friday 1/27/17 by the DON, Administrator, Quality Improvement (QI) Nurse, Staff Facilitator (SF) and Minimum Data Set (MDS) Nurses to ensure all medications, to include Insulin Flexpen, were properly stored, dated, and labeled. All identified areas of concern were immediately corrected on 1/27/2017.</p> <p>An in-service was initiated by the DON with 100% of nurses, to include Nurse #2, regarding dating of and expiration of medications including Insulin Flexpens and discarding a medication not given immediately. The in-service will be 100% completed by 2/27/2017. All newly hired nurses will be in-serviced during new employee orientation regarding dating of and expiration of medication and discarding of a medication that was not given immediately.</p> <p>On 2/17/17, the corporate facility consultants began routinely visiting the facility and performing medication cart</p>		

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{F 431}	<p>Continued From page 3</p> <p>waste it immediately. She verified the 2 medications were narcotics.</p> <p>2. Resident #245 was admitted on 10/17/16 with diagnoses that included Diabetes type 2.</p> <p>Review of a physician's order on 10/17/16 for Novolog 100units/milliliter FlexPen. Inject 4 units subcutaneously 15 minutes before meals. Hold if blood glucose is less than 120. Administration times were 7:30 AM, 11:30 am and 4:30 PM. The order also indicated the insulin expired 28 days after opening and included instructions to check the expiration date.</p> <p>An observation on 01/24/17 at 1:40 PM of the 100 hall medication cart revealed Resident #245's Novolog insulin FlexPen label indicated it was opened 12/20/16 and had expired 01/18/17, 30 days after the expiration date.</p> <p>A review of the Medication Administration Record (MAR) revealed Resident #245 had received the following doses of expired Novolog FlexPen: 01/17/17 at 7:30 AM, 11:30 AM and 4:30 PM. 01/18/17 at 7:30 AM and 4:30 PM. 01/19/17 at 7:30 AM, 11:30 AM and 4:30 PM. 01/20/17 at 7:30 AM and 11:30 AM. 01/23/17 at 7:30 AM and 11:30 AM. 01/24/17 at 7:30 AM.</p> <p>An interview on 01/24/17 at 1:42 PM with Nurse #2 revealed that each nurse checked and discarded expired medications daily.</p> <p>An observation on 01/25/17 at 12:06 PM revealed the insulin storage policy posted at the 100 hall nurses station indicated insulin should be dated upon opening and unused portions should be discarded within 28 days.</p>	{F 431}	<p>and/or medication room audits. During the audits, it was determined that some nurses were uncertain of medication expiration dates. Arrangements were made for the pharmacy consultant to present a different type of in-service.</p> <p>On 2/16/17, the pharmacy consultant provided an in-service for the nurses which covered categories of medications and their expiration dates. The pharmacist also provided to the nurses a reference tool titled Medication Discard Dates.</p> <p>On 2/17/17, the administrator directed a copy of the Medication Discard Dates reference sheet be placed in the front of each medication administration record (MAR) binder for easy reference by the nurses.</p> <p>On 2/17/17, the pharmacy consultant, corporate facility consultants, and/or the corporate clinical director began the practice of performing a medication pass audit on a monthly basis for six months. The audit includes looking for any unlabeled cups prepared for administration, expired insulin pens, undated or expired insulin, undated or expired vials of 0.9% normal saline, or other expired medications or medical supplies. The audit will be documented monthly on the Medication Pass Audit tool. Any expired medications will be immediately removed. The completed Medication Pass Audit tool will be forward to the director of nursing and/or</p>		

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{F 431}	Continued From page 4 An interview on 01/26/17 at 9:16 AM with the Director of Nursing (DON) revealed she expected the nurses to check for expired medications daily anytime during the shift as they gave medications. She explained the administrative nurses checked the carts daily anytime during the day which included the Assistant Director of Nursing, the DON and Registered Nurse Supervisors. The DON indicated the label on the Novolog Flex pen should have had an expiration date of 01/16/17 instead of 01/18/17. 3. An observation on 01/24/17 at 11:38 AM of the 300/500/700 hall medication cart revealed an opened, undated, preservative-free multi-dose vial of 0.9% normal saline. An interview on 01/24/17 at 11:40 AM with Nurse #1, who was responsible for the 300/500/700 hall medication cart, revealed the vial of normal saline was supposed to be dated when opened and should be discarded 30 days after it was opened. An interview with the Director of Nursing (DON) on 01/24/17 at 12:33 PM revealed the vial should have been dated when opened and discarded 30 days after it was opened.	{F 431}	administrator. On 2/24/17, the administrator made a schedule and directed the administrative nurse team that they will be responsible for daily monitoring and completion of the Expired Medications Audit Tool. When the director of nursing is not in the facility the assistant director of nursing will be responsible for the daily monitoring of the completion of the Expired Medications Audit Tool by the administrative nurse team. On Saturday and Sunday the weekend RN supervisor will be responsible for the daily monitoring and completion of the audit tool with assistance from the administrator, if needed. The completed Expired Medication Audit Tools will be kept labeled binders in the administrator's office for final review of 1. What medication carts were audited, 2. If there were any expired medications on the cart, 3. If all vials of medication were labeled, dated, and stored correctly, 4. What medication rooms were audited, 5. If there were any expired medication in the medication room, 6. If all vials of medication were dated, labeled, and stored correctly, and 7. What corrections were made to correct any unlabeled, undated, or expired medications. The DON, Assistant Director of Nursing (ADON), Unit Manager, QI Nurse, RN Supervisor, MDS Nurses, and the Staff Facilitator will use the Expired Medications Audit Tool to check all medication carts and medication rooms		

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{F 431}	Continued From page 5	{F 431}	daily x 30 days, then 3 x weekly x 30 days, then 1 x weekly x 120 days to ensure each cart and medication room including medication refrigerators are free from expired medications to include Insulin Flexpens. Audits will include ensuring vials are properly dated and stored. The Expired Medication Audit Tool will be used to document the audits. All identified areas of concern will be immediately corrected. The monthly QI Committee will review the results of the Expired Medication Audit Tool and Medication Pass Audit tools monthly for 6 months for identification of trends, actions taken, and to determine the need for and/or frequency of continued monitoring, and make recommendations for monitoring for continued compliance. The Administrator and/or DON will present the findings and recommendations of the monthly QI committee to the quarterly QA and A committee for further recommendations and oversight.		
{F 490} SS=H	483.75 EFFECTIVE ADMINISTRATION/RESIDENT WELL-BEING A facility must be administered in a manner that enables it to use its resources effectively and efficiently to attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident. This REQUIREMENT is not met as evidenced by: Based on observations, record review and staff	{F 490}	On 2/16/2017 the facility QI Committee	2/27/17	

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{F 490}	<p>Continued From page 6</p> <p>interviews the facility's administration failed to provide oversight of care for a resident when facility staff failed to do ongoing assessments of the progression of erosion of skin around an indwelling urinary catheter, which resulted in the resident experiencing pain and discomfort for over a month and was subsequently scheduled for a surgical procedure for insertion of a suprapubic catheter (a tube placed through the abdomen into the bladder to drain urine into a bag), for 1 of 3 residents sampled with indwelling urinary catheters (Resident #1). The facility also failed to utilize its resources effectively to implement and sustain plans of correction which resulted in observations of expired medications in medication carts during 4 federal surveys of record for a repeat deficiency in the area of medication storage.</p> <p>Findings included:</p> <p>Cross refer to F 315: Based on observations, record reviews, resident, physician and staff interviews the facility failed to assess the progression of erosion of skin around an indwelling urinary catheter, which resulted in the resident experiencing pain and discomfort for over a month and was subsequently scheduled for a surgical procedure for insertion of a suprapubic catheter (a tube placed through the abdomen into the bladder to drain urine into a bag), for 1 of 3 residents sampled with indwelling urinary catheters (Resident #1).</p> <p>Cross refer to F 431: Based on observations, record review and staff interviews the facility failed to discard 2 medications in unlabeled cups prepared for administration, remove an expired Novolog FlexPen and discard an opened,</p>	{F 490}	<p>held a meeting. The Medical Director, Administrator, Director of Nursing (DON), Assistant Director of Nursing (ADON), Minimum Data Set (MDS) Nurse, Maintenance Supervisor, Dietary Manager and Housekeeping Supervisor will attend QI Meetings on an ongoing basis and will assign additional team members as appropriate.</p> <p>On 2/24/17, the administrator made a schedule and directed the administrative nurse team that they will be responsible for daily monitoring and completion of the Expired Medications Audit Tool. When the director of nursing is not in the facility the assistant director of nursing will be responsible for the daily monitoring of the completion of the Expired Medications Audit Tool by the administrative nurse team. On Saturday and Sunday the weekend RN supervisor will be responsible for the daily monitoring and completion of the audit tool with assistance from the administrator, if needed. The completed Expired Medication Audit Tools will be kept labeled binders in the administrator's office for final review of 1. What medication carts were audited, 2. If there were any expired medications on the cart, 3. If all vials of medication were labeled, dated, and stored correctly, 4. What medication rooms were audited, 5. If there were any expired medication in the medication room, 6. If all vials of medication were dated, labeled, and stored correctly, and 7. What corrections were made to correct any unlabeled, undated, or expired</p>		

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{F 490}	<p>Continued From page 7</p> <p>undated multi-dose vial of normal saline in 2 of 7 medication carts (100 hall medication cart and a cart which was used for 300, 500 and 700 halls).</p> <p>The facility was recited for F 431 for failure to discard 2 medications in unlabeled cups prepared for administration, remove an expired Novolog insulin FlexPen and discard an opened, undated multi-dose vial of normal saline in 2 of 7 medication carts.</p> <p>F 431 was originally cited on the annual recertification survey on 02/04/16 for failure to discard an expired vial of Humalog (insulin) and failed to ensure 2 bottles of Heparin (blood thinner) were dated when opened. F 431 was cited again during the annual recertification survey conducted on 11/03/16 for failure to remove expired pain medication and was recited on a Revisit/Follow up survey on 12/29/16 for failure to remove expired medications from use. F 431 was subsequently recited again on the current Revisit/Follow up survey of 02/09/17 for failure to discard 2 medications in unlabeled cups prepared for administration, remove an expired Novolog insulin FlexPen and discard an opened, undated multi-dose vial of normal saline.</p>	{F 490}	<p>medications.</p> <p>On 2/27/2017 the Corporate Clinical Director in-serviced the facility Administrator, ADON, MDS Nurse, QI Nurse, Maintenance Supervisor, Dietary Manager and Housekeeping Supervisor related to appropriate functioning of the QI Committee and the purpose of the committee to include identified issues related to quality assessment and assurance activities as needed and developing and implementing appropriate plans of action for identified concerns, to include F431 Pharmacy, F490 Effective Administration, F520 Quality Assessment and Assurance Committee and F315 No Catheter, Prevent UTI, Restore Bladder. The corporate clinical director worked with the QI committee (including the administrator, assistant director of nursing, AP, AR, admissions, maintenance, dietary, MDS nurses, social work) to perform an in-service and root cause analysis of why there are medications on the medication carts unlabeled, undated, and/or expired. The root cause analysis process included asking questions, brainstorming, review of direct observations of nurses working on the medication carts, direct observations of nurses performing audits, review of audit results, fishbone diagram, and use of asking 5 Whys:</p> <ol style="list-style-type: none"> 1. Why does the QI Action team keep finding expired medications? Because expired medications are on the medication carts? 2. Why are there expired medications on 		

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{F 490}	Continued From page 8	{F 490}	<p>the medication carts? Because the medications were not dated?</p> <p>3. Why were the medications not dated? (Resist the temptation to blame the nurses/a nurse and really think about why- perhaps include including hall nurses in this QI Committee meeting) Because no-one dated the medication.</p> <p>4. Why did no one date the medication on the cart? Because the nurse did not know the medication was on the cart? (OR, because the medication on the cart should have been dated prior to getting on the cart. OR, because the medication was not seen prior to getting on the cart, OR &)</p> <p>5. Why did the nurse not know the medication was on the cart? Because the order for the medication was discontinued and the medication should not be on the cart.</p> <p>6. Why was the medication on the cart, after the medication was discontinued? The Pink Slip Review process was not followed may be part of the root cause in this scenario.</p> <p>Starting 2/27/17, the administrator continued meeting with QI Committee Members further discussing the root cause analysis and identifying other "5 Whys" paths related to process development in the areas of F431 Pharmacy, F490 Effective Administration, F520 Quality Assessment and Assurance Committee and F315 No Catheter, Prevent UTI, Restore Bladder.</p> <p>The Committee will continue to meet a</p>	

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{F 490}	Continued From page 9	{F 490}	minimum of monthly. The QI Committee including the Medical Director, will review monthly complied QI Report for information, review trends, and review corrective actions taken and date's completion. The QI Committee will validate the facility's progress or identified concerns. The Administrator will be responsible for ensuring the Committee's concerns are addressed through further training and other interventions. The Administrator or her designee will report back to the Executive QI Committee at the next scheduled meeting. The Corporate Clinical Director will participate in the monthly QI Committee meetings and quarterly Executive QI Committee meetings for a period of six months to ensure QI practices in-serviced are followed.		
{F 520} SS=H	483.75(o)(1) QAA COMMITTEE-MEMBERS/MEET QUARTERLY/PLANS A facility must maintain a quality assessment and assurance committee consisting of the director of nursing services; a physician designated by the facility; and at least 3 other members of the facility's staff. The quality assessment and assurance committee meets at least quarterly to identify issues with respect to which quality assessment and assurance activities are necessary; and develops and implements appropriate plans of action to correct identified quality deficiencies.	{F 520}		2/27/17	

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{F 520}	<p>Continued From page 10</p> <p>A State or the Secretary may not require disclosure of the records of such committee except insofar as such disclosure is related to the compliance of such committee with the requirements of this section.</p> <p>Good faith attempts by the committee to identify and correct quality deficiencies will not be used as a basis for sanctions.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observations, record reviews and staff interviews the facilities Quality Assessment and Assurance Committee failed to maintain implemented procedures and monitor these interventions that the committee put into place in December of 2016. This was for 2 recited deficiencies which were originally cited in February of 2016 on a Recertification survey and was recited again in November of 2016 on a Recertification survey. The facility was subsequently cited on the Revisit/Follow up survey on 12/29/16 and again on the current Revisit/Follow up survey. The deficiencies were in the areas of effective Administration and drug storage. The continued failure of the facility during 4 federal surveys of record show a pattern of the facilities inability to sustain an effective Quality Assurance Program.</p> <p>Findings included:</p> <p>This tag is cross referred to:</p> <p>1. a. F 490 Administration: Based on observations, record review and staff interviews the facility's administration failed to provide</p>	{F 520}	<p>On 2/15/2017 the facility QI Committee held a meeting. The Medical Director, Administrator, Director of Nursing, Quality Improvement Nurse (QI), Minimum Data Set (MDS) Nurse, Treatment Nurse, Staff Facilitator, Maintenance Supervisor and Housekeeping Supervisor will attend QI Committee Meetings on an ongoing basis and will assign additional team members as appropriate.</p> <p>On 2/24/17, the administrator made a schedule and directed the administrative nurse team that they will be responsible for daily monitoring and completion of the Expired Medications Audit Tool. When the director of nursing is not in the facility the assistant director of nursing will be responsible for the daily monitoring of the completion of the Expired Medications Audit Tool by the administrative nurse team. On Saturday and Sunday the weekend RN supervisor will be responsible for the daily monitoring and completion of the audit tool with assistance from the administrator, if</p>		

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{F 520}	<p>Continued From page 11</p> <p>oversight of care for a resident when facility staff failed to do ongoing assessments of the progression of erosion of skin around an indwelling urinary catheter, which resulted in the resident experiencing pain and discomfort for over a month and was subsequently scheduled for a surgical procedure for insertion of a suprapubic catheter (a tube placed through the abdomen into the bladder to drain urine into a bag), for 1 of 3 residents sampled with indwelling urinary catheters (Resident #1). The facility administration also failed to utilize its resources effectively to implement and sustain plans of correction which resulted in observations of expired medications in medication carts during 4 federal surveys of record for a repeat deficiency in the area of medication storage.</p> <p>During the recertification survey of February 2016 the facility was cited for failure to discard an expired vial of Humalog (insulin) and failed to ensure 2 bottles of Heparin (blood thinner) was dated when opened. On the annual recertification survey November 2016 the facility was again cited for failure to remove expired medications from use on medication carts and in medication storage rooms. On the Revisit/Follow survey of December 2016 the facility was cited again for failure to remove expired pain medication from medications carts and on the current Revisit/Follow up survey the facility was cited again for failure to discard 2 medications in unlabeled cups prepared for administration, remove an expired Novolog FlexPen and discard an opened, undated multi-dose vial of normal saline in medication carts.</p> <p>b. F 431 Drug storage: Based on observations, record review and staff interviews the facility</p>	{F 520}	<p>needed. The completed Expired Medication Audit Tools will be kept labeled binders in the administrator's office for final review of 1. What medication carts were audited, 2. If there were any expired medications on the cart, 3. If all vials of medication were labeled, dated, and stored correctly, 4. What medication rooms were audited, 5. If there were any expired medication in the medication room, 6. If all vials of medication were dated, labeled, and stored correctly, and 7. What corrections were made to correct any unlabeled, undated, or expired medications.</p> <p>On 2/27/17, the corporate clinical director worked with the QI committee (including the administrator, assistant director of nursing, AP, AR, admissions, maintenance, dietary, MDS nurses, social work) to perform an in-service and root cause analysis of why there are medications on the medication carts unlabeled, undated, and/or expired. The root cause analysis process included asking questions, brainstorming, review of direct observations of nurses working on the medication carts, direct observations of nurses performing audits, review of audit results, fishbone diagram, and use of asking 5 Whys:</p> <p>1. Why does the QI Action team keep finding expired medications? Because expired medications are on the medication carts?</p> <p>2. Why are there expired medications on the medication carts? Because the medications were not dated?</p>		

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{F 520}	<p>Continued From page 12</p> <p>failed to discard 2 medications in unlabeled cups prepared for administration, remove an expired Novolog FlexPen and discard an opened, undated multi-dose vial of normal saline in 2 of 7 medication carts (100 hall medication cart and a cart which was used for 300, 500 and 700 halls).</p> <p>The facility was recited for F 431 for failure to discard 2 medications in unlabeled cups prepared for administration, remove an expired Novolog insulin FlexPen and discard an opened, undated multi-dose vial of normal saline in 2 of 7 medication carts.</p> <p>F 431 was originally cited on the annual recertification survey on 02/04/16 for failure to discard an expired vial of Humalog (insulin) and failed to ensure 2 bottles of Heparin (blood thinner) was dated when opened. F 431 was cited again during the annual recertification survey conducted on 11/03/16 for failure to remove expired pain medication and F 431 was recited on a Revisit/Follow up survey on 12/29/16 for failure to remove expired medications from use. F 431 was subsequently recited again on the current Revisit/Follow up survey of 02/09/17 for failure to discard 2 medications in unlabeled cups prepared for administration, remove an expired Novolog insulin FlexPen and discard an opened, undated multi-dose vial of normal saline.</p> <p>During an interview on 01/25/17 at 4:51 PM with the Administrator she explained she was unaware of the split skin on Resident #1's penis until the Director of Nursing (DON) and treatment nurse went to Resident's #1's room on 01/19/17 and assessed his skin and then they came and reported to her what his skin looked like and that was first she had heard of it. She further stated it</p>	{F 520}	<p>3. Why were the medications not dated? (Resist the temptation to blame the nurses/a nurse and really think about why- perhaps include including hall nurses in this QI Committee meeting) Because no-one dated the medication.</p> <p>4. Why did no one date the medication on the cart? Because the nurse did not know the medication was on the cart? (OR, because the medication on the cart should have been dated prior to getting on the cart. OR, because the medication was not seen prior to getting on the cart, OR &)</p> <p>5. Why did the nurse not know the medication was on the cart? Because the order for the medication was discontinued and the medication should not be on the cart.</p> <p>6. Why was the medication on the cart, after the medication was discontinued? The Pink Slip Review process was not followed.</p> <p>Starting 2/27/17, the administrator continued meeting with QI Committee Members further discussing the root cause analysis and identifying other "5 Whys" paths related to process development in the areas of F431 Pharmacy, F490 Effective Administration, F520 Quality Assessment and Assurance Committee and F315 No Catheter, Prevent UTI, Restore Bladder.</p> <p>As of 2/27/2017, after the Corporate Clinical Director in-service, the facility QI Committee will begin identifying other areas of quality concern through the QI</p>	

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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	
{F 520}	Continued From page 13 was her expectation for nurses to do a skin referral to the treatment nurse when a resident had a change in their skin condition and she expected for the treatment nurse to assess the resident's skin. She explained the Quality Assurance and Assessment Committee met on a monthly basis and the Pharmacist attended the meetings on a quarterly basis. She stated the committee had developed the plans of correction for drug storage and they had last met in January 2017. She explained they had in-serviced nursing staff again after the last Revisit/Follow up survey to check medication carts and discard all expired medications and nurses who were assigned to a medication cart were expected to check the carts for expired medications. She further explained Administrative nurses which included the DON, Assistant Director of Nursing and Nursing Supervisors were expected to monitor medication carts and medications storage rooms for expired medications. She stated she had also checked for expired medications and the Pharmacist had audited for expired medications. She further stated she did not know why the plans had failed because everything had looked good to her and she thought with multiple layers of observations there would be no expired medications in medication carts. She explained they would have to develop another plan to ensure expired medications were not left on medication carts or in medication storage rooms and in-servicing of nursing staff would have to be done again.	{F 520}	process using root cause analysis, for example: review rounds tools, review work orders, review Point Click Care (Electronic Medical Record), resident council minutes, resident concern logs, pharmacy reports and regional facility consultant recommendations. The Facility QI Committee will meet a minimum of Quarterly to identify issues related to quality assessment and assurance activities as needed and will develop and implement appropriate plans of action for identified facility concerns. Corrective action has been taken for identified concerns related to F241 Dignity and Respect of Individuality, F431 Drug Records, Label/Store Drugs, F490 Administration, F520 Quality Assessment and Assurance Committee and F315 No Catheter, Prevent UTI, Restore Bladder. The Committee will continue to meet at a minimum of monthly. The Executive QI Committee including the Medical Director will review the monthly compiled QI report information, review trends, and review corrective actions taken and the dates of completion. The Executive QI Committee will validate the facility's progress in correction of deficient practices or identify concerns. The Administrator will be responsible for ensuring Committee concerns are addressed through further training or other interventions. The Administrator or her designee will report back to the Executive QI Committee at the next scheduled meeting. The		

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

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{F 520}	Continued From page 14	{F 520}	Corporate Clinical Director will participate in the monthly QI Committee meetings and quarterly Executive QI Committee meetings for a period of six months to ensure QI practices in-serviced are followed.	