

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345163	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 11/29/2017
NAME OF PROVIDER OR SUPPLIER GLENBRIDGE HEALTH AND REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 211 MILTON BROWN HEIRS ROAD BOONE, NC 28607		
(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 690 SS=D	<p>Bowel/Bladder Incontinence, Catheter, UTI CFR(s): 483.25(e)(1)-(3)</p> <p>§483.25(e) Incontinence. §483.25(e)(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.</p> <p>§483.25(e)(2) For a resident with urinary incontinence, based on the resident's comprehensive assessment, the facility must ensure that-</p> <p>(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;</p> <p>(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</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>§483.25(e)(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. This REQUIREMENT is not met as evidenced by: Based on observations, record reviews, staff,</p>	F 690	Glenbridge Nursing and Rehabilitation	12/22/17	

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

TITLE

(X6) DATE

Electronically Signed

12/20/2017

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 690	<p>Continued From page 1</p> <p>family, and medical doctor interviews the facility failed to maintain a urinary catheter collection bag below the level of the bladder for 1 of 1 residents sampled with a urinary catheter (Resident #5).</p> <p>The findings included:</p> <p>Resident #5 admitted to the facility on 10/13/17 with diagnoses that included: urinary outlet obstruction.</p> <p>Review of a care plan initiated on 10/16/17 stated Resident #15 had a urinary catheter related to outlet obstruction. The goal of the care plan stated Resident #15 would remain free from catheter-related trauma through the next review. The interventions of the care plan included: position catheter bag and tubing below the level of the bladder and away from the door.</p> <p>Review of the most recent comprehensive minimum data set (MDS) dated 10/20/17 indicated Resident #5 was moderately cognitively impaired for daily decision making, required extensive to total assistance with activities of daily living, and had an indwelling catheter.</p> <p>An observation of Nursing Assistant (NA) #2 was made on 11/27/17 at 11:50 AM. NA #2 and NA #10 entered Resident #15's room to turn and reposition him. Resident #15's bed was in low position and the urinary collection bag was hanging on the right side of the bed frame. NA #2 was observed to go to the right side of the bed and take the urinary collection bag and hook it on her scrub pant pocket and stand up. When NA #2 stood up with the urinary collection bag attached to her pocket the urine in the tubing was noted to drain back towards the bladder. Upon inspection</p>	F 690	<p>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>Glenbridge 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, Glenbridge Nursing and Rehabilitation 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>F690</p> <p>What measures did the facility put in place for that residents:</p> <p>On 11/27/17 C-N-A was repositioning resident #5, with the bed in low position. C-N-A placed the collection bag hanging from her pocket, instead of hooking to other side of bed to prevent backflow of urine into tubing. Don assessed resident with no negative findings.</p> <p>What measures were put in place for</p>		

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F 690	<p>Continued From page 2</p> <p>of the urinary catheter it was found to not contain a valve to prevent the backflow of urine to the bladder. NA #2 and NA #10 proceeded to turn and reposition Resident #15 in bed and then placed the urinary collection bag back on the bed frame below the level of the bladder and exited the room. The urinary collection bag was noted to have clear dark yellow urine in the bag.</p> <p>An interview was conducted with NA #2 on 11/27/17 at 2:32 PM. NA #2 stated that she was responsible for Resident #15. She added that she had taken Resident #15 to the shower earlier in the shift and performed his routine catheter care and that she would empty the bag at the end of her shift or sooner if the bag was full. NA #2 stated that when she turned him he had 400 milliliters (ml) of urine in his bag and stated that she routinely hooked the catheter bag to her pocket to keep it off the floor and to keep it from pulling. NA #2 stated that she had a fear of accidentally pulling the catheter out and so it was just safer to hook it to her scrub pants. NA #2 stated that generally the catheter bag was attached to the bed frame because that was the most convenient place to hang it.</p> <p>An interview was conducted with Resident #15's family member on 11/28/17 at 10:15 AM. The family member stated that she routinely was at the facility from 7:30 AM to bedtime each day. The family member stated that all of the staff would routinely hook the catheter collection bag to their pockets when they were turning him, so it did not alarm her yesterday when NA #2 did it because "I see that all the time."</p> <p>An interview was conducted with both the Administrator and the Director of Nursing (DON)</p>	F 690	<p>residents having the potential to be affected:</p> <p>100% audit of all residents with a catheter was completed by DON, SDC and MDS nurse, to assess the way we are currently repositioning residents with a catheter's. audit was completed on 11/27/17. On 11/27/17 staff were in-serviced on proper technique of turning and repositioning residents with catheters. All new hires will be educated to the proper technique of turning and repositioning residents with catheters.</p> <p>What systems were put in place to prevent the deficient practice from reoccurring:</p> <p>The Facility Staff Development Coordinator completed 100% in-servicing to all nursing staff on proper techniques of how to turn and reposition residents with Catheters this was started on 12/05/17 in-service was completed on 12/22/17.</p> <p>How the facility will monitor systems put in place:</p> <p>On 12/5/17 DON, SDC, and Clinical Risk Manager will audit all residents with catheters using the catheter audit tool. This audit will be completed weekly x 5 weeks and then monthly x 3 months. The DON will present findings to the QI committee. The QI committee will review results for 3 months to identify trends. The Don will be implementing the acceptable</p>		

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

PRINTED: 12/29/2017
FORM APPROVED
OMB NO. 0938-0391

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F 690	Continued From page 3 on 11/29/17 at 11:47 AM. The DON stated that hooking the catheter bag to a pocket was a common practice in the facility and other facility's she had been in and was ok with the staff doing that during care. The Administrator stated that the urinary collection bag should always been maintained at or below the level of the bladder. An interview was conducted with the Medial Director (MD) on 11/29/17 at 2:39 PM. The MD stated that generally urinary collection bags should be kept below the bladder.	F 690	plan of corrections		