STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345247	A. BUILDING _____ B. WING _____	C 08/09/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VALLEY NURSING CENTER	581 NC HIGHWAY 16 SOUTH TAYLORSVILLE, NC 28681

(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
E 000	Initial Comments A recertification survey was conducted from 8/5/19 through 8/9/19. The facility was in compliance with the requirement CFR 483.73, Emergency Preparedness. Event ID I3M411.	E 000		
F 000	INITIAL COMMENTS A recertification survey and complaint investigation survey was conducted from 8/5/19 through 8/9/19. One of 13 allegations was substantiated.	F 000		
F 690 SS=D	Bowel/Bladder Incontinence, Catheter, UTI CFR(s): 483.25(e)(1)-(3) §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. §483.25(e)(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 (iii) A resident who is incontinent of bladder receives appropriate treatment and services to	F 690		8/30/19

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

Electronically Signed | 08/27/2019

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345247	A. BUILDING _____ B. WING _____	C 08/09/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VALLEY NURSING CENTER	581 NC HIGHWAY 16 SOUTH TAYLORSVILLE, NC 28681

(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	Continued From page 1 prevent urinary tract infections and to restore continence to the extent possible. §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 record review, observations, and staff interviews the facility failed to properly secure urinary catheter tubing to the thigh to prevent pulling for 2 of 3 residents reviewed for catheter care (Resident #95 and Resident #54). Findings included: 1. Resident #95 was admitted to the facility 08/27/18 with diagnoses which included neuromuscular dysfunction of the bladder, benign prostatic hyperplasia with lower urinary tract symptoms (enlargement of the prostate causing difficult urination), and a history of urinary tract infections. A review of the annual Minimum Data Set (MDS) dated 07/12/19 assessed the cognition of Resident #95 as being severely impaired. Resident #95 required extensive assistance with toilet use, personal hygiene, and total assistance with transfers. The MDS assessment of the bowel and bladder identified the use of an indwelling urinary catheter and the diagnosis assessment revealed a urinary tract infection had occurred in the last 30 days.	F 690	Valley Nursing 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 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. Valley Nursing Center's response to the Statement of Deficiencies and Plan of Correction does not denote agreement with the Statement of Deficiencies nor does it constitute an admission that any deficiency is accurate. Further, Valley Nursing Center reserves the right to refute any of the stated deficiencies on this Statement of Deficiencies through informal dispute resolution, formal appeal procedure and/or administrative or legal proceedings. Corrective Actions for affected residents: Catheter securement device was obtained and applied to resident #95 at	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345247	A. BUILDING _____ B. WING _____	C 08/09/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VALLEY NURSING CENTER	581 NC HIGHWAY 16 SOUTH TAYLORSVILLE, NC 28681

(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	Continued From page 2 Review of the care plan revised 07/15/19 recognized Resident #95 as a potential for urinary tract infections related to the presence of an indwelling catheter. The goal was to not display signs of a urinary tract infection for the next 90 days. Interventions put in place included secure catheter tubing to the resident's thigh. A review of the current physician orders dated August 2019 read in part provide catheter care every shift. During an observation on 08/07/19 at 3:55 PM Nurse Aide (NA) #1 provided catheter care for Resident #95. At the beginning of care the tubing was not secured with a leg strap. When NA #1 finished catheter care for Resident #95 he did not apply a leg strap to secure catheter tubing to the thigh of Resident #95. During an interview on 08/07/19 at 3:55 PM NA #1 confirmed he was finished with catheter care for Resident #95 and he did not place a leg strap to secure the tubing to the thigh. NA #1 also confirmed a leg strap was not in place prior to catheter care for Resident #95. NA #1 explained he forgot to secure the tubing using a leg strap and stated it should be in place to prevent pulling and discomfort. NA #1 indicated he would secure the catheter tubing using a leg strap. During an interview on 08/08/19 at 3:57 PM the Nurse Supervisor revealed a leg strap was part of catheter care and it was her expectation NA staff secure tubing using a leg strap. The Nurse Supervisor revealed NA staff were trained on catheter care in March 2019 which included how to properly place a leg strap, the reason for use of, and a leg strap should be worn at all times.	F 690	approximately 4:00 PM on 08/07/19, by CNA #1. Catheter securement device was obtained and applied to resident #54 at approximately 4:50 PM on 08/07/19, by CNA #2. There were no negative outcomes to either resident. Other residents having the potential to be affected: Any resident with a urinary catheter has the potential to be affected, therefore the Nursing Supervisors assessed all residents with urinary catheters for proper securement on the evening of 08/07/19. There were no residents observed to be without proper catheter securement in place. Measures initiated to prevent recurrence of alleged deficient practice: The Director of Nursing prepared and initiated in-service education, for all Nurses and Certified Nursing Assistants, on the facility policy for Catheter Securement. This education includes ensuring the correct use and application of an appropriate catheter securement device, for residents with indwelling urinary catheters, to reduce friction and movement at the insertion site and the location of the supply of these devices on each unit within the facility. The in-service training began 08/13/19 and was provided multiple times each	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345247	A. BUILDING _____ B. WING _____	C 08/09/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VALLEY NURSING CENTER	581 NC HIGHWAY 16 SOUTH TAYLORSVILLE, NC 28681

(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	Continued From page 3 During a follow up interview on 08/09/19 at 11:15 AM the Administrator stated staff were in-serviced in March 2019 on the following: indwelling catheter care using soap and water provided every 8 hours, catheters need a leg strap and privacy bag and in April 2019 staff attended a skills fair which included a return demonstration of catheter care to the Staff Development Coordinator which included how to secure the leg strap. The Administrator revealed it was her expectation catheter care included the proper placement of a leg strap to secure tubing to the leg to keep it from pulling. 2. Resident #54 was admitted to the facility 03/25/19 with diagnoses which included neurogenic bladder (lack of bladder control due to spinal cord or nerve damage). A review of a physician order dated 03/26/19 read in part provide catheter care every shift. Review of the admission Minimum Data Set (MDS) dated 04/01/19 assessed the cognition of Resident #54 as being intact. Resident #54 required extensive assistance with personal hygiene, and total assistance with toileting. The MDS bowel and bladder assessment included the use of an indwelling catheter. Review of the care plan revised 07/15/19 recognized Resident #54 as a potential for injury related to the presence of an indwelling catheter. The goal stated Resident #54 would receive no injury secondary to catheter manipulation in the next 90 days. Interventions put in place included secure catheter to the thigh to prevent pulling on the tubing.	F 690	shift through 08/23/19 for all licensed nurses and certified nursing assistants. All Nurses and CNAs are required to complete this education on Catheter Securement prior to providing catheter care to any resident with an indwelling urinary catheter. This Catheter Securement training was also added to the orientation training for all nursing employees beginning 08/20/19. Facility monitoring to ensure sustained compliance: The Director of Nursing initiated audits on 08/19/19 to ensure the use of catheter securement devices for all residents with urinary catheters. The Nursing Managers will conduct audits of all residents with urinary catheters to ensure use of securement devices beginning 08/19/19. These audits will continue weekly for 6 weeks, then decrease to twice monthly for two additional months to ensure sustained compliance with the use of catheter securement devices for residents with indwelling urinary catheters. The results of each audit will be reported to the Director of Nursing for review and trending. The Director of Nursing will present the results of the catheter securement audits to the QAPI committee monthly for a minimum of 3 months.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345247	A. BUILDING _____ B. WING _____	C 08/09/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VALLEY NURSING CENTER	581 NC HIGHWAY 16 SOUTH TAYLORSVILLE, NC 28681

(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	Continued From page 4 During an observation on 08/07/19 at 4:33 PM NA #2 and NA #3 provided catheter care to Resident #54 which revealed there was no strap in place to secure tubing to the leg prior to care. NA #2 completed catheter care without securing the tubing to the leg. During an interview on 08/07/19 at 4:43 PM NA #2 stated she was finished with catheter care for Resident #54 and did not apply the leg strap to secure the tubing. NA #2 confirmed there was no leg strap in place prior to catheter care. An interview on 08/07/19 at 4:45 PM with NA #3 confirmed there was no leg strap in place for Resident #54 before, during or after catheter care. She stated no one had instructed her to secure tubing to the leg using a strap and to her knowledge Resident #54 did not wear a leg strap. During an interview on 08/08/19 at 3:57 PM the Nurse Supervisor revealed a leg strap was part of catheter care and it was her expectation NA staff secure tubing using a leg strap. The Nurse Supervisor revealed NA staff were trained on catheter care in March 2019 which included how to properly place a leg strap, the reason for use of, and a leg strap should be worn at all times. During a follow up interview on 08/09/19 at 11:15 AM the Administrator stated staff were in-serviced in March 2019 on the following: indwelling catheter care using soap and water provided every 8 hours, catheters need a leg strap and privacy bag and in April 2019 staff attended a skills fair which included a return demonstration of catheter care to the Staff Development Coordinator which included how to secure the leg	F 690	The QAPI committee will review and monitor the results of this performance improvement action plan monthly for a minimum of 3 months and will extend or modify the plan if necessary in order to ensure sustained compliance with F690 proper catheter securement.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345247	A. BUILDING _____ B. WING _____	C 08/09/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VALLEY NURSING CENTER	**581 NC HIGHWAY 16 SOUTH TAYLORSVILLE, NC 28681**

(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	Continued From page 5 strap. The Administrator revealed it was her expectation catheter care included the proper placement of a leg strap to secure tubing to the leg to keep it from pulling.	F 690		