

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

PRINTED: 05/16/2022  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>345535</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>04/14/2022</b>
NAME OF PROVIDER OR SUPPLIER  <b>ADAMS FARM LIVING &amp; REHABILITATION</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>5100 MACKAY ROAD</b> <b>JAMESTOWN, NC 27282</b>	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
E 000	Initial Comments	E 000		
F 000	An unannounced recertification survey was conducted on 4/11/22 through 4/14/22. The facility was found in compliance with the requirement CFR 483.73, Emergency Preparedness. Event ID #395U11.	F 000		
F 690	INITIAL COMMENTS	F 690		
SS=D	An unannounced recertification and complaint investigation survey was conducted from 4/11/22 through 4/14/22 Event ID #395U11. The following intakes were investigated: NC00187753, NC00187605, NC00187127, NC00187051, NC00186238, and NC00183392. 18 of the 18 complaint allegations were not substantiated.			
	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			

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

TITLE

(X6) DATE

Electronically Signed

05/04/2022

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>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.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on record review, observations and staff interviews the facility failed to prevent a urinary catheter bag from encountering the floor to reduce the risk of infection or injury for 1 of 1 resident (Resident #42) reviewed for urinary catheter care.</p> <p>The findings included:</p> <p>A review of the facility administrative daily rounding tool, titled, "Resident and Room Audit sheets," revealed a section that read, if applicable is the catheter positioned properly? Is the Catheter bag off of the floor? Resident # 42 was admitted to the facility on 2/4/2022 with diagnoses that included Clostridium Difficile infection, frequent falls and end of life care.</p> <p>A review of admission Minimum Data Set, dated 2/10/2022, revealed Resident #42 had moderate cognitive impairment, required extensive</p>	F 690	<p>The DNS placed a clean basin under the identified resident's catheter bag to create a barrier between the catheter bag and the floor on 4/13/2022.</p> <p>The staff develop coordinator conducted an audit of all resident's with catheter's to ensure their catheter bags were not touching the floor on 4/13/2022.</p> <p>The SDC conducted education for facility nursing staff regarding the practice of preventing catheter bags from resting on the floor. beginning 4/13/2022 to be completed by 5/12/2022.</p> <p>The DNS or designee will perform observation audits of all residents with catheters three times weekly for four weeks beginning 4/28/2022 to assure substantial compliance has been achieved. A QI audit tool will be utilized.</p>		

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F 690	<p>Continued From page 2</p> <p>assistance of two staff members with toilet use and personal hygiene and had a urinary catheter.</p> <p>A review of the Resident specific care plan revealed a focused area for Urinary Catheter care with interventions to provide catheter care each shift and as needed that included to follow the facility procedure for catheter care.</p> <p>A review of the facility policy, titled: "Catheter care," stated staff are to ensure proper care and treatment of the catheter tubing.</p> <p>An observation of Resident # 42 was conducted on 4/11/2022 at 3:29 p.m. and the urinary catheter bag was observed lying on the floor, with no barrier between the bag and floor, and half of the bag touching the floor surface.</p> <p>An interview was conducted with a family member for Resident # 42, on 4/11/2022 at 3:29 p.m. and she revealed the urine catheter bag always had to rest on the floor because her mother had a recent fall and the bed must be kept in a low position. She indicated this was a regular occurrence as a result of the need for a low bed position.</p> <p>An observation was conducted on 4/13/2022 at 9:48 a.m. of Resident #42 lying in bed with the urine catheter bag lying on the facility floor, with no barrier between the bag and the floor, and the bed in the lowest position.</p> <p>An interview was conducted with the Director of Nursing (DON) on 4/13/2022 at 10:01 a.m. and she stated she observed the urine catheter bag for Resident # 42 lying in the floor and immediately picked the bag up off of the floor and</p>	F 690	The DNS or designee will submit observation audits to the monthly QAPI committee for review.		

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F 690	Continued From page 3 stated it should not be on the floor. She stated she would immediately find an alternative method to hang the urine catheter bag. She revealed it was her expectation that all urine catheter bags not be touching the floor and this had occurred because of the low bed intervention put into place on 4/11/2022 due to a fall.  An interview was conducted with the Treatment nurse, on 4/13/2022 at 10:04 a.m. and she revealed she had observed the urine collection bag for Resident # 42 hanging on the bed with the bed in the lowest position. She added that the urine catheter collection bag was touching the floor and a catheter bag should not touch the floor. She entered a conversation with the DON on how to resolve the situation to maintain proper care of the urine catheter bag for the Resident.	F 690		