

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

PRINTED: 01/28/2016
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 085042	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/13/2016
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NAME OF PROVIDER OR SUPPLIER BRACKENVILLE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 100 ST. CLAIRE DRIVE HOCKESSIN, DE 19707
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F 000	<p>INITIAL COMMENTS</p> <p>An unannounced annual survey was conducted at this facility from January 5, 2016 through January 13, 2016. The deficiencies contained in this report are based on observations, interviews, review of clinical records and other facility documentation as indicated. The facility census the first day of the survey was 94. The Stage 2 survey sample size was 27.</p> <p>Abbreviations/definitions used in this 2567 are as follows: NHA - Nursing Home Administrator; MD - Medical Director; DON - Director of Nursing; CNA - Certified Nurse's Aide; ESD - Environmental Service Director; GSD - Guest Services Director; LPN - Licensed Practical Nurse; RN - Registered Nurse; UM - Unit Manager;</p> <p>Acute - new or sudden; AKI - Acute Kidney Injury; B&B (B/B) - bowel and bladder; BIMS- brief interview of mental status; Chronic - of long duration; Cognition - process of thinking, remembering and understanding; Continent - full control of bowel and bladder function; C/S (Culture & Sensitivity) - laboratory test to identify which bacteria is causing the infection and which antibiotic will kill the bacteria; CT (computerized tomography) - imaging test that takes detailed pictures of the inside of the body; CVA (Cerebral Vascular Accident/stroke) - a condition involving reduced blood supply to the</p>	F 000		
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE Administrator	(X6) DATE 2/23/16
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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 000	Continued From page 1 brain from bleeding or from a clot; Cystoscopy - procedure where a scope is used to examine the bladder; Dementia - loss of mental functions such as memory and reasoning that is severe enough to interfere with a person's daily functioning; Fenestrated - opening; Frequently incontinent - seven (7) or more episodes of urinary incontinence, but at least one episode of continent voiding during the seven (7) day review time period; FU - follow up; Functional incontinence - usually aware of the need to urinate but for a physical or mental reason unable to get to a bathroom; Gastrointestinal - diseases of the GI tract, some of which are the esophagus, stomach, small and large intestines, liver, gallbladder and pancreas; Genitourinary - refers to the urinary and genital organs; H&P - History and Physical; Hematuria - blood in the urine; Hydronephrosis - swelling of a kidney due to a build-up of urine; occurs when urine cannot drain out from the kidney to the bladder; Incontinence (Incont./Inc.) - loss of control of bladder &/or bowel function; Indwelling catheter (foley) - tubular, flexible instrument inserted and retained in the bladder by a balloon used to empty urine from the bladder; MDS (Minimum Data Set) - standardized assessment form used in nursing homes; MG - milligram, unit of mass; MLs - milliliters, unit of volume; Neurogenic bladder - lack of bladder control due to a brain, spinal cord or nerve condition; NN- nurse's note; Overflow Incontinence - form of urinary incontinence characterized by involuntary release	F 000		

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F 000	Continued From page 2 of urine from an overfull urinary bladder; POA - Power of Attorney; PNA (pneumonia) - lung inflammation caused by bacterial or viral infection; PRN - as needed; Pt - patient; Post void - measurement of urine left in the bladder after urinating; Pyocystitis - an inflammation involving a pus-filled cyst within the urinary bladder; Renal - pertaining to the kidneys; Sepsis Syndrome - acute infection with elevated or below normal body temperature, rapid heart rate, rapid breathing and evidence of inadequate organ function; Stage III (3) pressure ulcer - skin develops an open, sunken hole called a crater. There is damage to the tissue below the skin; Stage IV (4) pressure ulcer - ulcer has become so deep that there is damage to the muscle and bone and sometimes to tendons and joints; Supra pubic catheter - a thin sterile tube inserted into the bladder through a cut in the lower belly to drain urine; U/A (urinalysis) - diagnostic test used to detect and assess a disease or illness OR diagnostic test used to determine presence of infection; Urinary incontinence - inability to prevent accidental leakage of urine from bladder; Urinary retention - an inability to completely empty the bladder; Urologist - physician that specializes in disorders of the urinary tract; UTI (urinary tract infection) - bacteria in the urine; Three-Day Continence Management Diary (voiding diary) - a record of moving one's bowels and voiding (urinating) for 72 hours or 3 days to determine patterns.	F 000			

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F 156 F 156 SS=F	Continued From page 3 483.10(b)(5) - (10), 483.10(b)(1) NOTICE OF RIGHTS, RULES, SERVICES, CHARGES The facility must inform the resident both orally and in writing in a language that the resident understands of his or her rights and all rules and regulations governing resident conduct and responsibilities during the stay in the facility. The facility must also provide the resident with the notice (if any) of the State developed under §1919(e)(6) of the Act. Such notification must be made prior to or upon admission and during the resident's stay. Receipt of such information, and any amendments to it, must be acknowledged in writing. The facility must inform each resident who is entitled to Medicaid benefits, in writing, at the time of admission to the nursing facility or, when the resident becomes eligible for Medicaid of the items and services that are included in nursing facility services under the State plan and for which the resident may not be charged; those other items and services that the facility offers and for which the resident may be charged, and the amount of charges for those services; and inform each resident when changes are made to the items and services specified in paragraphs (5)(i)(A) and (B) of this section. The facility must inform each resident before, or at the time of admission, and periodically during the resident's stay, of services available in the facility and of charges for those services, including any charges for services not covered under Medicare or by the facility's per diem rate. The facility must furnish a written description of	F 156 F 156	F 156 1. Sign for reporting abuse was posted on 1/6/16, the same day the surveyor identified that it was not posted 2. All residents have the potential to be affected by this deficient practice. Resident Rights and Abuse reporting will be reviewed in Resident Council on 2/29/16. 3. Root cause will be completed for the deficient practice. Audits will be completed by the NHA or designee to ensure the Abuse Reporting signage is posted. Audits will be conducted weekly X's 4 weeks until 100% compliant then monthly x's 3 months. 4. Audits will be submitted to the QA committee for review to identify trends and recommend further action as indicated.	3/16/16	

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F 156	<p>Continued From page 4</p> <p>legal rights which includes: A description of the manner of protecting personal funds, under paragraph (c) of this section;</p> <p>A description of the requirements and procedures for establishing eligibility for Medicaid, including the right to request an assessment under section 1924(c) which determines the extent of a couple's non-exempt resources at the time of institutionalization and attributes to the community spouse an equitable share of resources which cannot be considered available for payment toward the cost of the institutionalized spouse's medical care in his or her process of spending down to Medicaid eligibility levels.</p> <p>A posting of names, addresses, and telephone numbers of all pertinent State client advocacy groups such as the State survey and certification agency, the State licensure office, the State ombudsman program, the protection and advocacy network, and the Medicaid fraud control unit; and a statement that the resident may file a complaint with the State survey and certification agency concerning resident abuse, neglect, and misappropriation of resident property in the facility, and non-compliance with the advance directives requirements.</p> <p>The facility must inform each resident of the name, specialty, and way of contacting the physician responsible for his or her care.</p> <p>The facility must prominently display in the facility written information, and provide to residents and applicants for admission oral and written information about how to apply for and use Medicare and Medicaid benefits, and how to</p>	F 156		
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F 156	<p>Continued From page 5</p> <p>receive refunds for previous payments covered by such benefits.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observations and interviews, it was determined the facility failed to post names, addresses, and telephone numbers of all pertinent State client advocacy groups such as the State survey and certification agency; and failed to post a statement that the resident may file a complaint with the State survey and certification agency concerning resident abuse, neglect, and misappropriation of resident property in the facility, and non-compliance with the advance directives requirements. Findings include:</p> <p>During an interview on 1/6/16 at approximately 11:00 AM, R20 stated she was not aware of how to notify the State Agency with any complaints, nor was she aware of where the information was posted.</p> <p>Observation of the both the East and West units on 1/16/16 at 11:45 AM revealed the absence of postings of contact information for the State survey and certification agency and lacked posting of a statement regarding the filing of a complaint with the State survey and certification agency concerning resident abuse, neglect, and misappropriation of resident property in the facility, and non-compliance with the advance directives requirements.</p> <p>In an interview on 1/6/16 at approximately 12:00 PM, E5 (GSD) confirmed the lack of the postings.</p>	F 156			

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F 156	Continued From page 6 E5 provided temporary signs to be posted and stated the signs were taken down during facility renovations and had not been replaced.	F 156		
F 241 SS=D	Findings were reviewed with E1 (NHA) and E2 (DON) during the exit conference on 1/13/16 at approximately 5:00 PM. 483.15(a) DIGNITY AND RESPECT OF INDIVIDUALITY The facility must promote care for residents in a manner and in an environment that maintains or enhances each resident's dignity and respect in full recognition of his or her individuality. This REQUIREMENT is not met as evidenced by: Based on observation and interview, it was determined that for two (R37 and R137) out of 27 Stage 2 sampled residents, the facility failed to promote care for residents in a manner and in an environment that maintained or enhanced each resident's dignity and respect in full recognition of his or her individuality. For R37, the facility failed to knock and ask permission to enter his room. For R137, the facility failed to provide privacy during a treatment. Findings include: 1. On 1/5/16 at 3 PM during a resident interview with R37 in his room with his door closed, E4 (CNA) opened the door, walked into the room and proceeded to go into the closet without knocking and asking permission to enter R37's room. R37 and the surveyor did not hear E4 knock on his door and waited until E4 exited the room to resume the interview. E4 exited the room without addressing R37.	F 241	F241 1.R37 - Issue was resolved at time of survey. 2. All residents have the potential to be affected by this deficient practice. Resident rights to privacy will be reviewed at the Resident Council on 2/29/16. 3. NPE or designee will reinservice all staff on knocking and requesting permission to enter resident room Root cause analysis will be completed to identify the cause of the deficient practice. 4. Unit manager or designee will conduct weekly rounds x's 4 weeks to evaluate whether staff are knocking and requesting permission to enter a resident room. Audits will then be conducted monthly x's 3 months. Audits will be submitted to the QA committee for review to identify trends and recommend further action as indicated.	3/16/16

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F 241	Continued From page 7 In an interview on 1/5/16 at 3:30 PM, E4 stated that he knocked on R37's door but confirmed that he did not ask permission to enter R37's room. Findings were reviewed with E1 (NHA) on 1/13/16 at 3:29 PM. The facility failed to maintain an environment for R37 that enhanced his dignity. 2. A change of R137's supra-pubic catheter by E8 (RN) was observed on 1/7/16 at 11:30 AM. R137 was in a supine position. E8 (RN) did not ensure that R137 was ensured privacy by keeping the resident sufficiently covered such as a large towel on the upper and lower body and only exposed the supra pubic site with a fenestrated cover. Additionally, E8 did not assemble all of the necessary equipment to use before beginning the procedure, so E8 had to leave the room twice to get the additional necessary equipment while R137 was not sufficiently covered. In addition, the bedside curtain was not pulled completely around the bed and R137 was seen by the the roommate, uncovered, when he wheeled himself next to the foot of the bed and started to talk to him. The facility failed to ensure that R137 was provided visual privacy, without sufficient cover while the resident was receiving care. This finding was discussed with E8 on 1/7/16 at approximately 12:00 PM and with E2 (DON) on 1/8/16 at 8:30 AM.	F 241	<ol style="list-style-type: none"> R137 + issue was observed and resolved at the time of survey. All residents have the potential to be affected by this deficient practice. Resident rights to privacy will be reviewed at the Resident Council on 2/29/16. NPE or designee will reinservice all nursing staff on maintaining resident dignity and privacy during treatments or resident care. <p>Root cause analysis will be completed to identify the cause of the deficient practice.</p> <p>4. Unit manager or designee will conduct weekly rounds x's 4 weeks to evaluate whether staff are providing privacy during treatment.</p> <p>Audits will then be conducted monthly x's 3 months. Results of the audits will be forwarded to the QA committee for review to identify trends and recommend further action as indicated.</p>		
F 253 SS=E	483.15(h)(2) HOUSEKEEPING & MAINTENANCE SERVICES	F 253		3/16/16	

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F 253	<p>Continued From page 8</p> <p>The facility must provide housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation and interview, It was determined that the facility failed to provide housekeeping and maintenance services necessary to maintain a sanitary, orderly and comfortable interior for 8 (206, 210, 301, 302, 303, 305, 309, 609) out of 25 rooms reviewed. Findings include:</p> <p>Observations on 1/5/16 and 1/6/16 during the Stage 1 review, and during the environmental tour with E10 (ESD) on 1/7/16, between 10:30 AM and 11:45 AM, revealed the following:</p> <p>Room 206 - Window sill above air conditioning is cracked. - Chipped paint on the wall at head of bed by both resident beds.</p> <p>Room 210 - Wall next to bed had chipped paint and brown stains. - Bedside table top drawer in disrepair. - Brown stains on the privacy curtain.</p> <p>Room 301 - Hole in bathroom wall behind toilet. - AC vent was dirty. - Overbed table chipped around the edges. - Drywall to right side of bathroom door was chipped with peeling paint. - Drywall to left side of closet is chipped and peeling.</p>	F 253	<p>F253</p> <ol style="list-style-type: none"> 1. All environmental issues identified by the surveyor have been corrected on 2/16/16. All residents have the potential to be affected by this deficient practice. 2. All other resident rooms will be reviewed for Maintenance/environmental issues. Issues identified will be corrected by maintenance or housekeeping 3. Root cause analysis will be completed to identify the cause of the deficient practice. 4. Maintenance Director or designee will audit all resident rooms monthly x's 3 months to identify new environmental concerns <p>Results of the audits will be forwarded to the QA committee for review to identify trends and recommend further action as indicated.</p>	3/16/16	

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F 253	<p>Continued From page 9</p> <p>Room 302 - White dry substance was spilled on the drawer under TV. - Overbed table for A bed is dirty with a missing corner piece of molding. - Towel rack fell off in the bathroom. - Chipped laminate on bathroom counter in front of sink. - Bathroom sink was slow to drain. - Fitted bed sheet on the right side, by the privacy curtain, had large stain on it near the pillow. - Wheelchair was dirty.</p> <p>Room 303 - Peeling paint on bathroom door.</p> <p>Room 305 - Wall in bathroom on the left side in disrepair.</p> <p>Room 309 - Floor had reddish stains next to closet. - Left wall inside of bathroom had scrapes.</p> <p>Room 609 - Bedside table for A bed was scraped. - Wall by front door was scraped.</p> <p>Findings were confirmed with E10 during the environmental tour on 1/7/16 between 10:30 AM and 11:45 AM.</p> <p>Findings were reviewed with E1 (NHA) and E2 (DON) on 1/13/16 at approximately 4:45 PM.</p>	F 253		
F 272 SS=D	<p>483.20(b)(1) COMPREHENSIVE ASSESSMENTS</p> <p>The facility must conduct initially and periodically</p>	F 272		

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F 272	Continued From page 10 a comprehensive, accurate, standardized reproducible assessment of each resident's functional capacity. A facility must make a comprehensive assessment of a resident's needs, using the resident assessment instrument (RAI) specified by the State. The assessment must include at least the following: Identification and demographic information; Customary routine; Cognitive patterns; Communication; Vision; Mood and behavior patterns; Psychosocial well-being; Physical functioning and structural problems; Continence; Disease diagnosis and health conditions; Dental and nutritional status; Skin conditions; Activity pursuit; Medications; Special treatments and procedures; Discharge potential; Documentation of summary information regarding the additional assessment performed on the care areas triggered by the completion of the Minimum Data Set (MDS); and Documentation of participation in assessment. This REQUIREMENT is not met as evidenced by:	F 272	F272 1. R103 will have a bowel & bladder assessment completed and have the care plan updated, as necessary, based on the new bowel & bladder assessment. 2. All residents with urinary incontinence will have their record reviewed to ensure that a bowel & bladder assessment was completed. If the review identifies that a bowel and bladder assessment was not completed than the assessment will be completed	3/16/16	

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F 272	<p>Continued From page 11</p> <p>Based on clinical record reviews and interviews, it was determined that the facility failed to comprehensively and/or accurately assess one (R103) out of 27 Stage 2 sampled residents. 1. For R103, the facility failed to comprehensively assess urinary incontinence. Findings include:</p> <p>1. Cross refer to F315 R103 was admitted to the facility on 10/26/15 with diagnoses that included dementia and stroke.</p> <p>The admission Nursing Assessment, dated 10/26/15, stated R103 had urinary incontinence and that a toileting program was not currently being used to manage the resident's urinary continence. There was no evidence the Urinary Incontinence Assessment or the Three-Day Continence Management was completed at this time. The facility failed to comprehensively assess R103's urinary incontinence on admission.</p> <p>On 11/2/15 an expanded Nursing Assessment was completed and stated that R103 was frequently incontinent of urine, the incontinence was not of new onset, current toileting methods included use of the bathroom and/or bedpan, and that a trial of a toileting program had not been attempted on admission or since urinary incontinence was noted in this facility.</p> <p>An admission MDS assessment, dated 11/2/15, stated R103's daily decision making skills were moderately impaired (decisions poor; cues/supervision required) and that she required extensive assist of two (2) staff for transfer and toilet use. The 11/2/15 MDS also identified R103 as being frequently incontinent of urine and stated that there was no trial of a toileting program</p>	F 272	<p>3. Root cause analysis will be completed to identify the cause of the deficient practice. Continence assessment policy will be reviewed and revised if necessary.</p> <p>NPE or designee will reinservice the licensed nurses on the Continence Assessment process. Unit manager or designee will complete audits weekly x's 4 weeks to evaluate the accuracy and timeliness of the Continence assessments. If 100% compliance is achieved after 4 weeks than the audits will occur monthly x's 3 months</p> <p>4. Results of the audits will be forwarded to the QA committee for review to identify trends and recommend further action as indicated.</p>	3/16/16

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F 272	Continued From page 12 attempted since admission to the facility.	F 272			
F 280 SS=D	The facility failed to comprehensively assess R103's urinary incontinence on admission to the facility. Findings were confirmed by E2 (DON) during an interview on 1/13/16 at approximately 3:30 PM. 483.20(d)(3), 483.10(k)(2) RIGHT TO PARTICIPATE PLANNING CARE-REVISE CP The resident has the right, unless adjudged incompetent or otherwise found to be incapacitated under the laws of the State, to participate in planning care and treatment or changes in care and treatment. A comprehensive care plan must be developed within 7 days after the completion of the comprehensive assessment; prepared by an interdisciplinary team, that includes the attending physician, a registered nurse with responsibility for the resident, and other appropriate staff in disciplines as determined by the resident's needs, and, to the extent practicable, the participation of the resident, the resident's family or the resident's legal representative; and periodically reviewed and revised by a team of qualified persons after each assessment. This REQUIREMENT is not met as evidenced by: Cross refer to F412 Based on record review, observation and interview, it was determined that the facility failed	F 280	F280 1. Resident R55 had an oral assessment completed February 4, 2016. 2. All residents will have an oral assessment completed by 3/16/16. All residents will have their Care Plans updated related to the care of teeth or oral cavity condition to meet their needs.	3/16/16	

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F 280	<p>Continued From page 13</p> <p>to ensure that one (R55) out of 27 Stage 2 sampled residents, care plan was not periodically reviewed and revised by a team of qualified persons after each assessment, as related to the care of his teeth or oral cavity condition to meet his needs. Findings include:</p> <p>R55's 6/18/2015 Initial Admission Nursing Assessment stated that R66 had "Obvious or likely cavity or broken natural teeth.</p> <p>6/25/2015 Admission MDS assessment stated that his cognition was moderately impaired, decisions poor; cues and supervision required. He had diagnoses that included difficulty swallowing. He needed oversight supervision, encouragement or cueing in eating, extensive assistance of staff in personal hygiene that included brushing teeth.</p> <p>The facility initiated a care plan for R55 dated 06/17/2014 (prior to this current admission) entitled "...has a care deficit pertaining to his teeth or oral cavity characterized by; altered oral mucous membrane; problems with dentures/teeth/gums related to: poor oral hygiene, carious teeth. The target date for revision was 2/3/2015. The interventions included: Refer to dentist/hygienist for evaluation/recommendations re: mouth/teeth pain, teeth pulled, repair of carious teeth.</p> <p>On 01/06/2016 12:04 PM, R55 was observed to have some upper and lower teeth missing and the remaining teeth were grayish in color. Review of R55's care plan did not indicate that it was reviewed or revised on the target date of 02/03/15 or on his admission date of 6/18/15.</p>	F 280	<p>3. Root cause analysis will be completed to identify the cause of the deficient practice. Policy for completing an oral assessment will be reviewed and revised as necessary. NPE or designee will reinservice the licensed nurses on the policy for completing an oral assessment and completing/updating the care plan related to care of teeth or oral cavity condition to meet their needs. DON or designee will perform weekly audits X4 weeks to ensure oral assessments are being completed as per the policy and care plans are completed/updated as necessary. If audits are 100% compliant after 4 weeks then the audits will be completed monthly X 3 months.</p> <p>4. Results of the audits will be forwarded to the QA committee for review to identify trends and recommend further action as indicated.</p>	3/16/16	

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F 280	Continued From page 14 Interview with E2 (DON) on 1/13/16 at approximately 2:00 PM revealed that the facility forgot to move R55's care plan to current year 2016, from previous stay in the facility in 2014, to do revisions as related to current condition of R55's dental and care since 2014.	F 280		
F 315 SS=G	This finding was reviewed and discussed with E2 on 1/13/16 at approximately 2:00 PM. 483.25(d) NO CATHETER, PREVENT UTI, RESTORE BLADDER Based on the resident's comprehensive assessment, the facility must ensure that a resident who enters the facility without an indwelling catheter is not catheterized unless the resident's clinical condition demonstrates that catheterization was necessary; and a resident who is incontinent of bladder receives appropriate treatment and services to prevent urinary tract infections and to restore as much normal bladder function as possible. This REQUIREMENT is not met as evidenced by: Based on observations, interviews and review of clinical records, facility and other documentation, it was determined that for two (R28 and R103) out of 27 Stage 2 sampled residents, the facility failed to ensure that a resident who had an indwelling catheter, had a clinical condition which demonstrated that catheterization was necessary; and a resident who was incontinent of bladder received appropriate treatment and services to restore as much normal bladder function as possible. For R28, the facility failed to ensure that his clinical condition demonstrated that an	F 315	F315 1. R28 had his catheter removed, January 13, 2016 2. All other residents with an indwelling catheter will have their record reviewed to ensure each has a clinical condition demonstrating that an indwelling catheter is necessary 3. Root cause analysis will be completed to determine the cause of the deficient practice. Policy for use of an indwelling catheter will be reviewed and revised if necessary. NPE or designee will reinservice all licensed nurses on the proper clinical conditions demonstrated that an indwelling catheter is necessary.	3/16/16

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F 315	<p>Continued From page 15</p> <p>indwelling catheter was necessary. The presence of the catheter resulted in a CAUTI (catheter associated urinary tract infection) requiring treatment with antibiotics. For R103, the facility failed to comprehensively assess urinary continence in order to attempt to restore as much normal bladder function as possible. Findings include:</p> <p>The facility's policy entitled "Catheter: Urinary - Justification for Use", last revised on 1/2/14, stated, "Patients who have urinary catheters will be assessed to determine appropriateness for use based on the following criteria: Indwelling: - Urinary retention that cannot be treated or corrected medically or surgically, for which alternate therapy is not feasible, and which is characterized by (must have all three): documented post void residual volumes in a range over 200 mls, inability to manage the retention/incontinence with intermittent catheterization, and persistent overflow incontinence, symptomatic infections, and/or renal dysfunction; - Contamination of Stage III or IV wounds with urine which has impeded healing despite appropriate personal care for the incontinence; or - Terminal illness or severe impairment which makes positioning or clothing changes uncomfortable, or which is associated with intractable pain ... If patient's situation does not meet any of the criteria, notify physician ... to obtain order for catheter removal ...".</p> <p>1. R28 was admitted to the facility on 11/4/14 with diagnoses that included residual left-sided weakness from a stroke and chronic pain.</p>	F 315	<p>DON or designee will audit all residents with an indwelling catheter monthly x's 3 months to ensure the indwelling catheter is necessary with a supporting diagnosis. All new admits and re-admits with an indwelling catheter will have their record reviewed to ensure the indwelling catheter is necessary.</p> <p>4. Results of the audits will be forwarded to the QA committee for review to identify trends and recommend further action as indicated.</p>	3/16/16	

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F 315	<p>Continued From page 16</p> <p>According to the 11/4/14 nursing admission assessment, R28 was always continent, used the urinal and voided frequently.</p> <p>11/4/14 - The incontinence history assessment stated that R28 was aware of the urge to void and when he was wet; leaked urine with physical stress (e.g. cough, laugh, sneeze, lift); and had occasional functional incontinence.</p> <p>11/11/14 - The admission MDS assessment stated that R28 was independent for daily decision making and occasionally incontinent of urine.</p> <p>4/20/15 - A physician's order stated to send R28 to the emergency room for evaluation of gastrointestinal issues, including nausea, vomiting and diarrhea.</p> <p>4/20/15 - R28 was hospitalized from 4/20/15 to 5/6/15. According to hospital records, R28 underwent a CT scan which revealed mild right hydronephrosis without evidence of obstruction.</p> <p>4/24/15 at 8:55 PM - R28's hospital records revealed that urology was consulted to place a 3-way catheter for continuous bladder irrigation for treatment of pyocystitis. Urology indicated that R28 would need a cystoscopy for evaluation as an outpatient. R28 was diagnosed with mild hydronephrosis of the right kidney with an unclear cause and the catheter would help if the hydronephrosis was due to urinary retention. R28 was also treated for a UTI with IV antibiotics while in the hospital.</p> <p>5/4/15 at 2 PM - R28's hospital records revealed a urology follow-up progress note that stated R28</p>	F 315	<ol style="list-style-type: none"> 1. R103 will have a comprehensive assessment completed to assess incontinence, 3-day diary completed and have an individualized toileting plan developed by 2/16/15. 2. All other residents with urinary incontinence will have their record reviewed to ensure they have a completed assessment for urinary incontinence, completed 3-day diary as needed and a current individualized toileting plan in place. 3. Root cause analysis will be completed to determine the cause of the deficient practice <p>Policy for assessing urinary incontinence will be reviewed and revised as necessary.</p> <p>NPE or designee will reinservice all licensed nurses on the policy for completing a comprehensive assessment for urinary incontinence, completing a 3-day diary and developing an individualized toileting plan.</p>	3/16/16
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F 315	<p>Continued From page 17</p> <p>was having difficulty with voiding and urinary retention after removal of the 3-way catheter and a new catheter was placed. Since the new catheter was placed, R28 was having persistent hematuria and the plan was for R28 to have a cystoscopy. R28 was discharged from the hospital before a cystoscopy was performed.</p> <p>5/6/15 - R28 was readmitted to the facility with an indwelling catheter and diagnoses including pneumonia, UTI and sepsis syndrome.</p> <p>5/6/15 at 10:11 PM - A nurse's note stated that R28 denied urinary incontinence, had urinary retention and hematuria while in the hospital and was readmitted with an indwelling catheter with an order to leave the catheter in place until he was seen by the urologist.</p> <p>5/7/15 - A physician's order stated R28's catheter was to remain in place until seen by urologist and diagnosis for catheter was hydronephrosis/AKI with urinary retention/hematuria.</p> <p>5/7/15 - R28 was care planned for the indwelling catheter due to hydronephrosis/acute kidney injury with hematuria and urinary retention. The goal was that R28 would have no signs and symptoms of urinary tract infection for 90 days. R28's care plan approaches included: monitor for signs and symptoms of infection and fever and report to physician, monitor urine and report to physician promptly for sediment, blood, odor, cloudy, and assess continued need of catheter.</p> <p>5/7/15 - R28 was care planned for at risk for complications of infection related to UTI.</p> <p>5/11/15 at 3:07 PM - A progress note stated to</p>	F 315	<p>NPE or designee will reinservice all nursing assistants on completing a 3-day diary</p> <p>DON or designee will conduct weekly audits x's 4 weeks to ensure residents with urinary incontinence have a completed assessment for urinary incontinence, completed 3-day diary and a current individualized toileting plan in place. If audits are 100% compliant after 4 weeks than monthly audits will be completed x's 3 months</p> <p>4. Results of the audits will be forwarded to the QA committee for review to identify trends and recommend further action as indicated.</p>	3/16/16	

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F 315	<p>Continued From page 18</p> <p>continue the catheter as R28 has urology follow-up appointment.</p> <p>5/13/15 - A progress note stated that R28 was status post sepsis related to UTI and pneumonia, catheter in place and to follow up with urology.</p> <p>5/13/15 - The quarterly MDS assessment stated that R28 was moderate cognitively impaired, had an indwelling catheter, and diagnoses including hydronephrosis and acute kidney failure.</p> <p>5/29/15 - A progress note stated that R28's UTI was resolved, hydronephrosis and AKI was better and continue catheter for neurogenic bladder.</p> <p>6/3/15 at 10:21 AM - A progress note stated that R28 had a catheter for urinary retention.</p> <p>6/10/15 - A urology consultation report stated, "Findings: ... hospitalized recently for pneumonia. Patient likes to be on catheter because doesn't like to be on diaper. Most probably has neurogenic bladder and functional. Diagnosis: urinary incontinence. Recommendations: keep pt (patient) on catheter - change q (every) 3 weeks. Consider GU (genitourinary) workup if desires to have catheter removed although he still could be functional secondary to CVA".</p> <p>6/10/15 at 2:15 PM - A nurse's note stated that R28 was seen by the urologist, ordered to change catheter every month, follow-up as needed and E4 (MD) reviewed the urologist consultation orders.</p> <p>6/29/15 - A progress note stated that R28 was using PRN Tylenol frequently for chronic pain on his left side even though R28 was receiving</p>	F 315		
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F 315	<p>Continued From page 19</p> <p>Oxycodone three times a day for pain. Routine Tylenol was added to R28's daily pain control regimen.</p> <p>6/29/15 - A physician's order stated Tylenol 650 mg three times a day with Oxycodone</p> <p>7/11/15 at 2:47 PM - A nurse's note stated that R28's indwelling catheter was changed.</p> <p>7/15/15 - A physician's order stated to obtain a urine sample for a UA and C&S.</p> <p>7/16/15 at 6:05 AM - A nurse's note stated, "resident is still complaining of burning on urination, urine obtained ... medicated with Tylenol 650 mg for generalize (sic) pain ... urine color is yellow with some odor ... TEM (temperature) 98.5". It was unclear from the nursing assessment what "burning on urination" meant as urine was continuously drained from the bladder through the catheter.</p> <p>7/16/15 at 1:58 PM - A nurse's note stated that R28's UA result was received, MD was notified and ordered to wait for the C&S. R28 and his POA were notified too.</p> <p>7/17/15 - R28 was care planned for at risk for complications of infection related to UTI. The goal was the infection will be resolved within 10 days.</p> <p>7/17/15 at 11:06 AM - A nurse's note stated that while R28's C&S was still pending, his POA requested if the MD could start R28 on an antibiotic. Orders were received to start R28 on Macrobid, an antibiotic, for 3 days pending the C&S. R28 received his first Macrobid dose on this shift.</p>	F 315		
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F 315	<p>Continued From page 20</p> <p>7/17/15 - A physician's order stated to administer Macrobid twice a day for 3 days.</p> <p>7/20/15 - R28's urine C&S results were received by the facility which revealed that the current antibiotic ordered was not effective against the organisms identified in the urine culture.</p> <p>7/20/15 - A physician's order stated to administer Doxycycline, an antibiotic, twice a day for 7 days.</p> <p>7/20/15 at 10:36 PM - A nurse's note stated that R28 was diagnosed with UTI, treatment was ordered and started on this shift.</p> <p>7/20/15 at 11:22 PM - A nurse's note stated that R28 had a UTI, complained of slight pain in his penis, cloudy urine was observed during the 3-11 PM shift and the MD and POA were notified.</p> <p>7/21/15 at 2:04 PM - A nurse's note stated that R28 complained of all over pain including the tip of his penis.</p> <p>7/21/15 at 10:25 PM - A nurse's note stated that R28's catheter was "draining freely with cloudy colored urine" and his temperature was 97.9 degrees F.</p> <p>7/22/15 at 3:02 PM - A nurse's note stated that R28 continued on antibiotic for UTI, temperature was 97 degrees F and he had no complaints of pain when urinating.</p> <p>7/27/15 - A progress note stated that R28's history of present illness included neurogenic bladder with catheter and currently on the antibiotic Doxycycline for a UTI.</p>	F 315		
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F 315	Continued From page 21 8/10/15 at 2:47 PM - A nurse's note stated that R28's catheter was changed and blood was observed on the tip of R28's penis. R28 denied pain at the time but told the nurse that he feels pain occasionally when he urinates. R28's record lacked evidence if the nurse's observation of blood and R28's complaint of pain when urinating was communicated to the MD. 8/13/15 - The quarterly MDS assessment stated that R28 was cognitively intact and had an indwelling catheter and diagnoses included neurogenic bladder, UTI within last 30 days, acute kidney failure and hydronephrosis. 11/11/15 - The annual MDS assessment stated that R28 was cognitively intact, had an indwelling catheter and diagnoses included neurogenic bladder and hydronephrosis. 1/12/16 at 11:32 AM - In an interview, R28 stated that the indwelling catheter was for "pure convenience" and the catheter "hurts". When asked if R28 knew about the risks of an indwelling catheter, such as a CAUTI, R28 did not recall but stated that he had a UTI. R28 also stated that he used to use a urinal but it would spill in his bed. 1/13/16 at 8:39 AM - In an interview, E3 (MD) agreed that a urology follow-up should have occurred. E3 stated that she spoke to R28 about the risks of the indwelling catheter but the conversations were not documented in R28's clinical record. 1/13/16 - A progress note stated that R28 had no signs or symptoms of UTI and he agreed to	F 315			

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F 315	<p>Continued From page 22</p> <p>discontinue the catheter and participate in a voiding trial.</p> <p>1/13/2016 at 12:43 PM - A nurse's note stated that R28 was seen by the MD and received a new order to discontinue the catheter.</p> <p>1/13/16 - A physician's order stated to discontinue the catheter.</p> <p>The facility failed to ensure that R28, a resident who had an indwelling catheter, had a clinical condition which demonstrated that catheterization was necessary and resulted in a CAUTI requiring treatment with antibiotics. Findings were reviewed with E1 (NHA) and E2 (DON) on 1/13/15 at approximately 1:30 PM.</p> <p>2. The facility policy titled "Continance Management," last revised 1/2/14, stated "The Urinary Incontinence Assessment...and the Three-Day Continance Management Diary...will be completed if the patient is incontinent upon admission or re-admission...Purpose: To provide appropriate treatment and services...restore as much normal elimination function as possible...Practice Standards 1. Identify patient's continence status and need for management by reviewing the nursing assessment. 2. If patient is incontinent:...2.1 Complete Urinary Incontinence Assessment...2.1.1 Address transient causes for incontinence. 2.1.2 Initiate Three-Day Continance Management Diary if Incontinence is not resolved..."</p> <p>R103 was admitted to the facility on 10/26/15 with diagnoses that included dementia and stroke.</p>	F 315			

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F 315	<p>Continued From page 23</p> <p>The admission Nursing Assessment, dated 10/26/15, stated R103 had urinary incontinence and that a toileting program was not currently being used to manage the resident's urinary continence. There was no evidence the Urinary Incontinence Assessment or the Three-Day Continence Management was completed at this time. The facility failed to comprehensively assess R103's urinary incontinence on admission.</p> <p>On 11/2/15 an expanded Nursing Assessment was completed and stated that R103 was frequently incontinent of urine, the incontinence was not of new onset, current toileting methods included use of the bathroom and/or bedpan, and that a trial of a toileting program had not been attempted on admission or since urinary incontinence was noted in this facility.</p> <p>An admission MDS assessment, dated 11/2/15, stated R103's daily decision making skills were moderately impaired (decisions poor; cues/supervision required) and that she required extensive assist of two (2) staff for transfer and toilet use. The 11/2/15 MDS also identified R103 as being frequently incontinent of urine and stated that there was no trial of a toileting program attempted since admission to the facility.</p> <p>On 11/5/15 a care plan was initiated for the problem of incontinence and stated the goal was to have incontinence care needs met by staff. The care plan's interventions lacked any individualized toileting plans.</p> <p>On 12/8/15 a Urinary Incontinence Evaluation was completed. The evaluation stated to initiate a</p>	F 315		

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F 315	<p>Continued From page 24 Three-Day Continece Management Diary.</p> <p>The clinical record revealed a Three-Day Continece Management Diary was initiated on 12/9/15. Review of the diary revealed it was incomplete with only one (1) entry on 12/9/15 from 7 AM through 11 PM, and no entries on 12/10/15 from 7 AM through 11 PM. The data was completed for 12/11/15. The facility failed to accurately and fully complete the 3 day diary in order to identify R103's voiding patterns and develop an individualized toileting schedule.</p> <p>During an interview on 1/13/16 at 11:15 AM, E6 (CNA) stated R103 was able to transfer to the toilet with the assist of two (2) staff and that she does on occasion ask to use the bathroom, but is usually already wet. E6 stated that R103 was not on a scheduled toileting plan and she (E6) tries to toilet her regularly.</p> <p>On 1/13/16 at 3:05 PM, E7 (RN/UM) was interviewed. E7 stated that any resident admitted with incontinence should have a urinary incontinence evaluation completed, a 3 day voiding diary completed, and an individualized toileting plan developed based on results of the voiding diary. E7 reviewed the Three-Day Continece Management Diary initiated on 12/9/15, confirmed it was incomplete and stated that when it is completed she is to receive it in her "box", review it and sign off on it. E7 stated it apparently was not put in her box because it was never fully completed, "someone just put it in the chart."</p> <p>The facility failed to comprehensively assess R103's incontinence, failed to complete a 3-day voiding diary, and failed to develop an</p>	F 315		
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F 315	Continued From page 25 Individualized toileting plan. The facility failed to provide appropriate care and services to restore as much normal bladder function as possible. On 1/13/16 at 3:25 PM, findings were reviewed with E2 (DON).	F 315	F323 1. All findings identified during the survey have been corrected 2. All residents have the potential to be affected by this deficient practice 3. Root cause analysis will be completed to identify the cause of the deficient practice All other resident rooms will be reviewed for potential accident hazards. Potential accident hazards identified will be corrected by maintenance. 4. Maintenance Director or designee will audit all resident rooms monthly x's 3 months to identify potential accident hazards. Results of the audits will be forwarded to the QA committee for review to identify trends and recommend further action as indicated		
F 323 SS=E	483.25(h) FREE OF ACCIDENT HAZARDS/SUPERVISION/DEVICES The facility must ensure that the resident environment remains as free of accident hazards as is possible; and each resident receives adequate supervision and assistance devices to prevent accidents. This REQUIREMENT is not met as evidenced by: Based on observations and interview, it was determined that the facility failed to ensure the environmental was free from accident hazards in 4 rooms (210, 301, 303, and 609) out of 25 rooms reviewed. Findings include: Observations on 1/5/16 and 1/6/16 during the Stage 1 review, and during the environmental tour with E10 (ESD) on 1/7/16, between 10:30 AM and 11:45 AM, revealed the following: Room 609 - Rusty toilet bolts were exposed and had no cap. Room 210 - Rusty toilet bolts were exposed and had no cap. Room 301	F 323			

3/16/16

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F 323	Continued From page 26 - The grab bar for the resident toilet was loose. Room 303 - The grab bar for the resident toilet was loose. Findings were confirmed with E10 during the environmental tour on 1/7/16 between 10:30 AM and 11:45 AM.	F 323		
F 412 SS=D	Findings were reviewed with E1 (NHA) and E2 (DON) on 1/13/16 at approximately 4:45 PM. 483.55(b) ROUTINE/EMERGENCY DENTAL SERVICES IN NFS The nursing facility must provide or obtain from an outside resource, in accordance with §483.75(h) of this part, routine (to the extent covered under the State plan); and emergency dental services to meet the needs of each resident; must, if necessary, assist the resident in making appointments; and by arranging for transportation to and from the dentist's office; and must promptly refer residents with lost or damaged dentures to a dentist. This REQUIREMENT is not met as evidenced by: Based on record review, observation and interview, it was determined that the facility failed to ensure that one (R55) resident, out of 27 Stage 2 sampled, and who was receiving Medicaid funding, was provided routine dental services from an outside source to meet his needs, including assisting with appointments and transportation arrangements. Findings include: On 1/6/2016 at 12:04 PM, R55 was observed to	F 412		

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F 412	<p>Continued From page 27</p> <p>have some upper and lower teeth missing and the remaining teeth were grayish in color.</p> <p>Review of R55's records revealed the following:</p> <p>A nurse's note dated 6/23/2014 stated, "Resident seen and examined by dentist today, will follow-up with any recommendation. Additionally, 6/24/14 Nurse's note stated, "Called and clarified with dentist's office if resident needs follow-up for fractured teeth, office staff assured me that unless there is pain, no further recommendations are needed. Will continue to follow and if any pain develop will follow-up with the primary doctor and dentist".</p> <p>Review of R55's 2015 care plans included a care plan that was initiated on 6/17/2014 entitled "...has a care deficit pertaining to his teeth or oral cavity characterized by: altered oral mucous membrane; problems with dentures/teeth/gums related to: poor oral hygiene, carious teeth. and the target date for revision was 02/03/2015. The interventions included: Refer to dentist/hygienist for evaluation/recommendations re: mouth/teeth pain, teeth pulled, repair of carious teeth.</p> <p>6/18/2015 Initial Admission Nursing Assessment stated that R55 had "Obvious or likely cavity or broken natural teeth.</p> <p>6/25/2015 Admission MDS assessment stated that his BIMS score was 9 (cognition was moderately impaired, decisions poor; cues and supervision required). He had diagnoses that included difficulty swallowing. He needed oversight supervision, encouragement or cueing in eating, extensive assistance of staff in personal</p>	F 412	<p>F412</p> <ol style="list-style-type: none"> 1. R55 had his dental appointment Feb 19th. 2. All other residents had an oral assessment completed to identify any further dental follow-up. Those identified will have proper follow-up for dental services. 3. Root cause analysis will be completed to identify the cause of the deficient practice. <p>Policy for providing or obtaining routine dental needs will be reviewed and revised as necessary.</p> <p>NPE or designee will reinservice the licensed staff and unit clerks on the policy for providing or obtaining routine dental needs for residents.</p>	3/16/16
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F 412	<p>Continued From page 28</p> <p>hygiene that included brushing teeth.</p> <p>1/13/16 approximately 11:45 AM- interview with E9 (Director of Social Services) and E11 (Social Service Specialist) revealed that the facility used a contract service for the dentist and hygienist needs of the residents in the facility. The Social Service took care of residents with denture problems and nursing made appointments for dental care, dental consult and talking with the POAs.</p> <p>A nurse progress note dated 1/13/16 at 3:03 PM stated, "this nurse spoke with R55 regarding the incidence of teeth pain and/or discomfort. ...He stated 'no I don't have any problems or pain....he has never had any tooth aches or problems."</p> <p>Interview with E2 (DON) on 1/13/16 at approximately 2:00 PM revealed that the facility forgot to move R55's care plan to the current year 2016, from his previous stay in the facility in 2014, to do revisions. E2 did not know that R55 had not seen a contract dental service as there was no record that a follow-up of the dental services was done since 2014.</p> <p>There was lack of documentation that R55 was seen by a dentist and/or hygienist for a routine dental care/services since 2014, because the resident did not complaint of dental pain.</p> <p>The facility failed to provide or obtain routine dental services to meet R55's needs and assist the resident in making appointments to the dentist's office or dentist/hygienist.</p>	F 412	<p>4. DON or designee will conduct weekly audits x's 4 weeks to ensure residents receive routine dental services. If the audits are 100% compliant after 4 weeks than the audits will be monthly x's 3 months</p> <p>Results of the audits will be forwarded to the QA committee for review to identify trends and recommend further action as indicated</p>	3/16/16

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F 412	Continued From page 29	F 412		
F 441 SS=D	<p>This finding was discussed with E2 (DON) on 1/13/16 at 2:00 PM and in the exit conference on 1/14/16 at approximately 3:00 PM.</p> <p>483.65 INFECTION CONTROL, PREVENT SPREAD, LINENS</p> <p>The facility must establish and maintain an Infection Control Program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of disease and infection.</p> <p>(a) Infection Control Program The facility must establish an Infection Control Program under which it - (1) Investigates, controls, and prevents infections in the facility; (2) Decides what procedures, such as isolation, should be applied to an individual resident; and (3) Maintains a record of incidents and corrective actions related to infections.</p> <p>(b) Preventing Spread of Infection (1) When the Infection Control Program determines that a resident needs isolation to prevent the spread of infection, the facility must isolate the resident. (2) The facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease. (3) The facility must require staff to wash their hands after each direct resident contact for which hand washing is indicated by accepted professional practice.</p> <p>(c) Linens</p>	F 441	<p>F441</p> <ol style="list-style-type: none"> R137 was not negatively impacted by this deficient practice. All other residents have the potential to be affected by this deficient practice. <p>Deficient practice was addressed immediately with E8 by Director of Nursing once identified by the surveyor</p> <ol style="list-style-type: none"> NPE or designee will reinservice all staff on hand washing techniques to prevent the spread of infection. 	

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F 441	<p>Continued From page 30</p> <p>Personnel must handle, store, process and transport linens so as to prevent the spread of infection.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, record review and review of facility policy and procedures, the facility failed to ensure that staff wash their hands after each direct resident contact for which hand washing is indicated, during R137's observed supra pubic catheter change. Findings include:</p> <p>On 1/7/16 at approximately 11:30 AM, E8 (RN) was observed during R137's change of his supra pubic catheter.</p> <p>During observation of the procedure, the following was observed: E8, with her gloved hands successfully removed R137's old supra pubic catheter and discarded the catheter in an appropriate container. E8, took off the soiled pair of gloves, discarded the pair of the soiled gloves in the appropriate container, went to the resident's bathroom, washed hands, dried hands with a paper towel, turned off the faucet with the same paper towel, then continued to wipe/dry hands with the same contaminated towel that was used to turn the faucet off. E8 returned to R137's bed, donned a pair of sterile gloves without handwashing or use of hand sanitizer and continued to cleanse the insertion site of the catheter.</p> <p>Finding was discussed with E8 (RN) on 1/7/16 at approximately 12:00 PM and with E2 (DON) on 1/8/16 at 8:30 AM.</p>	F 441	<p>4. DON or designee will conduct random audits weekly x's 4 weeks to ensure that staff are utilizing hand washing techniques to prevent the spread of infection. If the audits are 100% compliant after 4 weeks, than the audits / will be monthly x's 3 months.</p> <p>Results of the audits will be forwarded to the QA committee for review to identify trends and recommend further action as indicated</p>		

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