

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

PRINTED: 11/05/2020
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 095036	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 10/13/2020
NAME OF PROVIDER OR SUPPLIER UNIQUE REHABILITATION AND HEALTH CENTER LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 901 FIRST STREET NW WASHINGTON, DC 20001		
(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 641	Continued From page 15 A review of Resident #191's quarterly MDS dated August 20, 2020, and significant change MDS dated September 1, 2020, showed no documentation of the resident's type of cancer diagnosis [Malignant Neoplasm of the Prostate] in Section I (Active Diagnosis), under "Other" I8000 (additional active diagnoses). The evidence showed that the facility staff failed to code the MDS to reflect that Resident #191 had a diagnosis of Malignant Neoplasm of the prostate. During a face-to-face interview with Employee #2 (DON) on October 9, 2020, at approximately 1:15 PM, the employee acknowledged the findings.	F 641	2. Identification of others with potential To be affected: All residents residing in the facility have potential to be affected. MDS Coordinators completed review on 11/12/2020 of residents' diagnosis sheet to ensure residents' medical diagnosis are accurately coded and reflect residents' medical status. Nurse managers reviewed residents' medical record for accuracy of residents' diagnosis sheet. No other residents were identified.	12/11/20	
F 656 SS=D	Develop/Implement Comprehensive Care Plan CFR(s): 483.21(b)(1) §483.21(b) Comprehensive Care Plans §483.21(b)(1) The facility must develop and implement a comprehensive person-centered care plan for each resident, consistent with the resident rights set forth at §483.10(c)(2) and §483.10(c)(3), that includes measurable objectives and timeframes to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment. The comprehensive care plan must describe the following - (i) The services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.24, §483.25 or §483.40; and (ii) Any services that would otherwise be required under §483.24, §483.25 or §483.40 but are not provided due to the resident's exercise of rights	F 656	3. Measures to prevent recurrence: MDS regional consultant will provide education to facility MDS coordinators on accurate completion of residents' MDS to reflect active status and all documented diagnosis in residents' medical record including the diagnosis sheet. MDS Coordinators will review residents' Diagnoses sheet weekly x 4 and monthly x 3 to ensure MDS reflects all diagnosis listed in residents' medical records and diagnosis sheet. Findings will be presented to the Director of Nursing.		
			4. Monitoring Corrective action: Director of Nursing/Designee will review and present finding during weekly risk management meeting. Report will be forwarded to Quality Assurance Committee monthly x 3.		

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F 656	<p>Continued From page 16</p> <p>under §483.10, including the right to refuse treatment under §483.10(c)(6).</p> <p>(iii) Any specialized services or specialized rehabilitative services the nursing facility will provide as a result of PASARR recommendations. If a facility disagrees with the findings of the PASARR, it must indicate its rationale in the resident's medical record.</p> <p>(iv) In consultation with the resident and the resident's representative(s)-</p> <p>(A) The resident's goals for admission and desired outcomes.</p> <p>(B) The resident's preference and potential for future discharge. Facilities must document whether the resident's desire to return to the community was assessed and any referrals to local contact agencies and/or other appropriate entities, for this purpose.</p> <p>(C) Discharge plans in the comprehensive care plan, as appropriate, in accordance with the requirements set forth in paragraph (c) of this section.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on record review and staff interview, facility staff failed to develop and implement a comprehensive person-centered care plan with goals and approaches to address the monitoring and side effects of Trazadone (antidepressant and sedative) for one (1) of 43 sampled residents, Resident #178.</p> <p>Findings included ...</p> <p>Resident #178 was admitted to the facility on 9/17/2019, with diagnoses that included Cancer, Orthostatic Hypotension, Benign Prostatic</p>	F 656	<p>1. Corrective action for the Resident Affected:</p> <p>Resident #178 was re-assessed on 10/09/2020.</p> <p>Resident #178 comprehensive care plan was revised to include goal and approaches addressing diagnosis of depression including side effects monitoring.</p> <p>Resident #178 did not suffer any negative outcome.</p> <p>2. Identification of others with potential to be affected:</p> <p>All residents have the potential to be Affected.</p> <p>Nurse managers completed review of residents' with diagnosis of depression medical records to ensure corresponding care plan reflecting goals, approaches and monitoring of side effects.</p> <p>No other residents were affected by this deficient practice.</p> <p>3. Measures to prevent recurrence:</p> <p>Staff Development Director will in-service interdisciplinary team members to ensure residents' care plans are person-centered with goals and interventions addressing resident's diagnosis.</p> <p>Nurse managers will conduct weekly audit x4, monthly x 3.</p> <p>Audit findings will be submitted to the Director of Nursing for review</p>	12/11/20

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F 656	<p>Continued From page 17</p> <p>Hyperplasia (BPH), Hyperlipidemia, Retention of Urine and Depression.</p> <p>Review of the Nurse Practitioner's progress note dated 6/29/2020, at 13:36 (1:36 PM), showed, "Psych Consult: Insomnia... Diagnosis: Axis1: Adjustment d/o (disorder) with depressed mood, Insomnia. Plan: Start Trazodone 50mg (milligrams) po (by mouth) qhs (every night). Monitor Mood and Behavior".</p> <p>A review of the physician's order dated 6/29/2020, showed active diagnosis of "Major Depressive Disorder, Recurrent Unspecified"; an order for, "[Trazadone] HCl (Hydrochloride) tablet 50 MG (milligram) give 50 mg by mouth in the evening for Depression/insomnia Monitor for SI (suicidal ideation)".</p> <p>Further review of the physician's order showed a "Black Box" pharmacy warning (are required by the U.S. Food and Drug Administration for certain medications that carry serious safety risks) stipulated, "Closely monitor all antidepressant-treated patients for clinical worsening and for emergence of suicidal thoughts and behaviors".</p> <p>Review of the care plan section of the clinical record failed to show the development of a person-centered care plan with goals and approaches to address the resident's new diagnosis (depression), the monitoring of side effects such as suicidal ideation, lack of sleeping, worsening depression; and the monitoring for adverse interactions such as, dizziness, nervousness or anxiety for Resident # 178 who was prescribed a new medication (Trazadone).</p>	F 656	<p>4. Monitoring to prevent recurrence:</p> <p>Director of Nursing / Designee will review reports during weekly risk meeting to ensure compliance greater or equal to 95% has been achieved. Reports of finding will be submitted to Quality Assurance Committee monthly x 3.</p>	12/11/20

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F 656	Continued From page 18 During a face-to-face interview on 10/8/2020, at approximately 1:25 PM, Employee #6 (unit manager), stated, "I update the care plan as needed and during IDT (interdisciplinary team) meetings. Any new diagnosis, medications-I will make the update." Employee #6 acknowledged the findings.	F 656		
F 657 SS=E	Care Plan Timing and Revision CFR(s): 483.21(b)(2)(i)-(iii) §483.21(b) Comprehensive Care Plans §483.21(b)(2) A comprehensive care plan must be: (i) Developed within 7 days after completion of the comprehensive assessment. (ii) Prepared by an interdisciplinary team, that includes but is not limited to-- (A) The attending physician. (B) A registered nurse with responsibility for the resident. (C) A nurse aide with responsibility for the resident. (D) A member of food and nutrition services staff. (E) To the extent practicable, the participation of the resident and the resident's representative(s). An explanation must be included in a resident's medical record if the participation of the resident and their resident representative is determined not practicable for the development of the resident's care plan. (F) Other appropriate staff or professionals in disciplines as determined by the resident's needs or as requested by the resident. (iii) Reviewed and revised by the interdisciplinary team after each assessment, including both the comprehensive and quarterly review assessments. This REQUIREMENT is not met as evidenced	F 657	1. Corrective action for the residents affected: Resident #11 was reassessed on 10/10/2020. Care plan was updated to 10/10/2020. Resident #11 did not suffer any negative outcome. Residents #61 and #158 were reassessed on 10/10/2020. Care plans of residents #61 and #158 were revised and updated on 10/10/2020. Residents #61 and #158 did not suffer any negative outcome. Resident #114 was reassessed on 10/10/2020. Care plan was revised and updated on 10/10/2020. Resident #114 did not suffer any negative Outcome. Resident #149 was reassessed on 10/10/2020. Care plan was revised and updated on 10/10/2020. Resident #149 did not suffer any negative Outcome.	12/11/20

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F 657	<p>Continued From page 19</p> <p>by:</p> <p>Based on record reviews and staff interviews for five (5) of 43 sampled residents, facility staff failed to update the care plan with goals and approaches to address one (1) resident who had an accident with injury, to address the removal of the protective dressing of graft/fistula site post dialysis for two (2) residents; to address the use of the wound vacuum-assisted closure (VAC) for one (1) resident, and for one (1) residents refusal to have his weight obtained. Residents' #11, #61, #114, #149 and #158.</p> <p>Findings included...</p> <p>1. Facility staff failed to update the care plan to reflect Resident #11's accident with injury.</p> <p>Resident #11 was admitted to the facility on November 4, 2016, with diagnoses that included Osteoporosis, Parkinson Disease, Hypertension, Encephalopathy, Dysphagia, Major Depressive Disorder, Bipolar Disorder, and Schizophrenia.</p> <p>A review of the progress note dated May 5, 2020, at 5:53PM showed, "At approximately 4:55PM writer was called to report to 3 south to assess this resident. Resident was noted to have a minor cut at the bridge of his nose and 2 minor scrapes [scrapes] on the fore head. ...staff assisting resident said that he was assisting resident to the chair and while he was still holding him, he hit is head at the counter in the nurses' station. Resident did not fall, the staff held him when this incident occurred."</p> <p>A review of the care plan on October 7, 2020</p>	F 657	<p>2. Identification of others with potential to be affected:</p> <p>All residents residing in the facility have the potential to be affected. Nurse Managers completed audits of residents medical records to ensure that care plan of residents with documented incident / accident reflects and address accurately the documented incident. No other residents were identified.</p> <p>Nurse managers completed audits of care plans of residents receiving dialysis to ensure that care plans address removal of protective dressing of graft/fistula site post dialysis as ordered by physician. No other residents were identified.</p> <p>Nurse managers completed audit on medical record of residents with the use of wound vacuum assisted closure to ensure that care plans reflect person-centered goals and approaches including instructions specific to physician order for use of the wound vac. No other residents were identified.</p> <p>Nurse managers completed audit of residents' medical records to ensure care plans of residents refusing care are updated to reflect and address approaches to obtain weight. No other residents were identified.</p>	12/11/20	

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F 657	<p>Continued From page 20</p> <p>showed that facility staff failed to update Resident #11's care plan to reflect the accident with injury that occurred on May 5, 2020 and there were no revisions with person-centered goals and approaches to address the residents accident with injury.</p> <p>During a face-to-face interview conducted on October 9, 2020, at approximately 1:15 PM with Employee #2 (DON). She acknowledged the findings.</p> <p>2. Facility staff failed to update Resident #61's care plan to reflect the removal of the protective dressing of graft/fistula site post dialysis.</p> <p>A review of the Policy and Procedure document entitled "Hemodialysis" Revised 07/02/2020 showed "5. The facility licensed nurses will be responsible for removing the protective dressing of graft/fistula site after 4 hours of resident return from dialysis."</p> <p>Resident #61 was admitted to the facility on July 22, 2016, with diagnoses to include End-stage Renal Disease, Dependence on Renal Dialysis, Type 2 Diabetes Mellitus, and Anemia</p> <p>A review of a Physician's order dated September 29, 2020 showed "Resident is Dialysis days are Monday, Wednesday and Friday at 3pm at [name] Dialysis Center ... 3 times a week every Mon, Wed, Sat [Friday] for dialysis."</p> <p>A review of the Progress notes dated September 1, 2020 through October 9, 2020 [17 days] showed that Resident #61's protective dressing was removed from the access site 6 days out of</p>	F 657	<p>3. Measures to prevent Reoccurrence:</p> <p>Staff Development Director will provide in-service to interdisciplinary team members on the importance of updating care plans and consistent documentation reflecting person-centered goals and approaches to address incident, refusal of care, post dialysis fistula/graft removal, and use of wound vac.</p> <p>Nurse Managers will conduct weekly audit x 4 weeks, and monthly x 3. Audit findings will be submitted to Director of Nursing for review.</p>	12/11/20

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F 657	<p>Continued From page 21 the 17 dialysis days reviewed.</p> <p>A review of the care plan on October 9, 2020 showed that facility staff did not update Resident #61's care plan to reflect the removal of the resident's protective dressing from the access site post dialysis.</p> <p>During a face-to-face interview conducted on October 9, 2020, at approximately 1:15 PM with Employee#2 (DON). She acknowledged the findings.</p> <p>3. The facility staff failed to update Resident #114's care plan with person centered goals and approaches to address use of the wound vacuum-assisted closure (VAC) (a method of decreasing air pressure around a wound to assist the healing).</p> <p>Resident #114 was admitted to the facility on November 15, 2019 with diagnoses that included: Anemia, Hypertension (HTN), Diabetes Mellitus, Thyroid Disorder, Osteoporosis, Encephalopathy and Sacral Pressure Ulcer.</p> <p>The physician's order dated July 27, 2020, directed, "Sacralgluteal Wound - Cleanse with daikins solution and apply Negative Pressure Wound Treatment (Wound vac for 72hours) on Mondays."</p> <p>Review of the Resident's focus care plan last reviewed by facility's interdisciplinary team (IDT) on September 24, 2020, showed, "Sacral pressure ulcer stage 4 ...is on a wound vac ... Care plan goals reviewed and updated. Current POC (plan of care) continues".</p>	F 657	<p>4. Monitoring Corrective Action:</p> <p>Director of Nursing/Designee will review report during weekly risk meeting to ensure greater than or equal to 95% compliance and forward monthly x 3 to Quality Assurance Committee.</p>	12/11/20	

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F 657	<p>Continued From page 22</p> <p>The interventions listed on the care plan were not person-centered to include instructions specific to the physician's order for use of the wound vac as referenced above.</p> <p>During a face-to-face meeting on October 9, 2020, at 10:47 AM the Employee #4, unit manager acknowledged the findings.</p> <p>4. Facility staff failed to revise the care plan for Resident #149 with person centered goals and approaches to address his refusal to have his weight obtained.</p> <p>Resident #149 was admitted to the facility on February 8, 2018, with diagnoses that includes: Cirrhosis, End Stage Renal Disease (ESRD), Dementia, Seizure Disorder, Asthma and Respiratory Failure. On the Quarterly Minimum Data Set (MDS) dated August 17, 2020, the residents Brief Interview of Mental Status (BIMS) score was "7" indicating that he has severe cognitive impairment.</p> <p>Review of this weight record on October 2, 2020, revealed the following:</p> <table border="0"> <tr><td>2/7/2020</td><td>178.4 Lbs [pounds]</td></tr> <tr><td>1/15/2020</td><td>176.1 Lbs</td></tr> <tr><td>12/9/2019</td><td>175.7 Lbs</td></tr> <tr><td>11/5/2019</td><td>173.2 Lbs</td></tr> <tr><td>10/11/2019</td><td>176.4 Lbs</td></tr> <tr><td>9/13/2019</td><td>174.2 Lbs</td></tr> </table> <p>Review of the progress notes showed the following:</p> <p>"8/18/2020 at 16:48 [4:48 PM] Quarterly Review - Resident's last weight recorded 2/7/2020-</p>	2/7/2020	178.4 Lbs [pounds]	1/15/2020	176.1 Lbs	12/9/2019	175.7 Lbs	11/5/2019	173.2 Lbs	10/11/2019	176.4 Lbs	9/13/2019	174.2 Lbs	F 657		
2/7/2020	178.4 Lbs [pounds]															
1/15/2020	176.1 Lbs															
12/9/2019	175.7 Lbs															
11/5/2019	173.2 Lbs															
10/11/2019	176.4 Lbs															
9/13/2019	174.2 Lbs															

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F 657	<p>Continued From page 23</p> <p>178.4[pounds]. He has not allowed the staff or this writer to weigh him. Therefore, weight status is undetermined for 30, 90 and 180 days. Resident was again approached today for consent to be weighed, but stated 'that's a stupid question'. He receives Regular, regular Texture diet and consumes 50 - 100% of meals per nursing. No pressure wounds cited at this time."</p> <p>Review of the care plan revised on August 8, 2020, showed:</p> <p>"Potential/Alteration in Nutritional status r/t (related to) h/o (history of) Cirrhosis, Anemia, Hx (history). Malnutrition; Dementia; Meds" 6/1/2020-Resident declines weight monitoring since March 2020. 8/18/2020- Resident continues to decline weight monitoring despite education. [Resident #149] is at risk for a behavior problem (agitation) r/t history of agitation and diagnosis of dementia with behavioral disturbance".</p> <p>The interventions listed on the care plan were not person-centered to include approaches to obtain the residents weight.</p> <p>During a face-to-face interview October 7, 2020, at 11:56 AM, Employee #4 acknowledged the findings.</p> <p>5. Facility staff failed to update Resident #158's care plan to reflect the removal of the protective dressing of graft/fistula site post dialysis.</p> <p>A review of the Policy and Procedure entitled "Hemodialysis" Revised 07/02/2020 showed "5.</p>	F 657			

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F 657	<p>Continued From page 24</p> <p>The facility licensed nurses will be responsible for removing the protective dressing of graft/fistula site after 4 hours of resident return from dialysis."</p> <p>Resident #158 was admitted to the facility on November 21, 2014, with diagnoses to include Anemia, Hypertension End stage Renal Disease, Dependence on Renal Dialysis, Diabetes Mellitus.</p> <p>A review of a Physician's order dated September 17, 2020, showed "Resident is on Dialysis, Hemodialysis on Tues [Tuesday], Thurs [Thursday], and Sat [Saturday] at [Hospital name] outpatient every day shift [Tuesday], [Thursday], [Saturday] for Dialysis."</p> <p>A review of the Progress note dated September 1, 2020 through October 9, 2020 [16 days] showed the dressings to the resident's left AV [Arteriovenous] graft access site was intact on 2 dialysis days. However, there was no documented record in the progress note to show that the resident's protective dressing was removed from the access site on any of the 16 days reviewed.</p> <p>A review of care plan on October 9, 2020, showed that facility staff did not update Resident #158's care plan to reflect the removal of the resident's protective dressing from the access site post dialysis.</p> <p>During a face-to-face interview conducted on October 9, 2020, at approximately 1:15 PM with Employee #2 (DON). She acknowledged the findings.</p>	F 657			
F 690 SS=D	Bowel/Bladder Incontinence, Catheter, UTI	F 690			

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F 690	<p>Continued From page 25 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:</p> <p>Based on observation, record review and staff</p>	F 690	<p>1. Corrective action for the resident Affected:</p> <p>Residents #35 and #178 were re-assessed on 10/08/2020. Urinary drainage bags were replaced with leg bags and secured with leg straps on both residents to prevent trauma and ensure catheter tubing placed below the bladder to prevent back flow and infection. Residents #35 and #178 did not suffer any negative outcome.</p> <p>Employees #14 and #6 were both provided with counselling by the nurse manager on 10/08/2020 on the importance of securing urinary drainage catheter, placing urinary bag below bladder to prevent backflow, and use of leg bag to ensure residents' privacy and dignity.</p>	12/11/20	

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

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F 690	<p>Continued From page 26</p> <p>interview, facility staff failed to secure the indwelling catheter tubing and failed to maintain urinary catheter drainage systems below the level of the bladder for two (2) of 43 sampled residents. Residents' #35 and Resident #178.</p> <p>Findings included...</p> <p>A review of the facility's policy entitled, "Urinary Catheterization/Foley Care" dated 7/15/2020, showed, " ...Indwelling catheters should be properly secured after insertion to prevent movement and urethral trauma... Drainage bags should always be placed below the level of the patient's bladder to facilitate drainage [allows the urine to drain by gravity and prevents it from flowing back into the bladder] and prevent stasis of urine."</p> <p>According to Cleveland Clinic " ...Always keep your urine bag below your bladder, which is at the level of your waist. This will prevent urine from flowing back into your bladder from the tubing and urine bag, which could cause an infection." https://my.clevelandclinic.org/health/articles/14832-urine-drainage-bag-and-leg-bag-care</p> <p>1. Resident #35 was admitted to the facility on 12/20/2019, with diagnoses that included Neuralgia, BPH (Benign Prostatic Hyperplasia), Muscle weakness and Neuritis.</p> <p>Review of the Quarterly Minimum Data Set (MDS) dated 6/27/2020, Section G (functional status), showed Resident #35 coded as "extensive assistance" for self-performance, indicating that resident required one-person</p>	F 690	<p>2. Identification of others with potential To be affected:</p> <p>Facility residents with the use of urinary Catheter have potential to be affected. Nurse managers completed audit of residents with the use of urinary catheter on 10/08/2020 to ensure that identified resident have catheter secured to the leg with strap to prevent trauma and back flow and use of a leg bag for privacy and dignity.</p> <p>No other residents were identified.</p>	12/11/20	

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F 690	<p>Continued From page 27</p> <p>physical assist for dressing and toilet use. Under Section H (Bladder and Bowel), the resident was coded as having an indwelling catheter.</p> <p>During a tour of unit 2 south on 10/8/2020, at approximately 1:30 PM, Resident #35 was observed with urinary catheter tubing visible outside of pants, tubing coming from waist band (above the bladder) with bedside drainage bag hooked to wheelchair.</p> <p>Review of the physician's order dated 1/13/2020, at 23:00 [11:00 PM] showed, "Check catheter and tubing for kink every shift ... for Urinary retention".</p> <p>Further review of the care plan dated 7/27/2020, showed, "...Catheter: Position catheter bag and tubing below the level of the bladder and away from entrance room door Check tubing for kinks each shift ..."</p> <p>During a face-to-face interview conducted on 10/8/2020, at 1:38 PM, Employee #14 (certified nursing assistant, CNA), stated, "I got [Resident #35] dressed this morning. Yes, I know to secure the tubing. I am going to get a leg strap [provides privacy, prevents tubing from catching or pulling from regular movements] once I finish feeding this resident." Employee #14 (CNA), acknowledged catheter was inappropriately placed.</p> <p>Facility staff failed to keep the urinary catheter tubing secured on the resident to prevent urethral trauma and failed to ensure the catheter tubing was placed below the bladder to prevent the back flow of urine into the bladder of Resident #35.</p>	F 690	<p>3. Measures to prevent recurrence:</p> <p>Staff Development Director will provide education to nursing staff on urinary catheter and care. Training will focus on the importance of placing drainage bags below the level of residents' bladder to facilitate drainage and prevent back flow or infection.</p> <p>Staff Development Director will also train on the importance of securing the tubing catheter to the leg to prevent trauma with the use of leg bag to ensure residents dignity and privacy.</p> <p>Assistant Director of Nursing/Designee will conduct daily round on residents with the urinary catheter to ensure that catheters are secured, urinary bags are placed below the bladder, and leg bags are being used to ensure residents' privacy and dignity when leaving the unit.</p> <p>Findings will be submitted to the Director Of Nursing weekly x 4 and monthly x 3 for review.</p>	12/11/20	

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F 690	<p>Continued From page 28</p> <p>During a face-to-face interview conducted on 10/8/2020, at 1:45 PM, Employee #6 (unit manager), stated, "Staff receive in-service on catheter care and dignity. I already talked to the CNA (Employee #14) this morning about securing the catheter and the leg strap, we are getting the leg strap now." Employee #6 (unit manager), acknowledged the findings.</p> <p>2. Resident #178 was admitted to the facility on 9/17/2019, with diagnoses that included Cancer, Orthostatic Hypotension, BPH, Hyperlipidemia, Retention of Urine and Depression.</p> <p>Review of the MDS dated 8/26/2020, showed in Section G (functional status), Resident #178 is coded as "extensive assistance" for self-performance, indicating that resident required one-person physical assist for dressing and toilet use. Under Section H (Bladder and Bowel), the resident was coded as having an indwelling catheter.</p> <p>During a tour of unit 2 south on 10/6/2020, at 11:04 AM, Resident #178 was observed ambulating on the unit with urinary catheter tubing visible outside of pants, tubing coming from waist band (above the bladder) with bedside drainage bag hooked to walker.</p> <p>Review of the physician's order dated 1/13/2020, at 23:00 (11:00 PM) showed, "Check catheter and tubing for kink every shift ... for Urinary retention".</p> <p>Facility staff failed to keep the urinary catheter tubing secured on the resident to prevent urethral trauma and failed to ensure the catheter tubing</p>	F 690	<p>4. Monitoring corrective action:</p> <p>The Director of Nursing/Designee will present report weekly during risk management meeting and forward to Quality Assurance Committee monthly x 3.</p>	12/11/20	

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F 690	Continued From page 29 was placed below the bladder to prevent the back flow of urine into the bladder for Resident #178. During a face-to-face interview conducted on 10/6/2020, at approximately 11:15 AM, Employee #6 (unit manager), stated, "I am sending the nurse down now to get a leg strap and drainage bag." Employee #6, acknowledged the findings.	F 690	1. Corrective action for the resident Affected: Resident #244 was re-evaluated by the Clinical team on 10/05/20.	12/11/20
F 691 SS=D	Colostomy, Urostomy, or Ileostomy Care CFR(s): 483.25(f) §483.25(f) Colostomy, urostomy,, or ileostomy care. The facility must ensure that residents who require colostomy, urostomy, or ileostomy services, receive such care consistent with professional standards of practice, the comprehensive person-centered care plan, and the resident's goals and preferences. This REQUIREMENT is not met as evidenced by: Based on record review, resident and staff interviews for one (1) of 43 sampled residents, the facility staff failed to accurately assess Resident # 244's colostomy site in her progress note. Findings included... Resident #244 was admitted on September 28, 2020, with diagnoses that included Diverticulitis of Intestine, Secondary Hypertension, Peripheral Vascular Disease (PVD), Colostomy Status and Muscle Weakness. A face-to-face interview with Resident #244 was	F 691	Use of condom catheter was ordered on 10/05/2020 per resident request. Use of condom catheter was updated into resident #244 care plan. Employee #19 was counselled by the Director of Nursing on the importance of accurate assessment to facilitate correct documentation. Resident # 244 did not suffer any negative outcome. 2. Identification of others with potential To be affected: All residents residing in the facility have potential to be affected. Nurse managers conducted audit of residents medical records to identify other residents requesting the use of condom catheter or with history of use. No other residents were identified.	