

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

DEC 27 2012
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PRINTED: 12/11/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345492	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 12/06/2012
NAME OF PROVIDER OR SUPPLIER NC STATE VETERANS NURSING HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 214 COCHRAN AVENUE FAYETTEVILLE, NC 28301	
(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 000	INITIAL COMMENTS	F 000	F315 Fayetteville D - 12/19/2012.	
F 315 SS=D	<p>No deficiencies were cited as a result of the complaint investigation conducted on 12/06/12. Event ID# RW6911</p> <p>483.25(d) NO CATHETER, PREVENT UTI, RESTORE BLADDER</p> <p>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.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, record review, and staff interviews, the facility failed to secure an indwelling urinary catheter for 1 of 2 residents (Resident #152) reviewed for catheter use.</p> <p>The findings included:</p> <p>Resident #152 was admitted into the facility on 6/19/12. Diagnoses included Urine Retention. The quarterly minimum data set completed on 11/12/12 indicated Residents #152 mental status was moderately impaired. Indwelling catheter was indicated for bladder appliance. The care plan dated 8/22/12 stated as an approach, "Secure catheter tubing to prevent pulling as needed."</p> <p>According to DeWit (2009), page 561</p>	F 315	<p>F315</p> <p>The facility continues to provide</p> <p>Resident #152 with a secure clip for his catheter. Resident #152 will continue to be provided a secure catheter so that there is no tension on the internal urethral sphincter.</p> <p>All residents with catheters have the potential to be affected by the same cited deficient practice.</p> <p>All nursing staff will be in-serviced on ensuring that all veterans who have a catheter will have a secure catheter by the Clinical Competency Coordinator and Nursing Supervisors. We have implemented a systems change of training new hires upon orientation and yearly competency to validate ongoing compliance.</p> <p>Secure catheter's will be ensured by monitoring of the catheter's by all nursing staff.</p>	<p>12/5/12</p> <p>12/5/12</p> <p>12/21/12</p>

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

Whitney Bell

TITLE

LWHA

(X6) DATE

12/19/12

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 315	<p>Continued From page 1</p> <p>"Fundamental Concepts and Skills for Nursing" regarding urinary catheter security indicates that one should "Attach the catheter to the thigh with tape or a catheter holder. Rationale: secure the urinary catheter so that there is no tension on the internal urethral sphincter. Tension on the catheter causes pressure on the internal urethral sphincter and may damage it."</p> <p>On 12/5/12 at 11:49 am accompanied by Nursing Assistant (NA) #1, Resident #152 was observed transferred from the wheelchair onto the bed by NA #1. The catheter tubing was observed positioned through the left pant leg throughout the transfer. Upon placing the resident on the bed, NA #1 pulled the left pant leg down and the catheter tubing was observed pulling at the urinary meatus (opening of penis) and the catheter tubing was not secured.</p> <p>In an interview on 12/5/12 at 11:52 am, NA #1 stated she must have left the tubing secure clip on the shower chair earlier.</p> <p>In an interview on 12/5/12 at 2:27 pm, the patient unit coordinator (licensed nurse) indicated expectation was that the catheter tubing would be secured to prevent pulling or potential trauma, and to ensure general comfort.</p> <p>In an interview on 12/6/12 at 1:15 pm, the Director of Nursing stated she expected the catheter tubing to be secured at all times.</p>	F 315	<p>Monitoring of the catheters will occur by the Performance Improvement Nurse (RN), 3-11, and weekend Nurse Supervisors daily for two (2) weeks to ensure all catheter's are secure at all times. Continued monitoring will then occur weekly for two (2) weeks and monthly after that for two (2) months. All results of the monitoring with tracking and trending will be reported by the Performance Improvement Nurse (RN) monthly to the Performance Improvement Committee for recommendations and suggestions for improvement or changes.</p>	12/21/12

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345492	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 01/17/2013
NAME OF PROVIDER OR SUPPLIER NC STATE VETERANS NURSING HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 214 GOCHRAN AVENUE FAYETTEVILLE, NC 28301	
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K 000	INITIAL COMMENTS Surveyor: 27871 This Life Safety Code(LSC) survey was conducted as per The Code of Federal Register at 42 CFR 483.70(a); using the 2000 Existing Health Care section of the LSC and its referenced publications. This building is Type I-fire rest construction, one story, with a complete automatic sprinkler system.	K 000	K 027 - LIFE SAFETY CODE STANDARD	
K 027 SS=E	The deficiencies determined during the survey are as follows: NFPA 101 LIFE SAFETY CODE STANDARD Door openings in smoke barriers have at least a 20-minute fire protection rating or are at least 1 3/4-inch thick solid bonded wood core. Non-rated protective plates that do not exceed 48 inches from the bottom of the door are permitted. Horizontal sliding doors comply with 7.2.1.14. Doors are self-closing or automatic closing in accordance with 19.2.2.2.6. Swinging doors are not required to swing with egress and positive latching is not required. 19.3.7.5, 19.3.7.6, 19.3.7.7 This STANDARD is not met as evidenced by: Surveyor: 27871 Based on observations and staff interview at approximately 8:30 am onward, the following items were noncompliant, specific findings include: cross corridor doors on 300 hall did close on activation of fire alarm test.	K 027	K 027 Maintenance Director tightened springs in the door closers so they would close on 1/18/2013. Maintenance Director activated the fire alarm system and the cross corridor doors on 300 hall did close on 1/18/2013. Maintenance department will check doors during monthly fire alarm tests. Monitoring of the cross corridor doors upon fire alarm activation will occur by the Maintenance Director, daily for two (2) weeks to ensure doors automatically close in accordance with this standard. Continued monitoring will then occur monthly after that for two (2) months. All results of the monitoring with tracking and trending will be reported by the Performance Improvement Nurse (RN) monthly to the	1/18/13 1/18/13 2/14/13
K 056	42 CFR 483.70(a) NFPA 101 LIFE SAFETY CODE STANDARD	K 056		2/14/13

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

TITLE

(X6) DATE

Whitney Bell

WNH

2/19/13

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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K 056 SS=E	<p>Continued From page 1</p> <p>If there is an automatic sprinkler system, it is installed in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems, to provide complete coverage for all portions of the building. The system is properly maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. It is fully supervised. There is a reliable, adequate water supply for the system. Required sprinkler systems are equipped with water flow and tamper switches, which are electrically connected to the building fire alarm system. 19.3.5</p> <p>This STANDARD is not met as evidenced by: Surveyor: 27871 Based on observations and staff interview at approximately 8:30 am onward, the following items were noncompliant, specific findings include: at time of survey two accelerator valves connected to sprinkler system were not supervised to send signal to fire alarm control panel (riser room located off front lobby).</p> <p>42 CFR 483.70(a)</p>	K 056	<p>K027 -</p> <p>Performance Improvement Committee for recommendations and suggestions for improvement of door openings in smoke barriers.</p> <p>Two tamper valves connected to the accelerators on the dry sprinkler systems are supervised to send a signal to the fire alarm control panel (riser room located off front lobby) as of 2/14/2013.</p> <p>Maintenance Director turned the valves and received a supervisory alarm on the fire control panel on 2/14/2013.</p> <p>Monitoring of the sprinkler systems are included in daily rounds by the Maintenance staff in accordance with this standard.</p> <p>Continued monitoring will then occur monthly after that for two (2) months. All results of the monitoring with tracking and trending will be reported by the Performance Improvement Nurse (RN) monthly to the Performance Improvement Committee for recommendations and suggestions for improvement of the functionality of the tamper valves.</p>	<p>2/14/13.</p> <p>2/14/13</p> <p>2/23/13</p> <p>2/23/13</p>