

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

PRINTED: 06/02/2014
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345551	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 05/01/2014
NAME OF PROVIDER OR SUPPLIER UNIHEALTH POST-ACUTE CARE - CAROLINA POINT			STREET ADDRESS, CITY, STATE, ZIP CODE 5935 MOUNT SINAI ROAD DURHAM, NC 27705		
(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			
F 281 SS=G	<p>483.20(k)(3)(i) SERVICES PROVIDED MEET PROFESSIONAL STANDARDS</p> <p>The services provided or arranged by the facility must meet professional standards of quality.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review, staff and resident interview the facility failed to maintain the most current practice for catheter insertion of a male based on published literature for 1 of 1 resident (Resident # 3) which resulted in the inflation of the catheter balloon in the urethra resulting in hospitalization due to rapid heart rate, fever and blood in the urine. Findings included:</p> <p>Facility Policy for Catheters: Insertion of Male Issued November 2012 and copyrighted 2006 Policy: To provide safe and hygienic measures for those patients/residents that requires use of indwelling catheters. Responsible Parties: The Licensed Nurses are responsible for implementation of the policy. Procedure: Read in Part 16. Raise the penis upright, then gently advance catheter until urine flows. Place free end of catheter in sterile container. 17. Proceed as follows, depending on type of</p>	F 281	<p>This plan of correction constitutes a written allegation of compliance. Preparation and submission of this plan of correction does not constitute an admission or agreement by the provider of the truth of the facts alleged or the correctness of the conclusions set forth on the statement of deficiencies. The plan of correction is prepared and submitted solely because of requirements under state and federal law.</p> <p>Corrective action will be accomplished for the resident found to have been affected by the deficient practice:</p> <p>Resident #3 Foley Catheter was replaced at the hospital on 2/25/2014. Upon return Resident #3 Foley catheter will be changed by the resident # 3 Urologist.</p>	6/6/14	

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

TITLE

(X6) DATE

Electronically Signed

03/18/2014

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 281	<p>Continued From page 1</p> <p>catheter:</p> <ul style="list-style-type: none"> · For Foley catheters, carefully: <ul style="list-style-type: none"> i. Take a pre-filled syringe and insert into lumen for balloon inflation. ii. Withdraw catheter slightly to be sure balloon has inflated. <p>A published policy and current Standard of Practice according to the University of Colorado Denver (2009), Male Insertion Procedure: Read in Part</p> <ol style="list-style-type: none"> 1. Grasp the penis in an upright position and insert the lubricated catheter firmly into the meatus, advancing the catheter to the bifurcation at the ' Y ' of the catheter [all the way in]. A slight lean toward the umbilicus may be necessary if resistance in advancing the catheter is met at the prostate. 2. The return of urine does not assure that the catheter is placed correctly in males, since there is residual urine in the penis. Inserting the catheter to the bifurcation of the ' Y ' is standard for assurance of proper placement. 3. If catheter placement is in question (i.e. no urine return or unable to fully insert the catheter) do not inflate the balloon and contact the physician. 4. If resistance is met do not attempt forceful catheter insertion; apply continuous gentle pressure. (University of Colorado Denver, 2009) <p>Resident #3 was admitted to the facility on 01/23/2014 His History included Urinary Tract Infection, Urinary Retention, Neurogenic Bowel and Bladder and a neurological condition that did not allow him to have sensation below the neck.</p> <p>Resident #3 ' s annual Minimum Data Set (MDS)</p>	F 281	<p>Corrective Action for Those with Potential to be affected.</p> <p>A review of resident in the facility with foley catheter was conducted. The audit was conducted on the six catheters in the facility. Findings from review resulted in updated orders for these six residents. Orders were rewritten due to removal from monthly orders.</p> <p>Measures put into place or systemic changes made to ensure that the deficient practice will not occur:</p> <p>On 2/25/2014 Director of Health Service in-serviced nursing staff related to:</p> <ul style="list-style-type: none"> " Foley Catheter changed per Physician Order " Foley Catheter insertion per Company Policy " Nurse will insert Foley catheter gently until urine is seen in catheter. " Foley catheter must be secured per policy. " Nurse will observe for signs and symptoms of pain or discomfort or hematuria during catheter insertion and after catheter is inserted every shift. " For Residents who are paraplegic or quadriplegic nurse will observe for any sign or symptom of sympathetic nervous system response that may indicate discomfort or a clinical concern. This includes 		

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F 281	<p>Continued From page 2</p> <p>dated 2/6/2014 revealed he was cognitively intact and required extensive assistance from two staff members for his activities of daily living.</p> <p>A record review of Resident #3 's nurse note written by Nurse #1 on 2/24/2014 at 7:30 PM included catheter changed this shift.</p> <p>A record review of Resident #3 's nurse note on 2/25/2014 included the following: Resident was noted to have diaphoresis this shift. Hematuria was also noted increased HR [heart rate] noted when V/S [vital signs] taken. Order received from the Physician Assistant (PA) to send the resident to the Emergency Room. Resident left by EMS (Emergency Medical Services) @ 4 PM V/S Blood Pressure 129/78, Temperature 96.9, HR 142, and Respirations 20.</p> <p>Record review of hospital record dated 2/25/2014 for Resident #3 included Resident #3 reported he woke up this morning feeling unwell, weak, fatigued, diaphoretic, with subjective fever. He was tachycardic (fast heart rate) at his Skilled Nursing Facility and had gross blood in his catheter. He presented to the emergency department with hematuria, fever of 101.3, tachycardic and diaphoresis. A radiology study revealed the catheter balloon was inflated in the bulbar urethra (the most proximal end of the anterior urethra). Physical exam revealed the catheter bag had bright red urine prior to the exchange of an indwelling catheter and yellow urine after. It was noted that Resident #3 had a systemic response to the catheter balloon inflated in the urethra and remarkably improved after the catheter was exchanged (exchange refers to changing out the indwelling catheter).</p>	F 281	<p>diaphoresis, increased temperature and/or heart rate.</p> <p>" All staff will observe residents with Foley catheters to ensure drainage bag is placed in a privacy bag.</p> <p>" Non-clinical staff will report findings to nurse as appropriate</p> <p>On 5/22/14 the Director of Health Services and the Clinical Competency Coordinator began in-service training with license nurse to include the following:</p> <p>" When Catheterizing a male resident/patient staff will follow Lippincott procedure Indwelling urinary catheter insertion, male.</p> <p>" Advance the catheter to the bifurcation and check for urine flow.</p> <p>Education and competency on insertion of male catheter has been added to new partner orientation for licensed nurses. Competency for insertion of male catheter has also been added to annual competency for licensed nurses.</p> <p>Director of Health Services, Clinical Competency Coordinator and/or Administrator will observe monthly Foley catheter change out and review of the Foley catheter system for each resident with a catheter to ensure compliance for three months with all results, trends and competencies reviewed internally by the</p>		

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F 281	<p>Continued From page 3</p> <p>The Physician Progress Note dated 3/7/2014 revealed Resident #3 ' s most recent hospital diagnosis from an admission on 2/25/2014 to 3/1/2014 was a Urinary Tract Infection and balloon inflated in the urethra. Resident #3 responded quickly to replacement of the [catheter] and antibiotic treatment.</p> <p>An Interview on 4/29/2014 at 1:30 PM with Resident #3 concerning the events on 2/24/2014 revealed Resident #3 believed Nurse #1 put the catheter in and blew the balloon up. Resident #3 did not know if the catheter was inserted all the way during the procedure. He reported he was not moved out of the bed by the staff or put in a position to cause a tug after the catheter was inserted and the leg strap was secured; to cause the balloon of the catheter to move from the bladder to the urethra/prostate.</p> <p>An interview on 3/11/2014 at 12:35 PM with Nurse #1 revealed on 2/24/2014 Resident #3 could not feel pain. She assessed no bleeding, felt no resistance and did assess urine in the catheter tube prior to inflating the balloon. On 2/25/2014 Nurse #1 noticed bleeding at the catheter insertion site and told the PA. Nurse #1 revealed Resident #3 was also having an issue with his heart rate and he was sent to the hospital. Nurse #1 revealed her knowledge of the procedure for inserting a catheter; clean the area, raise the penis, insert the catheter till you get urine coming out, then inflate the balloon. Nurse #1 did not state she advanced the catheter after the return of urine or advance the catheter all the way in to the " Y " bifurcation.</p> <p>A second interview on 5/1/2014 with Nurse #1</p>	F 281	<p>quality assurance and performance improvement committee monthly.</p> <p>Facility plans to monitor its performance to make sure that solutions are sustained. The facility must develop a plan for ensuring that correction is achieved and sustained:</p> <p>Director of Health Services, Clinical Competency Coordinator and/or Administrator will observe monthly Foley catheter change out and review of the Foley catheter system for each resident with a catheter for three months or until substantial compliance is maintained. Director of Health Services will trends the results and bring to the monthly Quality Assurance Performance Improvement committee monthly.</p>		

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F 281	Continued From page 4 revealed she placed the catheter in Resident #3 around 4 PM on 2/24/2014 Nurse #1 reports feeling no resistance while inflating the balloon. She reports inflating the balloon when she saw urine return (urine in the catheter tubing) 150 to 200 cc clear urine. Nurse #1 reported she first noticed blood in the catheter bag mid morning on 2/25/2014. An interview on 3/11/2014 at 2:07 PM with a Nurse #5 revealed her knowledge of the procedure for inserting an indwelling catheter. The steps included: wash hands, provide privacy, clean with soap and water, get the bag ready, open sterile kit, put on sterile gloves, clean using the antiseptic, lubricate the catheter, ask about pain, assess for blockage or pressure (If there is pressure stop.), look for urine indicating the catheter in the bladder, insert some more, and then inflate the balloon. An interview on 3/12/2014 at 10:15 AM with Nurse #6 revealed her knowledge of the procedure for inserting an indwelling catheter. She reported after you clean and insert the catheter you have reached the bladder when urine comes out, you advance the catheter more and then fill the balloon, and assess the resident for pain. An interview on 3/11/2014 at 11:35 AM with the Director of Health Services (DHS) revealed he was aware of the complaint concerning Resident #3 ' s indwelling catheter and the DHS completed an investigation. The DHS added Resident #3 will now go to Urology for his catheter change.	F 281			
F 315 SS=G	483.25(d) NO CATHETER, PREVENT UTI, RESTORE BLADDER	F 315		6/6/14	

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F 315	<p>Continued From page 5</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 record review, observation, staff and resident interview the facility failed to ensure the proper insertion of an indwelling catheter in a male resident for 1 of 2 residents (Resident #3) resulting in hospitalization due to rapid heart rate, fever and blood in the urine. Findings included:</p> <p>Facility Policy for Catheters: Insertion of Male Issued November 2012 and copyrighted 2006 Policy: To provide safe and hygienic measures for those patients/residents that requires use of indwelling catheters. Responsible Parties: The Licensed Nurses are responsible for implementation of the policy. Procedure: Read in Part 16. Raise the penis upright, then gently advance catheter until urine flows. Place free end of catheter in sterile container. 17. Proceed as follows, depending on type of catheter: · For Foley catheters, carefully: i. Take a pre-filled syringe and insert into lumen for balloon inflation.</p>	F 315	<p>Corrective action will be accomplished for the resident found to have been affected by the deficient practice:</p> <p>Resident #3 Foley Catheter was replaced at the hospital on 2/25/2014. Upon return Resident #3 Foley catheter will be changed by the resident # 3 Urologist.</p> <p>Corrective Action for Those with Potential to be affected.</p> <p>A review of resident in the facility with foley catheter was conducted. The audit was conducted on the six catheters in the facility. Findings from review resulted in updated orders for these six residents. Orders were rewritten due to removal from monthly orders.</p> <p>Measures put into place or systemic changes made to ensure that the deficient practice will not occur:</p>	

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F 315	<p>Continued From page 6</p> <p>ii. Withdraw catheter slightly to be sure balloon has inflated.</p> <p>Resident #3 was admitted to the facility on 01/23/2014. His history included Urinary Tract Infection, Urinary Retention, Neurogenic Bowel and Bladder and a neurological condition that did not allow him to have sensation below the neck.</p> <p>Resident #3 ' s annual Minimum Data Set (MDS) dated 2/6/2014 revealed he was cognitively intact and required extensive assistance from two staff members for his activities of daily living. Resident #3 ' s Care Plan included he was at risk for complications related to the presence of the indwelling catheter.</p> <p>A record review of Resident #3 ' s nurse note written by Nurse #1 on 2/24/2014 at 7:30 PM included catheter changed this shift. There was no additional documentation found in Resident #3 ' s medical record regarding the indwelling catheter or color, clarity or amount of urinary output on 2/24/2014 until the following note on 2/25/2014.</p> <p>A record review of Resident #3 ' s nurse note on 2/25/2014 (untimed) included the following: Resident was noted to have diaphoresis this shift. Hematuria was also noted increased HR [heart rate] noted when V/S [vital signs] taken. Order received from the Physician Assistant (PA) to send resident to the Emergency Room. Resident left by EMS (Emergency Medical Services) @ 4 PM V/S Blood Pressure 129/78, Temperature 96.9, HR 142, and Respirations 20.</p> <p>The Physician Progress Note dated 3/7/2014</p>	F 315	<p>On 2/25/2014 Director of Health Service in-serviced nursing staff related to:</p> <ul style="list-style-type: none"> " Foley Catheter changed per Physician Order " Foley Catheter insertion per Company Policy " Nurse will insert Foley catheter gently until urine is seen in catheter. " Nurse will observe for signs and symptoms of pain or discomfort or hematuria during catheter insertion and after catheter is inserted every shift. " For Residents who are paraplegic or quadriplegic nurse will observe for any sign or symptom of sympathetic nervous system response that may indicate discomfort or a clinical concern. This includes diaphoresis, increased temperature and/or heart rate. " All staff will observe residents with Foley catheters to ensure drainage bag is placed in a privacy bag. " Non-clinical staff will report findings to nurse as appropriate. <p>On 5/22/14 the Director of Health Services and the Clinical Competency Coordinator began in-service training with license nurse to include the following:</p> <ul style="list-style-type: none"> " When Catheterizing a male resident/patient staff will follow Lippincott procedure 		

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F 315	<p>Continued From page 7</p> <p>revealed Resident #3 's most recent hospital diagnosis from an admission on 2/25/2014 to 3/1/2014 was a Urinary Tract Infection and balloon inflated in the urethra. Resident #3 responded quickly to the replacement of the [catheter] and antibiotic treatment.</p> <p>An interview on 4/29/2014 at 1:30 PM with Resident #3 concerning the events on 2/24/2014 revealed Resident #3 believed Nurse #1 put the catheter in and blew the balloon up. Resident #3 did not know if the catheter was inserted all the way during the procedure. He reported he was not moved out of the bed by the staff or put in a position to cause a tug after the catheter was inserted and the leg strap was secured. (There was no resident activity following insertion of the catheter that would have caused the inflated balloon to move from the bladder to the urethra/prostate).</p> <p>An interview on 3/11/2014 at 12:35 PM with Nurse #1 revealed on 2/24/2014 Resident #3 could not feel pain. She assessed no bleeding, felt no resistance and did assess urine in the catheter tube prior to inflating the balloon. On 2/25/2014 Nurse #1 noticed bleeding at the catheter insertion site and told the PA. Nurse #1 revealed Resident #3 was also having an issue with his heart rate and he was sent to the hospital. Nurse #1 revealed her knowledge of the procedure for inserting a catheter was to clean the area, raise the penis, insert the catheter until you get urine coming out, and then inflate the balloon.</p> <p>Nurse #1 did not verbalize she followed the current standard of practice for catheter insertion in a male. A policy and procedure published by</p>	F 315	<p>Indwelling urinary catheter insertion, male.</p> <p>" Advance the catheter to the bifurcation and check for urine flow.</p> <p>Education and competency on insertion of male catheter has been added to new partner orientation for licensed nurses. Competency for insertion of male catheter has also been added to annual competency for licensed nurses.</p> <p>Director of Health Services, Clinical Competency Coordinator and/or Administrator will observe monthly Foley catheter change out and review of the Foley catheter system for each resident with a catheter to ensure compliance for three months with all results, trends and competencies reviewed internally by the quality assurance and performance improvement committee monthly.</p> <p>Facility plans to monitor its performance to make sure that solutions are sustained. The facility must develop a plan for ensuring that correction is achieved and sustained:</p> <p>Director of Health Services, Clinical Competency Coordinator and/or Administrator will observe monthly Foley catheter change out and review of the Foley catheter system for each resident with a catheter for three months or until substantial compliance is maintained. Director of Health Services will trends the results and bring to the monthly Quality</p>		

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F 315	<p>Continued From page 8</p> <p>the University of Colorado Denver (2009), included the return of urine does not assure that the catheter is placed correctly in males, since there is residual urine in the penis. Inserting the catheter to the bifurcation of the 'Y' [all the way in] is standard for assurance of proper placement.</p> <p>A second interview on 5/1/2014 with Nurse #1 revealed she placed the catheter in Resident #3 around 4:00 PM on 2/24/2014. Nurse #1 reported feeling no resistance while inflating the balloon. She reported inflating the balloon when she saw urine return (urine in the catheter tubing) 150 to 200 cc clear urine. Nurse #1 reported she first noticed blood in the catheter bag mid-morning on 2/25/2014.</p> <p>The 24 hour report form dated 2/24/2014 revealed notation from the night shift that the catheter was intact and drained 300cc of urine on the shift. The report did not notate color or clarity.</p> <p>Record review of hospital record dated 2/25/2014 for Resident #3 included Resident #3 reported he woke up this morning feeling unwell, weak, fatigued, diaphoretic, with subjective fever. He was tachycardic (fast heart rate) at his Skilled Nursing Facility and had gross blood in his catheter. He presented to the emergency department with hematuria, fever of 101.3, tachycardic and diaphoresis. A radiology study revealed the catheter balloon was inflated in the bulbar urethra (the most proximal end of the anterior urethra). Physical exam revealed the catheter bag had bright red urine prior to the exchange of an indwelling catheter and yellow urine after. It was noted that Resident #3 had a systemic response to the catheter balloon inflated in the urethra and remarkably improved after the</p>	F 315	Assurance Performance Improvement committee monthly.		

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F 315	<p>Continued From page 9</p> <p>catheter was exchanged (exchange refers to changing out the indwelling catheter).</p> <p>An interview on 3/11/2014 at 11:35 AM with the Director of Health Services (DHS) revealed he was aware of the complaint concerning Resident #3 ' s indwelling catheter and the DHS completed an investigation. The DHS added Resident #3 will now go to Urology for his catheter change.</p> <p>A record review of the staff in-service dated 2/25/2014 revealed a signature log for 104 nurse, nurse aides, and rehab staff members. The program content included: Catheter will be changed per MD order; catheter insertion will follow company ' s policy; Nurse will insert catheter gently until urine is withdrawn from catheter; Catheter must be secured per policy; Nurse will observe for signs and symptoms of pain or discomfort during catheter insertion and after catheter is inserted every shift; for residents who are paraplegic or quadriplegic nurse will observe for any signs or symptoms of sympathetic nervous system responses that may indicate discomfort, this includes excessive sweating, increased temperature etc; all staff will observe residents with catheters to ensure catheter bag is placed in privacy bag; and non clinical staff will report findings to nurse as appropriate. The policies the nurse staff were re-educated on were Catheter: Insertion of Male, Catheter: Insertion of Female, and Catheter Reinsertion of Female. The policies for male catheter insertion included in step number 16 gently advance catheter until urine flows.</p> <p>An interview on 4/30/2014 at 11:52 AM with the DHS revealed the in-service dated 2/25/2014 was not only about the insertion of catheters. It was</p>	F 315			

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FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345551	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 05/01/2014
NAME OF PROVIDER OR SUPPLIER UNIHEALTH POST-ACUTE CARE - CAROLINA POINT			STREET ADDRESS, CITY, STATE, ZIP CODE 5935 MOUNT SINAI ROAD DURHAM, NC 27705		
(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 315	Continued From page 10 broaden to include the insertion of catheters for the nurses; catheter care for nurses and nurse aids; abnormal signs and symptoms, leg strap, and privacy bag for nurses, nurse aids, and the rehabilitation staff. The DHS reported he felt it was better to broaden the education to all departments and all aspects of indwelling catheters. The in-services for staff took place in small group and individual review as staffing changed. The date on the signature log was the start of the in-services. The DHS reported it took 7 to 10 days to in-service the 104 staff members. The in-service provided by the DHS did not stay specific to the proper insertion of an indwelling catheter in a male or include advancing the catheter after the return of urine to assure proper placement.	F 315			