

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345181	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 05/16/2014
NAME OF PROVIDER OR SUPPLIER UNIVERSAL HEALTH CARE / GREENVILLE			STREET ADDRESS, CITY, STATE, ZIP CODE 2578 WEST 5TH STREET GREENVILLE, NC 27834		
(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 312 SS=D	<p>483.25(a)(3) ADL CARE PROVIDED FOR DEPENDENT RESIDENTS</p> <p>A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, record review, and staff interviews, the facility failed to perform activities of daily living on 1of 1 residents (Resident #23) dependent on staff for toenail care.</p> <p>Findings included:</p> <p>Resident #23 was admitted to the facility on 09/21/12 with a cumulative diagnosis including but not limited to hemiplegia and muscle weakness.</p> <p>Review of resident's medical record revealed a minimum data set (MDS) dated 03/3/14 which had resident coded as being total dependent with bed mobility and transfer, and extensive assistance with dressing/personal hygiene. Resident's Brief Interview for Mental Status (BIMS) score was 13, which represented no cognitive impairment.</p> <p>Resident bed bath observation with NA #6 on 05/15/14 at 12:51 PM revealed resident #23 with long toe nails, which curved around the toes, and NA #6 did not clip resident #23's long toe nails.</p> <p>Nursing note dated 05/16/14 revealed resident #23 was up in a wheelchair, propelled self in</p>	F 312	<p>1.) CORRECTIVE ACTION WILL BE ACCOMPLISHED FOR THE RESIDENT FOUND TO BE AFFECTED BY DEFICIENT PRACTICE AS FOLLOWS: BY 6-13-14 ALL CNA'S AND NURSES WILL BE INSERVICED REGARDING NAIL CARE.</p> <p>2.) CORRECTIVE ACTION TAKEN FOR THOSE RESIDENTS HAVING POTENTIAL TO BE AFFECTED BY THE SAME DEFICIENT PRACTICE AS FOLLOWS: DON/UNIT MANAGERS/ DESIGNEE OBSERVE ALL RESIDENTS TOENAILS AND PROVIDE NAIL CARE AS NEEDED.</p> <p>3.)MEASURES PUT INTO PLACE TO ENSURE DEFICIENT PRACTICE WILL NOT OCCUR ARE AS FOLLOWS: DON TO ADD TO ORIENTATION PAPERWORK, INSTRUCTIONS FOR PROPER NAIL CARE.</p> <p>4.) FACILITY PLANS TO OBSERVE CNA'S PERFORM NAIL CARE WEEKLY X 4 WEEKS. DEFICIENT PRACTICE TO BE DISCUSSED IN MONTHLY QA</p>	6/13/14	

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

TITLE

(X6) DATE

Electronically Signed

06/05/2014

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 312	Continued From page 1 hallway, alert, shoes and socks were on, verbally responsive/able to make needs known, assisted with activities for daily living (ADLs). Resident refused shower, with bed bath given. Resident had no complaint of (c/o) pain or discomfort noted or voiced. Staff interview with NA #11 on 05/16/14 at 6:00 PM revealed that if she saw any long finger or toe nails on a resident during ADL care or bathing, she would trim them, and if the resident was diabetic, she would ask the nurse to trim them or let the podiatrist know. Staff interview with NA # 12 on 05/16/14 at 6:05 PM stated her residents' toes were checked daily, and if the nails were long and the resident was not diabetic she would cut them, or if the resident was diabetic, she would let the nurse know. Resident observation with the director of nursing (DON) and another surveyor on 05/16/14 at 12:51 PM, revealed the resident sitting in his wheelchair in his room. With the resident's permission the DON removed the resident's left shoe and sock and stated the resident's toe nails needed clipping. Resident #23 was not seen at the last monthly podiatrist visit on 02/26/14; but, was scheduled to see the podiatrist on 05/30/14, only to address resident's complaints of left foot pain.	F 312	MEETINGS X 6 MONTHS TO MONITOR COMPLIANCE AND EFFECTIVENESS. 5.) INSERVICING TO BE COMPLETED FOR ALL CNA'S AND NURSES BY 6-13-14 A. PAPERWORK ADDED TO ORIENTATION PACKET TO BE ADDED BY 6-13-14 AND IS TO BE ONGOING. OBSERVATION OF NAIL CARE WEEKLY X 4 WEEKS TO BE COMPLETED BY 6-27-14. ANY NEGATIVE FINDINGS WILL BE DISCUSSES IN QA MEETINGS X 6 MONTHS.		
F 315 SS=D	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	F 315		6/13/14	

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F 315	<p>Continued From page 2</p> <p>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 observations, record review, and staff and resident interviews, the facility failed to a) provide nursing care to maintain the urinary catheter bag for one of one resident who had multiple urinary tract infections, Resident #17, and b) justify the continued use of an indwelling catheter for one of one resident, Resident #17.</p> <p>Findings included:</p> <p>a. A review of the Quarterly Minimum Data Set (MDS) Assessment dated 04/25/2014 revealed that Resident #17 was a cognitively resident who was admitted to the facility on 10/18/2013 with diagnoses which included, but were not limited to, anemia, hypertension, obstructive uropathy, urinary tract infection, and diabetes mellitus. The MDS assessment also revealed that Resident #17 required extensive assistance for bed mobility, transfers, dressing, and toilet use, and that the physical help of one person was necessary for bathing.</p> <p>A review of all the MDS Assessments for Resident #17 which were dated 10/25/2013, 11/01/2013, 11/15/2013, 01/24/2013, and 04/25/2014 revealed the resident had not been rated for bladder incontinence since 10/25/2013, and that the resident had an indwelling catheter</p>	F 315	<p>1.) CORRECTIVE ACTION WILL BE ACCOMPLISHED FOR THE RESIDENT FOUND TO BE AFFECTED BY DEFICIENT PRACTICE AS FOLLOWS: ALL CNA'S AND NURSES WILL BE INSERVICED BY 6-13-14 ON CATHETER CARE, UTI PREVENTION TO INCLUDE EMPTYING CATHETER BEFORE BAG IS FULL AND NURSES TO REQUEST UROLOGY REFERRAL AND/OR VOIDING TRIAL ON ADMISSION OF RESIDENTS WITH FOLEY CATHETERS INTO THE FACILITY. RESIDENTS CARE PLAN WAS UPDATED ON 5-16-14 TO INCLUDE CURRENT INTERVENTIONS AND GOALS. UROLOGY APPOINTMENT WAS MADE FOR AFFECTED RESIDENT FOR 6-18-14 TO REQUEST VOIDING TRIAL.</p> <p>2.) CORRECTIVE ACTION TAKEN FOR THOSE RESIDENTS HAVING THE POTENTIAL TO BE AFFECTED BY DEFICIENT PRACTICE ARE AS FOLLOWS: DON/UNIT MANAGERS/DESIGNEE TO INSERVICE CNA'S AND NURSES ON UTI PREVENTION, CATH CARE AND</p>		

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F 315	<p>Continued From page 3 since 10/18/2013.</p> <p>A review of the Nursing Care Plan which was initiated on 10/18/13 revealed the resident had a measureable goal and related interventions regarding the use of an indwelling catheter. The goal stated was for the resident to experience no infections from catheter use through the next review, and approaches to attain the goals were as follows: 1) Ongoing assessment of color, clarity, and character of urine, 2) Assess for symptoms of urinary tract infection (UTI), 3) Observe for acute behavioral changes that may indicate a UTI, 4) Refer to a urologist for evaluation as indicated and ordered by the physician, 5) Change catheter tubing/bag per facility policy and physician's orders, 6) Catheter care each shift, 7) Encourage fluid intake and hydration status, 8) Monitor catheter tubing for kinks or twists, 9) Resident preference not to have a privacy bag for catheter bag. There were no updated interventions included on the care plan.</p> <p>A review of urinary culture and sensitivity reports for Resident #17 revealed there were urinary bacterial colony counts greater than 100,000 per milliliter (ml) of urine on the following dates: 12/04/2013, 01/31/2014, 02/04/2014, 04/14/2014. (A bacterial colony count of greater than 100,000 colony forming units per milliliter of urine is associated with a clinically significant urinary tract infection.)</p> <p>A review of the physician orders revealed there were orders to treat the urinary tract infections with antibiotics as follows:</p> <p>On 12/04/13: Ampicillin 500 milligrams by</p>	F 315	<p>URINARY DRAINAGE SYSTEM BY 6-13-14. NURSES INSERVICED TO REQUEST UROLOGY CONSULT IF RESIDENT ADMITTED WITH INDWELLING CATHETER. DON/UNIT MANAGER/DESIGNEE TO OBSERVE CATH CARE WEEKLY X 4 WEEKS TO ENSURE ONGOING COMPLIANCE.</p> <p>3.) MEASURES PUT INTO PLACE TO ENSURE DEFICIENT PRACTUCE DOES NOT OCCUR AS FOLOWS: PAPERWORK ADDED TO NURSES COMUNICATION BOOK AND ADMISSION BINDER THAT STATES TO REQUEST REFERRAL TO UROLOGY FOR VOIDING TRIAL UPON ADMISSION TO FACILITY WITH INDWELLING CATHETER. MDS NURSE INSERVISED ON UPDATING INTERVENTIONS TO CAREPLAN AS CHANGES OCCUR ON 5-16-14. INSERVICING DONE TO CNA'S AND NURSES BY 6-13-14 ON UTI PREVENTION, CATH CARE AND URINARY DRAINAGE SYSTEM/EMPTYING BAG PRIOR TO BEING FULL.</p> <p>4.) THE FACILITY PLANS TO MONITOR CNA'S PERFORM CATH CARE WEEKLY X 4 WEEKS. DEFICIENT PRACTICE WILL BE DISCUSSED IN QA MEETINGS X 6 MONTHS TO MONITOR COMPLIANCE AND EFFECTIVENESS.</p> <p>5.) INSERVICING TO BE COMPLETED FOR ALL CNA'S AND NURSES ON UTI</p>		

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F 315	<p>Continued From page 4</p> <p>mouth four times per day for 7 days On 01/28/2014: Rocephin 1 gram by intramuscular injection each day for 5 days On 02/05/2014: Gentamycin sulfate 300 milligrams by injection daily for 7 days On 05/02/2014: Cipro, 500 milligrams by mouth twice per day for 7 days</p> <p>An observation of Resident #17 in is wheelchair on 05/13/14 at 4:45 PM during medication administration revealed Resident #17's indwelling catheter bag was fully expanded and contained approximately 1900 milliliters of urine. Nurse #1, who administered the medication to the resident, stated the resident ' s catheter bag needed to be emptied, then emptied the catheter bag and confirmed that the bag was full.</p> <p>In an interview with Nurse #9 on 05/13/14 at 5:00 PM, she stated that the nursing assistants were responsible for emptying the resident's catheter bag at least once per shift, and that sometimes the nursing assistants needed to empty the bag more often, depending on the amount of fluid intake Resident #17 had during the shift.</p> <p>On 05/14/2014 at 9:45 AM, an observation of Resident #17's catheter bag revealed both the catheter bag and the tubing were filled with urine, and that the urine level was above the 2000 milliliter mark denoted on the outside of the bag.</p> <p>In an interview with the Resident #17 during the observation, he stated that he tries to watch his catheter bag because sometimes it gets filled and needs to be emptied.</p> <p>In an interview with Nursing Assistant (NA) #6 on 05/14/14 at 9:50 AM, she stated that it was her</p>	F 315	<p>PREVENTION, CATH CARE AND URINARY DRAINAGE SYSTEM BY 6-13-14. OBSERVATION OF CATH CARE WEEKLY X 4 WEEKS TO BE COMPLETED BY 6-27-14. IMPLEMENTATION OF REQUESTING REFERRAL TO UROLOGY ON RESIDENTS ADMITTED WITH INDWELLING CATHETERS INSERT IS ONGOING. ANY NEGATIVE OUTCOMES WILL BE DISCUSSED IN MONTHLY QA MEETINGS X 6 MONTHS.</p>		

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F 315	<p>Continued From page 5</p> <p>responsibility to check Resident #17's catheter bag every 2 hours. NA #1 also added that she was not aware that the resident had a history of urinary tract infections. After surveyor intervention, NA #1 entered the Resident #17's room and emptied the catheter bag.</p> <p>In an interview with Nurse #10 on 05/14/2014 at 10:00 AM, she stated that both the nurses and the nursing assistants were responsible for emptying Resident #17's catheter bag, and that she expected the Nursing Assistants to monitor the level of urine in the catheter bag hourly and to empty the bag before it is completely filled with urine. She also stated the resident was taking 20 milligrams of Lasix (a diuretic) daily, which increased his urinary output. In addition, she stated that a full catheter bag and tubing could cause urine to back up in the bladder which could lead to a urinary tract infection or could aggravate a current urinary tract infection.</p> <p>In a second interview with NA #6 on 05/14/2014 at 10:35 AM, she stated she had not emptied the resident 's catheter bag on her shift (7:00 AM to 3:00 PM) prior to the interview at 9:50 AM.</p> <p>In an observation of the Resident #17 in his room on 05/14/2014 at 11:58 AM, the catheter bag was filled to the 1100 milliliter mark on the catheter bag.</p> <p>In an interview with the Director of Nursing on 05/16/14, she acknowledged that Resident #17 had chronic urinary tract infections and urinary retention due to benign prostatic hypertrophy (BPH). She stated that a side effect associated with a completely filled catheter bag could be for urine to back up in the tubing and in the bladder</p>	F 315			

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F 315	<p>Continued From page 6</p> <p>which could lead to a urinary tract infection. She also stated that considering Resident #17's history of recurrent urinary tract infections, she would typically expect to see a urology referral, as indicated in the nursing care plan. She explained that the resident had instead received an infectious disease consult.</p> <p>b. A review of the Physical Medicine and Rehabilitation (PM & R) Progress Note dated 10/17/2013 from the hospital revealed that Resident #17 had urinary retention due to injury (type of injury not specified) and that a bladder training program had been implemented. The note also revealed that a voiding trial had been initiated. There was no reference on the note to indicate the results of the voiding trial.</p> <p>A review of the admission orders for Resident #17 revealed a physician 's order dated 10/18/2013 as follows: "Foley 16 FR (indwelling catheter) inserted on 10/18/13, foley (indwelling catheter care) care q (every) shift, change foley prn (as needed) for dislodgment or occlusion, monitor output q (every) shift." The order specified the reason for the listed orders were for urinary retention.</p> <p>A review of all the MDS Assessments for Resident #17 which were dated 10/25/2013, 11/01/2013, 11/15/2013, 01/24/2013, and 04/25/2014 revealed the resident had not been rated for bladder incontinence since 10/25/2013, and that the resident had an indwelling catheter since 10/18/2013.</p> <p>A review of Resident #17's electronic and paper charts revealed no orders for a voiding trial or bladder training program since admission on</p>	F 315			

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F 315	Continued From page 7 10/18/2013. In an interview with Nurse #10 at 11:10 AM on 05/14/2014, she stated that she did not recall any time when Resident #17 had received a voiding trial or bladder training program while in the facility. She stated that Resident #17 had always had an indwelling catheter as long as she could remember. In an interview with the Director of Nursing on 05/14/2014 at 12:00 PM, she stated that she had inserted an indwelling catheter on the day he was admitted to the facility on 10/18/2013 per order by the physician. She also stated there had been no bladder training program initiated while Resident #17 was residing in the facility and that there had been no attempt to remove the indwelling catheter since the initial insertion on 10/18/2013. A review of the physician orders from 10/18/2014 through 05/16/2014 at 12:00 noon revealed there were no orders for a voiding trial or to rate Resident #17 for incontinence. In a second interview with the Director of Nursing on 05/16/2014 at 12:00 PM, she stated that the nursing staff might seek or suggest that a urology consult be done for Resident #17 considering the multiple urinary tract infections, urinary retention, BPH, and continued use of an indwelling catheter.	F 315			
F 328 SS=D	483.25(k) TREATMENT/CARE FOR SPECIAL NEEDS The facility must ensure that residents receive proper treatment and care for the following special services: Injections;	F 328		6/13/14	

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F 328	<p>Continued From page 8</p> <p>Parenteral and enteral fluids; Colostomy, ureterostomy, or ileostomy care; Tracheostomy care; Tracheal suctioning; Respiratory care; Foot care; and Prostheses.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observations, interviews, and record review, the facility failed to provide podiatry services and to trim and clean the toenails for one of one diabetic resident, Resident #17.</p> <p>Findings included:</p> <p>A review of the Quarterly Minimum Data Set (MDS) Assessment dated 04/25/2014 revealed that Resident #17 was a cognitively intact resident who was admitted to the facility on 10/18/2013 with diagnoses which included, but were not limited to, anemia and diabetes mellitus. The MDS assessment also revealed that Resident #17 required extensive assistance for bed mobility, transfers, dressing, and toilet use, and that the physical help of one person was necessary for bathing. In addition, the same assessment indicated that Resident #17 had some verbal behavioral symptoms directed toward others, and some verbal and physical behaviors directed toward himself which occurred 1 to 3 days per week.</p> <p>An observation made on 05/13/2014 at 12:30 PM revealed that Resident #17 had long, uneven toenails on all 10 pedal digits. All the nails had dark matter underneath and along the outer</p>	F 328	<p>1.) CORRECTIVE ACTION WILL BE ACCOMPLISHED FOR THE RESIDENT FOUND TO BE AFFECTED BY DEFICIENT PRACTICE ARE AS FOLLOWS: RESIDENTS FEET WERE SOAKED AND CLEANED, NAILS CARE PROVIDED BY TREATMENT NURSE 5-16-14. RESIDENT WAS ADDED TO THE PODIATRY LIST 5-16-14. RESIDENT WAS SEEN BY PODIATRIST 5-30-14.</p> <p>2.) CORRECTIVE ACTION TAKED FOR THOSE RESIDENTS WHO HAVE THE POTENTIAL TO BE AFFECTED BY THE SAME DEFICIENT PRACTICE ARE AS FOLLOWS: DON/UNIT MANAGER/DESIGNEE TO OBSERVE ALL RESIDENTS TOENAILS BY 6-13-14.</p> <p>3.) MEASURES PUT INTO PLACE TO ENSURE DEFICIENT PRACTICE WILL NOT REOCCUR ARE AS FOLLOWS. NURSING STAFF TO BE INSERVICED ON PROPER NAIL CARE, CRITERIA FOR PODIATRY REFERRAL, AND HOW TO ADD A RESIDENT TO THE PODIATRY LIST.</p>		

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F 328	<p>Continued From page 9</p> <p>edges of the nails. The left foot was noticeably edematous.</p> <p>In interview with Resident #17 on 05/13/2014 during the observation, he stated that he had some pain in his toes and feet.</p> <p>In a second interview with Resident #17 on 05/13/2014 at approximately 4:30 PM, he stated he could not remember the last time he had his toenails trimmed or cleaned.</p> <p>A review of both the electronic chart and the paper chart for Resident #17 revealed no referral for podiatry services, and no podiatry consult record.</p> <p>A review of the Nursing Progress Notes in both the electronic and paper charts for Resident #17 revealed there were no notes regarding the condition of or the provision of care for the resident's toenails. The review also did not reveal any resident refusal of toenail care.</p> <p>In an interview with Nurse #10 on 05/14/2014 at approximately 10:00 AM, she stated that toenail care for residents who had diabetes was most often provided by podiatry services, but that the nurses and nursing assistants could clean the toenails during regular activities of daily living for the resident.</p> <p>In an interview with the appointment scheduler for the facility on 05/15/2014 at 4:45 PM, she stated that the podiatrist for the facility provided quarterly services to the facility, and that the last podiatry service visit was in late February. She added that the next podiatry service visit was scheduled for 05/30/2014. She also stated the nurses could</p>	F 328	<p>4.) FACILITY PLANS TO MONITOR FOOT CARE ON DIABETIC RESIDENTS AND ENSURE DIABETIC RESIDENTS ARE ON THE LIST FOR THE NEXT PODIATRY VISIT UNLESS RESIDENT REFUSES OR NO PROBLEMS OBSERVED. DEFICIENT PRACTICE WILL DISCUSSED IN MONTHLY QA MEETING X 6 MONTHS TO MONITOR COMPLIANCE AND EFFECTIVENESS.</p> <p>5.) AFFECTED RESIDENT (J.T.) FEET WERE SOAKED, NAIL CARE COMPLETED, PAIN ASSESSMENT COMPLETED IMMEDIATELY BY TREATMENT NURSE. RESIDENT ADDED TO PODIATRY LIST ON 5-16-14 FOR 5-30-14 VISIT. ALL RESIDENTS TOENAILS TO BE OBSERVED BY DON/UNIT MANAGERS/DESIGNEE BY 6-13-14. INSERVICING TO BE DONE WITH NURSES AND CNA'S REGARDING DIABETIC RESIDENTS</p>		

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F 328	<p>Continued From page 10</p> <p>add a resident to the list to be seen and that the podiatrist usually saw all diabetic residents unless they were unavailable.</p> <p>A review of the podiatry on-site treatment list revealed that Resident #17 was not included on the service list which took place on 02/26/2014.</p> <p>A review of the podiatry schedule for the up-coming on-site visit for 05/30/2014 revealed that Resident #17 was not on the list to be seen.</p> <p>In an observation of Resident #17 with the Director of Nursing (DON) at 11:00 AM on 05/15/2014, she acknowledged the resident's toenails needed to be cut and that there was either fungal growth or dark matter around the edges of the toenails, underneath the toenails, and around the edges. She also stated the nail growth could be the result of several months of growth, and that he needed to be seen by the podiatrist, especially since the resident was diabetic.</p> <p>In an interview with the DON on 05/16/2014 at 11:50 PM, she stated that the podiatry services were provided on a quarterly basis and that all diabetic residents were normally seen. She also stated that if there was a resident had a foot or toenail problem which could not be resolved within the facility between podiatry service visits, an appointment could be made for the resident to be seen. She also added that the nurses could add residents to the routine podiatry service list if there were problems noted with a resident's toenails. She stated that nurses could trim and clean toenails of the diabetic residents, and that typically, the Treatment Nurse provided this type of care.</p>	F 328			

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F 328	Continued From page 11 In an interview with Nurse #9 on 05/16/2014 at 4:50 PM, she stated that Resident #17 had never resisted any of the care she had provided for him, not had she witnessed any combative behaviors by Resident #17. In an interview with NA #14 on 05/16/2014 at 4:55 PM, she stated she had never experienced any resistance to care by Resident #17. In an interview with NA #11 on 05/16/2014, she stated Resident #17 had combative behaviors at times in the past, but that he seemed to have "mellowed out." She stated she could not remember the last time he had displayed any combative behaviors.	F 328			
F 428 SS=D	483.60(c) DRUG REGIMEN REVIEW, REPORT IRREGULAR, ACT ON The drug regimen of each resident must be reviewed at least once a month by a licensed pharmacist. The pharmacist must report any irregularities to the attending physician, and the director of nursing, and these reports must be acted upon. This REQUIREMENT is not met as evidenced by: Based on staff, physician, pharmacist interviews and record review, the consulting pharmacy failed to address the medical necessity for a medication for one of one resident, Resident #17, who had	F 428	1.) CORRECTIVE ACTION WILL BE ACCOMPLISHED FOR THE RESIDENT FOUND TO BE AFFECTED BY DEFICIENT PRACTICE AS FOLLOWS:	6/13/14	

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F 428	<p>Continued From page 12 an indwelling catheter.</p> <p>Findings included:</p> <p>Resident #17 was a cognitively intact resident who was admitted to the facility on 10/18/2013 with diagnoses which included, but were not limited to, obstructive uropathy, urinary tract infection, and diabetes mellitus.</p> <p>A review of all the MDS Assessments made for Resident #17 dated 10/25/2013, 11/01/2013, 11/15/2013, 01/24/2013, and 04/25/2014 revealed the resident had an indwelling catheter upon each assessment.</p> <p>A review of the admission orders for Resident #17 revealed a physician 's order dated 10/18/2013 as follows: "Foley 16 FR (indwelling catheter) inserted on 10/18/13, Foley (indwelling catheter care) care q (every) shift, change Foley (catheter) prn (as needed) for dislodgment or occlusion, monitor output q (every) shift." The order specified the reason for these orders were for urinary retention.</p> <p>Further review of the physician's orders revealed an order dated 10/21/2013 for Flomax 0.4 milligrams (mg) by mouth once daily. (Per the National Institutes of Health, Flomax is an alpha-blocker used to treat the symptoms of an enlarged prostate which include difficulty urinating, such as hesitation, dribbling, weak stream, incomplete bladder emptying, painful urination, and urinary frequency and urgency.)</p> <p>A review of the Medication Administration Records for the months of October 2013, November 2013, December 2013, January 2014,</p>	F 428	<p>FLOMAX DISCONTINUED ON 6-3-14. APPOINTMENT MADE FOR UROLOGY ON 5-16-14 FOR 6-28-14.</p> <p>2.) CORRECTIVE ACTION TAKEN FOR THOSE RESIDENTS HAVING THE POTENTIAL TO BE AFFECTED BY THE SAME DEFICIENT PRACTICE ARE AS FOLLOWS: NURSES TO BE INSERVICED BY 6-13-14 THAT ALL RESIDENTS WITH INDWELLING CATHETERS ARE TO HAVE SUPPORTING DIAGNOSIS AND UROLOGY REFERRALS REQUESTED UPON ADMISSION OR CATHETER INSERTION.</p> <p>3.) MEASURES PUT INTO PLACE TO ENSURE DEFICIENT PRACTICE WILL NOT OCCUR ARE AS FOLLOWS: ALL RESIDENTS WHO ARE ADMITTED WITH FOLEY CATHETERS WILL HAVE A TRIAL D/C OF FOLEY CATHETER IF THEY DO NOT HAVE AN APPROPRIATE SUPPORTING DIAGNOSIS</p> <p>4.) PHARMACY CONSULTANTS/DESIGNEE WILL DO A REVIEW OF ALL RESDIENTS CHARTS THAT HAVE INDWELLING CATHETERS TO ENSURE THAT THEY HAVE APPROPRIATE SUPPORTING DIAGNOSIS AND THAT MEDICATIONS HAVE APPROPRIATE DIAGNOSIS BY 6-13-14. DEFICIENT PRACTICE WILL BE DISCUSSED IN MONTHLY QA MEETINGS X 6 MONTHS TO MONITOR FOR EFFECTIVENESS</p>		

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F 428	<p>Continued From page 13</p> <p>February 2014, March 2014, April 2014, and May 2014 revealed Resident #17 was taking Flomax 0.4 mg by mouth on a daily basis each month.</p> <p>In an interview with the Consultant Pharmacist #1 on 05/15/2014 at 4:45 PM, she stated she would not generally see a resident who has an indwelling catheter taking Flomax/Tamsulosin unless there are plans to remove the catheter. She also stated that Flomax is typically indicated for someone who is having difficulty urinating. She further stated she did not recall details about this particular case, but that she would be coming to the facility the following week, and if the resident was taking Flomax with no plan to have the catheter removed, she might recommend that the Flomax be discontinued. She added that she would need to research Flomax to determine whether there could be other indications for its use. She stated that any monthly pharmacy notes should be either in the paper chart or in the electronic chart.</p> <p>A review of Resident #17's paper chart, thinned chart, and electronic chart revealed there were no orders to remove the indwelling catheter during the resident's stay in the facility from October 18, 2014 through May 16, 2014.</p> <p>A review of the Pharmacist Chart Review in Resident #17's chart and thinned charts revealed documentation by the contracted pharmacists on 11/05/2013, 02/19/2014, 03/19/2014, and 04/14/2014. There were no references or notes regarding Resident #17's use of Flomax on any of the documentation, and there was no Note to Attending Physician/Prescriber by the facility ' s Consultant Pharmacist.</p>	F 428	<p>5.) NURSES TO BE INSERVICED ON APPROPRIATE SUPPORTING DIAGNOSIS FOR INDWELLING CATHETERS BY 6-13-14. ALL RESIDENTS ADMITTED WITH INDWELLING FOLEY CATHETERS WILL HAVE AN APPROPRIATE SUPPORTING DIAGNOSIS OR NURSES ARE TO REQUEST ORDER TO D/C FOLEY AND DO VOIDING TRIAL AS APPROPRIATE TO BE ONGOING. ANY NEGATIVE FINDINGS WILL BE DISCUSSED IN QA MEETING MONTHLY X 6 MONTHS</p>		

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F 428	Continued From page 14 A review of the electronic pharmacy notes revealed no notes or recommendations to the physician regarding the use of Flomax for the months of November 2013, December 2013, January 2013, February 2014, March 2014, April 2014, or May 2014. In telephone interview with Resident #17's physician, on 05/16/2014 at 4:45 PM, he stated that he kept the resident on Flomax to treat possible bladder spasms which could be painful.	F 428			