STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345264	A. BUILDING _____ B. WING _____	R-C 11/29/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
STANLEY TOTAL LIVING CENTER	514 OLD MOUNT HOLLY ROAD STANLEY, NC 28164

(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 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 resident's clinical condition demonstrates that catheterization was necessary; and a resident who is incontinent of bladder receives appropriate treatment and services to prevent urinary tract infections and to restore as much normal bladder function as possible. This REQUIREMENT is not met as evidenced by: Based on observations, record review and staff interviews, the facility failed to keep a suprapubic catheter bag off of the floor and keep from stepping on the bag during a transfer for 1 of 1 sampled resident observed being transferred and having a indwelling urinary catheter in place (Resident #3). The findings included: Resident #3 was admitted to the facility on 03/18/10. Resident #3's diagnoses included urinary tract infections, diabetes, and neurogenic bladder requiring a suprapubic catheter. The most recent Minimum Data Set, a significant change assessment dated 10/28/16, coded her with having moderately impaired cognition, having no mood or behaviors, requiring extensive assistance with two persons for toileting and having an indwelling urinary catheter. On 11/29/16 at 9:59 AM Resident #3 was	F 315	(A) The catheter bag for Resident #3 was changed on 12/1/16. NA#1 and NA #2 received written disciplinary action and re-education for placing the urinary catheter bag on the floor and stepping on it during a transfer. (B) All residents with urinary catheters had catheter bags changed on 12/1/16. (C) The Catheter Care policy/procedure was revised to include the standard of care that a urinary bag is not to touch the floor at any point—if a catheter bag does touch the floor, it will be immediately replaced by the nurse for infection control purposes. All nursing staff were in-serviced on the revised Catheter Care policy/procedure by the Risk Management Coordinator and	12/1/16

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Electronically Signed		12/01/2016

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345264	A. BUILDING _____ B. WING _____	R-C 11/29/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
STANLEY TOTAL LIVING CENTER	514 OLD MOUNT HOLLY ROAD STANLEY, NC 28164

(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 1 observed during a transfer from the wheelchair to the commode in the adjoining bathroom. Nurse Aide (NA) #1 and NA #2 wheeled Resident #3 into the bathroom with the wheelchair facing the right side of the commode. NA #1 unhooked the urinary catheter bag from the cover located on the back lower side of the wheelchair and immediately placed the catheter bag flat on the floor. After the gait belt was applied, NA #1 and NA #2 assisted her to a standing position. While pivoting the resident to the commode, NA #2 stepped on the edge of the catheter bag which remained flat on the bathroom floor. Once in position on the commode, NA #2 picked up the catheter bag and hooked it to the edge of the raised toilet seat. Immediately upon leaving the room, NA #2 stated that the room was a tight fit and she was most concerned about pulling on the catheter bag. She stated they normally hook it up immediately after the transfer. Interview with Nurse #1, who cared for this resident, occurred on 11/29/16 at 12:19 PM. Nurse #1 stated Resident #3 has had no recent urinary tract infections and the catheter bag should be maintained below the level of the resident's bladder during transfers. She further explained that the catheter bag should not have been placed on the floor. Interview with NA #2 on 11/29/16 at 1:46 PM revealed that normally would pass the catheter bag to the other nurse aide. She further explained that the way they had taken Resident #3 into the bathroom caused the room to be tight for all 3 people and a wheelchair, and NA #2 was not in a good place to take the catheter bag so she placed it on the floor.	F 315	Administrator on 12/1/16. (D) The Nursing Supervisors on 1st and 2nd shifts will observe one resident with an indwelling catheter during transfer daily X 2 weeks on his/her shift to ensure the Catheter Care policy & procedure is followed for proper placement of the indwelling catheter bag for safety and appropriate infection control practices beginning on 12/1/16 (following staff in-services). This monitoring/observation will then be done weekly X 4 weeks and finally monthly X 3 months to ensure continued compliance. Any areas of concern will be addressed immediately. The Infection Control Preventionist will review all supervisor findings as completed and will report to the QA&A Committee monthly for any further directives and actions.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345264	A. BUILDING _____ B. WING _____	R-C 11/29/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
STANLEY TOTAL LIVING CENTER	**514 OLD MOUNT HOLLY ROAD STANLEY, NC 28164**

(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 2 Interview with the Director of Nursing on 11/29/16 at 1:49 PM revealed that unless there was an emergency, staff should not be placing the catheter bag on the floor during routine care. The Administrator stated during interview on 11/29/16 at 2:27 PM that the catheter bag should not have been placed on the floor during routine care.	F 315		