

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

PRINTED: 04/20/2017
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345405	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 03/24/2017
NAME OF PROVIDER OR SUPPLIER CHARLOTTE HEALTH & REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 1735 TODDVILLE ROAD CHARLOTTE, NC 28214		
(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	<p>483.25(e)(1)-(3) NO CATHETER, PREVENT UTI, RESTORE BLADDER</p> <p>(e) Incontinence.</p> <p>(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>(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>(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>	F 315		4/21/17	

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

TITLE

(X6) DATE

Electronically Signed

04/13/2017

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>Based on record review, staff, and resident interview the facility failed to administer an antibiotic bladder wash ordered by the physician for the prevention of a Urinary Tract Infection (UTI) for 1 of 5 residents reviewed (Resident #5).</p> <p>Findings include:</p> <p>Resident #5 had been admitted to the facility on 12/27/16 with diagnosis of neurogenic bladder.</p> <p>Review of the Minimum Data Set (MDS) Quarterly assessment dated 03/03/17 revealed Resident #5 had been identified as cognitively intact and having an indwelling urinary catheter.</p> <p>Review of a care plan dated 03/10/17 revealed Resident #5 had the following problem identified: Suprapubic catheter. Interventions included: Monitor/record/report to physician signs and symptoms of urinary tract infection (UTI).</p> <p>Review of a prescription order from the physician on 03/13/17 revealed tobramycin (an antibiotic) bladder irrigation 30 cubic centimeters (cc) via tube twice a day. Instructions: 480 milligram (mg) tobramycin /one liter normal saline/ 50 milliequivalent (mEQ) sodium bicarb/ instill 30 cc via suprapubic catheter tube twice a day for 10 days.</p> <p>Review of a physician order dated 03/17/17 revealed discontinue tobramycin solution.</p> <p>Review of a physician order dated 03/21/17 revealed tobramycin solution 30 milliliter (ml) every 12 hours related to UTI. Okay to hold until able to be compounded by pharmacy.</p>	F 315	<p>The statements included are not an admission and do not constitute agreement with the alleged deficiencies herein. The plan of correction is completed in the compliance of state and federal regulations as outlined. To remain in compliance with all federal and state regulations the center has taken or will take the actions set forth in the following plan of correction. The following plan of correction constitutes the center's allegation of compliance. All alleged deficiencies cited have been or will be completed by the dates indicated.</p> <p>F315 No Catheter, Prevent UTI, Restore Bladder</p> <ol style="list-style-type: none"> How corrective action will be accomplished for each resident found to have been affected by the deficient practice: Resident #5 Antibiotic Bladder Wash completed X10 days as of 3/31/17. How corrective action will be accomplished for those residents having the potential to be affected by the same deficient practice: <ol style="list-style-type: none"> Missed Administration audit was completed by Regional Nurse Consultant on all residents with Foley or Suprapubic Catheter currently in house as of 04/10/2017 on 04/10/2017 for administration of Antibiotic Bladder Wash and corrected as needed. Licensed Nurses will be educated on the process for Ordering, Receiving and administering medications by Director of Nursing and/or SDC by 4/21/2017. 		

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F 315	<p>Continued From page 2</p> <p>Review of the Medication Administration Record (MAR) for the month of March 2017 revealed tobramycin solution, use 30 ml via irrigation every 12 hours related to UTI for 10 days. Order date 03/17/17, discontinue date 03/21/17. On the dates of 03/17, 18, 19, and 21st the medication had been documented as not available. On 03/20/17 the AM dose was documented as not available, and the evening dose was documented as on hold.</p> <p>An interview with the Nurse Practitioner on 03/23/17 at 2:55 PM revealed she had not discontinued the tobramycin bladder irrigation, but put it on hold until it arrived from the pharmacy. She stated the medication had arrived from the pharmacy on 03/16/17, but the nurse had put it in the freezer, and had not notified any other nurses, so no one knew it had been in the facility. She stated Resident #5 had gone to the Urologist on 03/10/17 for the placement of a suprapubic catheter, and the medications that had been ordered from the Urologist were preventative medications, as lab from the Urologist did not show a UTI. She stated she did not feel there had been any harm to resident #5 by not receiving the bladder wash. She stated she would expect the nursing staff to follow physician orders.</p> <p>An interview with Resident #5 on 03/23/17 at 4:27 PM revealed she had not received any bladder washes until 03/22/17.</p> <p>An interview with the Unit manager on 03/23/17 at 6:24 PM revealed tobramycin bladder wash had been ordered by the Urologist on 03/13/17. She stated the order had been sent to the pharmacy, but they were not a compounding pharmacy, so the order had been sent to another pharmacy.</p>	F 315	<p>3. Measures to be put in place or systemic changes made to ensure practice will not re-occur:</p> <ol style="list-style-type: none"> 1. Unit Managers and/or designee will pull the Missed Administration Audit report each unit daily Monday through Friday to validate administration of Antibiotic Bladder Wash for all residents with Foley or Suprapubic catheters as ordered daily X 2 weeks, weekly X 2 weeks, Biweekly X 2, Monthly X 6. 2. All new Licensed Nurses will be educated in orientation on the process for Ordering, Receiving and administering medications. 4. How facility will monitor corrective action(s) to ensure deficient practice will not re-occur: Results of audits will be reviewed in weekly Quality Assurance Risk meeting for 6 weeks for further problem resolution if needed. Results of audits will be reviewed in Quarterly Quality Assurance Meeting X 3 for further problem resolution if needed. 		

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F 315	<p>Continued From page 3</p> <p>She stated she had notified the Nurse Practitioner, and the order was put on hold until the pharmacy could send the bladder wash. She stated the bladder wash had not arrived by 03/16/17, and the pharmacy had been notified. She stated the pharmacist was going to try to obtain the solution from another pharmacy. She further stated on 03/21/17 pharmacy had been called again, and they reported the solution had been sent on 03/16/17, and had been delivered to the facility at 5:37 PM. She further stated they had looked for the solution, and found it in the freezer on 03/21/17. She stated they notified the Nurse Practitioner, and an order had been obtained to start the tobramycin bladder wash on 03/22/17.</p> <p>An interview with the Director of Nursing (DON) on 03/23/17 at 6:35 PM revealed the tobramycin bladder wash had been put on hold until they were able to get it from the pharmacy. She stated it had to be compounded, and the facility's pharmacy had to get it from a compounding pharmacy. She stated it had not been delivered by 03/16/17 and the pharmacy had been called, and they never told her it had already been delivered. She stated the pharmacy had been called again on 03/21/17 and they told her it had been delivered on 03/16/17. She stated they finally found it in the freezer, but it was unknown who had put it there.</p> <p>An interview with Pharmacist #1 on 03/24/17 at 10:42 AM revealed the bladder wash solution had been prepared, and had been picked up by the facility's pharmacy courier service on 03/16/17. She further stated she had received a call from Pharmacist #2 on 03/21/16 asking if the bladder solution had been picked up, as the facility had</p>	F 315			

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F 315	Continued From page 4 not received it. An interview with Pharmacist #2 on 03/24/17 at 11:27 PM revealed the original order for the tobramycin bladder solution had been ordered on 03/13/17 and was not able to be compounded due to one of the ingredients being back ordered, due to being scarce. She stated the facility had called her on 03/16/17 to see why the solution had not been delivered. She stated they had contacted a pharmacy to compound the solution for them, and it had been compounded on 03/16/17, and sent to the facility. She further stated the facility did not contact her again until 03/21/17 to let her know they had not received the solution. She stated 5 days went by before they contacted her, and she would have expected them to contact her right away if they had not received it on 03/16/17. She stated the solution had been signed for by a nurse from the facility at 5:37 PM on 03/16/17. She stated it had been put in the freezer, and had not been found for 5 days. An interview with the Administrator on 03/24/17 at 3:34 PM revealed he would expect the nursing staff to report to the other nurses that the medication was there, and to start the medication. An interview with the DON on 03/24/17 at 3:55 PM revealed her expectations of the nursing staff would be to report to the nurses that the medication had arrived, and start the medication as ordered.	F 315			
F 502 SS=D	483.50(a)(1) ADMINISTRATION (a) Laboratory Services (1) The facility must provide or obtain laboratory	F 502		4/21/17	

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F 502	<p>Continued From page 5</p> <p>services to meet the needs of its residents. The facility is responsible for the quality and timeliness of the services.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on record review, staff, and resident interview the facility failed to obtain a lab ordered by the physician for 1 of 5 residents reviewed (Resident #5).</p> <p>Findings include:</p> <p>Resident #5 had been admitted to the facility on 12/27/16 with diagnosis of neurogenic bladder.</p> <p>Review of the Minimum Data Set (MDS) Quarterly assessment dated 03/03/17 revealed Resident #5 had been identified as cognitively intact and having an indwelling urinary catheter.</p> <p>Review of a physician order dated 03/06/17 revealed urinalysis (UA) with culture and sensitivity (C&S), STAT (immediately). Please change catheter before collecting urine one time for twitching.</p> <p>Review of a physician progress note dated 03/06/17 at 15:25 PM revealed Resident #5 had requested a urine specimen be sent due to symptoms such as eyes rolling back in her head and twitching, which in the past has been signs and symptoms of a Urinary Tract Infection (UTI).</p> <p>Review of a care plan dated 03/10/17 revealed Resident #5 had the following problem identified: Suprapubic catheter. Interventions included: Monitor/record/report to physician signs and symptoms of UTI.</p>	F 502	<p>F502 Administration-Laboratory Services</p> <ol style="list-style-type: none"> How corrective action will be accomplished for each resident found to have been affected by the deficient practice: Resident #5 had UA C/S completed on 3/10/17. How corrective action will be accomplished for those residents having the potential to be affected by the same deficient practice: <ol style="list-style-type: none"> Audit for UA C/S order was completed 4/5/17 by Unit Coordinator, Unit Manager and Regional Nurse Consultant on all residents currently in house as of 03/31/2017 for orders 03/01/2017 through 3/31/2017 and corrected as needed. Licensed Nurses will be educated on the following by Director of Nursing and/or Staff Development nurse to be completed by 04/21/2017: 1) print order listing report for their unit 1 hour prior to end of shift to validate all UA C/S orders carried through, scheduled, and follow facility process to log on lab logs and complete lab requisitions 2) How to put in UA C/S order into Point Click Care under Medication Administration Record with date to be done, 1X day, for 11/7 shift. 3) 11/7 Licensed nurses will complete 24-hour chart check by pulling order listing report for UA C/S, obtain urine, verify or 		

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F 502	<p>Continued From page 6</p> <p>An interview with the Nurse Practitioner on 03/23/27 at 2:55 PM revealed she had seen Resident #5 on 03/06/17 and did order a UA with C&S stat due to Resident #5 complaining of UTI symptoms. She stated when she had come back into the facility on 03/09/17 she could not find the results of the UA and C&S. She stated she had asked the Unit Manager for the results of the lab. She stated the Unit Manager could not find the order in the lab system, and they had not been done. She stated she would expect the nurse to follow physician's orders and obtain lab that had been ordered.</p> <p>An interview with Resident #5 on 03/23/17 at 4:27 PM revealed the nursing staff had never obtained a sample of urine for the lab that had been ordered on 03/06/17.</p> <p>A telephone interview with the Unit Manager on 03/23/17 at 5:02 PM revealed the Nurse Practitioner had approached her on 03/09/17 and wanted the results of the UA and C&S. She stated she checked in the computer for the lab order dated 03/06/17 and could not find that the order had been processed. She stated the UA with C&S order would have popped up on the electronic Medication Administration Record (MAR) for the nurse to obtain. She stated she checked lab for the entire facility every morning, but did not have a running list of things to check for, so she was not particularly looking for the UA results for Resident #5 on 03/07/17.</p> <p>An interview with the Administrator on 03/24/17 at 3:32 PM revealed he expected the nurses to obtain lab that the physician had ordered.</p> <p>An interview with the Director of Nursing (DON)</p>	F 502	<p>complete UA C/S lab requisitions and place in lab log for am lab pickup.</p> <p>3. Measures to be put in place or systemic changes made to ensure practice will not re-occur:</p> <ol style="list-style-type: none"> 1. Director of Nursing and/or Unit Managers/ Unit Coordinator will pull the order listing report for all UA C/S orders each unit daily Monday through Friday to validate UA C/S orders carried through and obtained on all residents with Foley or Suprapubic Catheters as ordered daily X 2 weeks, weekly X 2 weeks, Biweekly X 2, Monthly X 6 months. 2. All new Licensed Nurses will be educated in orientation 1) print order listing report for their unit 1 hour prior to end of shift to validate all UA C/S orders carried through, scheduled, and follow facility process to log on lab logs and complete lab requisitions 2) How to put in UA C/S order into Point Click Care under Medication Administration Record with date to be done, 1X day, for 11/7 shift. 3) 11/7 Licensed nurses will complete 24-hour chart check by pulling order listing report for UA C/S, obtain urine, verify or complete UA C/S lab requisitions and place in lab log for am lab pickup. 4. How facility will monitor corrective action(s) to ensure deficient practice will not re-occur: Results of audits will be reviewed in weekly Quality Assurance Risk meeting for 6 weeks for further problem resolution if needed. Results of audits will be reviewed in Quarterly Quality 		

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F 502	Continued From page 7 on 03/24/17 at 3:47 PM revealed she would expect the nursing staff to obtain any lab the physician had ordered.	F 502	Assurance Meeting X 3 for further problem resolution if needed.		