STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345356	A. BUILDING _____ B. WING _____	C 03/27/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RICH SQUARE NURSING & REHAB	300 NORTH MAIN STREET RICH SQUARE, NC 27869

(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 No deficiencies were cited as a result of the complaint investigation survey on 3/27/18. Event ID #VXZW11.	F 000		
F 690 SS=D	Bowel/Bladder Incontinence, Catheter, UTI CFR(s): 483.25(e)(1)-(3) §483.25(e) Incontinence. §483.25(e)(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. §483.25(e)(2)For a resident with urinary incontinence, based on the resident's comprehensive assessment, the facility must ensure that- (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; (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 (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. §483.25(e)(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	F 690		4/9/18

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Electronically Signed | 04/06/2018

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 690	Continued From page 1 receives appropriate treatment and services to restore as much normal bowel function as possible. This REQUIREMENT is not met as evidenced by: Based on observation, record review and staff interviews the facility failed to remove all stool from 1 of 3 residents observed during incontinence care (Resident #7). The findings included: Resident #7 was admitted to the facility on 5/4/11 and had a diagnosis of Congestive Heart Failure, Coronary Artery Disease and Dementia. The most recent Minimum Data Set (MDS) Assessment (Significant Change) dated 12/19/17 revealed the resident had severe cognitive impairment and required extensive assistance with bed mobility, toileting and personal hygiene. The MDS revealed the resident was incontinent of bowel and bladder. The resident ' s Care Plan dated 1/12/18 noted the resident required total care with activities of daily living related to impaired mobility and was incontinent of bowel and bladder related to dementia. The Care Plan directed staff to check as required for incontinence and wash, rinse and dry perineum and apply skin barrier cream after each incontinence care. On 3/27/18 at 2:18 PM, NA (Nursing Assistant) #1 was observed to provide incontinence care for Resident #7. The resident was observed to be lying flat on her back. The NA was observed to remove the resident ' s brief and a large amount of stool was present in the resident ' s perineal	F 690	The plan for correcting the specific deficiency. The Certified Nursing Assistant (CNA) for Resident #7 was in serviced by the Administrative Nurse on March 27, 2018 and again on April 3, 2018 on the importance of providing proper incontinence care. The process that led to the deficiency was related to the CNA being unsure of the proper procedure for incontinence care. The procedure for implementing an acceptable plan of correction for the specific deficiency cited. Any resident with incontinence requiring staff assistance could be at risk so therefore the Administrative nurse in-serviced the Licensed Nurses and CNAs regarding the importance of incontinence care when providing care with an emphasis on using soap and water to clean perineal and buttocks. New hire orientation will include the importance of incontinence care especially while in bed with emphasis following procedure and on using soap and water to clean perineal and buttocks. The monitoring procedure to ensure that the plan of correction is effective and that the specific deficiency cited remains corrected and/or in compliance with regulatory requirements. The Administrative nurse monitored the CNA cited in the deficiency on three separate occasions to ensure compliance with the	

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F 690	Continued From page 2 area. The NA used toilet paper to clean from front to back to remove the stool. The NA then assisted the resident to roll over onto her left side and continued to clean stool from the resident ' s buttocks, peri-rectal and perineal areas with toilet paper. The NA was observed to go in the bathroom and wet a washcloth and cleaned the resident ' s perineal area and buttocks wiping from front to back. The NA stated she was using plain water on the wash cloth to clean the resident and did not have any soap on the wash cloth. When the NA had completed the care and started to apply a clean brief, the NA was asked to use a clean wet washcloth to clean the resident ' s perineal area to ensure all stool had been removed. The NA was observed to clean the perineal area and small streaks of stool were observed on the wash cloth. After the care, the NA stated they used to have pre-moistened wipes for incontinence care but no longer used these. The NA asked if she should use soap and water to clean the resident. On 3/27/18 at 4:12 PM, the MDS Coordinator stated in an interview that if during incontinence care, stool was present, the staff was supposed to use toilet paper to remove the stool, have soap and water available and clean the perineal area well wiping front to back and then clean the buttocks with soap and water. On 3/27/18 at 4:31 PM, the facility ' s Nurse Consultant stated in an interview it was her expectation the NA would provide incontinence care per their policy and procedures.	F 690	procedure. This was completed on April 3, 2108. The Administrative nurse and/or RN Supervisor will monitor current nurse aides for the compliance with the proper procedure for incontinence care. 10 nurse aides will be monitored during care weekly times 4 weeks, biweekly times 2 weeks and monthly thereafter until compliance is achieved with appropriate incontinence care. Data results will be analyzed and reviewed at the centers monthly QAPI meeting for 3 months with a subsequent plan of correction if needed. The DON is responsible for overall compliance.	