STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345438	A. BUILDING _____ B. WING _____	C 01/04/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE LAURELS OF SUMMIT RIDGE	100 RICEVILLE ROAD ASHEVILLE, NC 28805

(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 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 receives appropriate treatment and services to restore as much normal bowel function as possible. This REQUIREMENT is not met as evidenced by: Based on observations, record review, and staff	F 690	The Laurels of Summit Ridge wishes to	2/1/19

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

Electronically Signed | 01/22/2019

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F 690	Continued From page 1 interviews the facility failed to secure the catheter tubing for 1 of 3 residents reviewed for catheter care (Resident #2) Findings included: Resident #2 was admitted to the facility on 09/18/16 with a readmission on 05/18/18. Her diagnoses included: hemiplegia, hemiparesis, cerebrovascular disease, abnormal posture, contracture of muscle, dementia without behavioral disturbance, dysphagia, heart disease, anxiety, depression, diabetes, and hypertension. Review of the quarterly Minimum Data Set (MDS) dated 12/20/18 indicated Resident #2 was unable to speak or make self-understood and did not understand others. MDS further revealed resident required extensive or total assistance for all activities of daily living (ADLs) and also had an indwelling urinary catheter. Review of the care plan revised on 11/27/18 identified urinary catheterization goals included not to develop recurring urinary tract infections. The interventions included providing catheter care per protocol. Review of the indwelling urinary catheter care and management protocol revised on 11/17/17 included make sure that the catheter is properly secured, assess the securement device daily and change it when clinically indicated and as recommended by the manufacturer. An observation of catheter care was made on 01/04/19 at 10:55 AM. Nurse Aide (NA) #1 was providing catheter care for Resident #2 and a catheter tube securing device was not observed	F 690	have this submitted plan of correction stand as its written allegation plan of compliance. Our date of compliance is February 8th, 2019. Preparation and/or execution of this plan does not constitute admission to nor agreement with either existence of or scope of severity of the cited deficiencies. This plan is prepared and/or executed to ensure compliance with regulatory requirements. F690 Bowel/Bladder Incontinence, Catheter, UTI Corrective Action: Securing device immediately applied to Resident #2□s Right leg to secure indwelling catheter. There was no negative outcome to the resident. Other residents with indwelling catheters are potentially at risk. Residents with indwelling catheters have been assessed. No other residents were identified that did not have a securing device in place. Systematic Changes: Staff Development Coordinator will educate nursing staff on proper procedure to secure indwelling catheters. Monitoring: Unit Managers will audit residents with indwelling catheters weekly for 4 weeks and then monthly for 2 months to determine compliance with securing device in place for residents with indwelling catheters. Results of the audits will be taken to QA by the Director of	

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F 690	Continued From page 2 on the resident or in the room. After NA #1 finished cleaning the tubing and catheter care was complete, the tubing remained unsecured to the resident. An interview with NA #1 on 01/04/19 at 3:35 PM revealed she had never put a urinary catheter securing device on Resident #2 and had never seen one in Resident #2's room. An interview with Nurse #1 on 01/04/19 at 5:30 PM revealed Resident #2 should have had a leg strap securing the urinary catheter to the resident. Nurse #1 further revealed that she had never seen a urinary catheter securing device on this resident, but there should have been one. An interview with the Director of Nursing (DON) on 01/04/19 at 1:45 PM revealed she expected staff would provide catheter care including securing the tubing to the resident to prevent injury and for the nurses to ensure the tubing was secured to the leg unless the resident refused.	F 690	Nursing and reviewed monthly at the Quality Assurance Committee Meeting for any further recommendations. The Administrator will be responsible to ensure any further recommendations are carried out.	