

STATEMENT OF ISOLATED DEFICIENCIES WHICH CAUSE NO HARM WITH ONLY A POTENTIAL FOR MINIMAL HARM FOR SNFs AND NFs	PROVIDER # 345393	MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	DATE SURVEY COMPLETE: 3/27/2019
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NAME OF PROVIDER OR SUPPLIER PISGAH MANOR HEALTH CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 104 HOLCOMBE COVE ROAD CANDLER, NC
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ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES
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{F 656}	<p>Develop/Implement Comprehensive Care Plan CFR(s): 483.21(b)(1)</p> <p>§483.21(b) Comprehensive Care Plans §483.21(b)(1) The facility must develop and implement a comprehensive person-centered care plan for each resident, consistent with the resident rights set forth at §483.10(c)(2) and §483.10(c)(3), that includes measurable objectives and timeframes to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment. The comprehensive care plan must describe the following -</p> <ul style="list-style-type: none"> (i) The services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.24, §483.25 or §483.40; and (ii) Any services that would otherwise be required under §483.24, §483.25 or §483.40 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(c)(6). (iii) Any specialized services or specialized rehabilitative services the nursing facility will provide as a result of PASARR recommendations. If a facility disagrees with the findings of the PASARR, it must indicate its rationale in the resident's medical record. (iv) In consultation with the resident and the resident's representative(s)- <ul style="list-style-type: none"> (A) The resident's goals for admission and desired outcomes. (B) The resident's preference and potential for future discharge. Facilities must document whether the resident's desire to return to the community was assessed and any referrals to local contact agencies and/or other appropriate entities, for this purpose. (C) Discharge plans in the comprehensive care plan, as appropriate, in accordance with the requirements set forth in paragraph (c) of this section. <p>This REQUIREMENT is not met as evidenced by: Based on observations, record review and staff interviews, the facility failed to implement a resident centered care plan intervention by not having a catheter bag covered with a dignity cover for 1 of 3 residents with catheters (Resident #5).</p> <p>The findings included:</p> <p>Resident #5 was admitted to the facility on 03/14/19 with diagnoses that included neuromuscular dysfunction of the bladder, retention of urine, and chronic kidney disease.</p> <p>Review of Resident #5's medical record revealed a Minimum Data Set Assessment had not been completed due to her recent admission to the facility. A review of a facility provided list of residents on 03/26/19 revealed the facility identified Resident #5 as being interviewable.</p> <p>A review of Resident #5's admission physician orders revealed orders that included indwelling urinary catheter for urinary retention.</p>
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The above isolated deficiencies pose no actual harm to the residents

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{F 656}	<p>Continued From Page 1</p> <p>A review of Resident #5's care plan dated 03/15/19 revealed a care plan area for indwelling urinary catheter due to neurogenic bladder. Interventions included to keep catheter bag covered adequately to promote dignity.</p> <p>During an observation on 03/27/19 at 9:36 AM Resident #5 was observed to be up and in her wheelchair in her room. Resident #5's catheter bag was observed to be uncovered with urine in the drainage bag and visible to passersby from the hall. A floor nurse, Nurse #1 entered in and out of the room speaking with Resident #5. Nurse #1 did not provide a dignity cover for Resident #5's catheter bag.</p> <p>During an interview with Resident #5, she reported, to her knowledge, the facility had never covered her catheter bag. Resident #5 reported it bothered her that it was not covered but denied notifying any staff because she felt it was common sense to cover the catheter bag, stating "nobody wants people looking at that."</p> <p>During an interview on 03/27/19 at 2:07 PM with Nurse Aide (NA) #1, she reported it was the responsibility of NAs to ensure that catheter bags were covered with dignity covers. She stated she believed most of the catheter bags had dignity covers pre-attached to the catheter bags but there were separate dignity covers in the central supply room for residents who came from the hospital with catheter bags without dignity covers. She reported she was informed of care needs for individual residents by looking at the Kardex (an electronic form that listed care plans and interventions for individual residents). She reported the Kardex's were found in the computer and they were also printed off and placed in resident rooms. She indicated Resident #5's Kardex reflected the need to ensure the urinary catheter bag was covered and reported all catheter bags should be covered.</p> <p>During an interview with NA #2 on 03/27/19 at 2:20 PM she reported she was assigned to care for Resident #5 that day and stated she was not sure how she missed there was no dignity cover on the catheter drainage bag. She stated the catheter bags utilized by the facility had attached dignity covers but there were times when residents came in from the hospital where there were no dignity covers on the catheter bags. NA #2 explained the facility had separate dignity covers that could be used if a resident had a catheter bag that was not covered. She reported Resident #5 was admitted from the hospital and believed a dignity cover was placed over her catheter bag. She stated NAs were responsible for ensuring catheter drainage bags were covered with dignity bags.</p> <p>During an interview with Nurse #1 on 03/27/19 at 2:53 PM, she reported she would hope the floor NAs would ensure catheter bags were covered with dignity bags but stated it ultimately was her responsibility to ensure the dignity bags were in place. She reported being unsure if Resident #5's catheter bag was equipped with a dignity bag and that if it was not covered, then it should be.</p> <p>During an interview with the Director of Nursing (DON) on 03/27/19 at 3:24 PM, she stated it was her expectation that all catheter bags be covered with dignity bags and it was the responsibility of all staff members who see residents to ensure catheter bags were covered. She reported she would have expected the</p>
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{F 656}	<p>Continued From Page 2</p> <p>admitting nurse to address the uncovered catheter bag and placed a dignity cover over the bag. The DON further stated if the care plan directed to keep the catheter bag covered adequately to promote dignity and the catheter bag was uncovered, then the care plan was not being followed. She indicated Resident #5's catheter bag should have been covered as directed by her care plan.</p> <p>An interview with the Administrator on 03/27/19 at 4:05 PM revealed she expected that care plans and interventions should be followed as written and Resident #5's catheter bag should have been covered with a dignity bag.</p>
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DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 04/10/2019
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345393	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED R-C 03/27/2019
NAME OF PROVIDER OR SUPPLIER PISGAH MANOR HEALTH CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 104 HOLCOMBE COVE ROAD CANDLER, NC 28715		
(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 On March 27, 2019, The Division of Health Service Regulation, Nursing Home Licensure and Certification conducted a revisit. The facility was found to be in compliance effective March 21, 2019.	F 000			
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE			TITLE		(X6) DATE

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

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OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345393	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 03/27/2019
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F 000	INITIAL COMMENTS No deficiencies were cited as a result of the complaint investigation. Event ID#KY8611.	F 000			
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE			TITLE		(X6) DATE

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