

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

PRINTED: 01/20/2022  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>345223</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>12/21/2021</b>
NAME OF PROVIDER OR SUPPLIER  <b>BLUE RIDGE HEALTH AND REHABILITATION CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>1510 HEBRON STREET</b> <b>HENDERSONVILLE, NC 28739</b>	
(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  An unannounced onsite complaint investigation survey was conducted on 12/20/21 with exit from the facility on 12/20/21. Additional information was obtained 12/21/21 offsite, therefore the exit date was changed to 12/21/21. One of 8 allegations was substantiated resulting in a deficiency. Event ID# U1HE11.	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.	F 690		1/18/22

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

TITLE

(X6) DATE

Electronically Signed

01/18/2022

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	<p>Continued From page 1</p> <p>§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.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on record review, observations, and interviews with staff the facility failed to perform perineal care in a manner to prevent urinary tract infections for 1 of 1 resident reviewed for incontinence care (Resident #3).</p> <p>The findings included:</p> <p>Resident #3 was admitted to the facility 11/29/2017. Resident #3's diagnoses included, urinary incontinence, a history of urinary tract infections (UTI), and sepsis.</p> <p>A review of the quarterly Minimum Data Set (MDS) dated 11/23/21 assessed Resident #3 as being cognitively intact and required extensive assistance with toilet use and personal hygiene and was frequently incontinent of both bladder and bowel.</p> <p>Resident #3's care plan dated 9/30/21 identified a risk for infections related to having a history of UTIs, being incontinent, and decreased mobility with the goal to remain free of infectious processes through the next review. Interventions included maintain universal precautions when</p>	F 690	<p>Resident # 3 was provided peri care wiping front to back</p> <p>All incontinent residents are at risk</p> <p>Certified Nursing Assistant (CNA)/Resident Care Specialist (RCS) staff was educated on 12/21/21 on the proper procedure to provide peri care and skills check list for peri care was completed, with an emphasis on washing a female resident front to back, on all CNA/RCS except 2 PRN CNA/RCS on 12/28/21. These 2 CNA/RCS will have to complete peri care training and skills check list prior to working with residents. Training was provided by the Director of Nursing(DON) and the Infection Control/Staff Development Coordinator (SDC) . All new RCS/CNA hires will be provided peri care education during orientation prior to being permitted to working with residents.</p> <p>A monitoring tool was created. 3 staff members per week for 12 weeks will be monitored by a member of the nurse management team (DON, Infection Control/SDC, Unit Manager, Minimal Data Set Coordinator) to ensure that</p>		

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F 690	<p>Continued From page 2</p> <p>providing care and observe for signs and symptoms of a UTI.</p> <p>On 12/20/21 at 2:08 PM Nurse Aide (NA) #1 was observed to assist Resident #3 with personal hygiene after an episode of voiding. NA #1 wet a washcloth with warm water and a peri-cleanser spray. NA #1 assisted Resident #3 off the toilet using a mechanical lift and started peri-care. NA #1 cleaned the resident's buttocks first then folded a corner of the washcloth and reached between Resident #3's legs from the buttocks towards the front of the perineum and wiped from the front to the back.</p> <p>During an interview on 12/20/21 at 2:15 PM NA #1 revealed it was difficult for her to wipe front to back while using the mechanical lift in the bathroom due to limited space. NA #1 was asked how she was trained to provide peri-care to prevent the spread of bacteria and prevent the risk of an UTI and stated to start at the front of the perineum area and wipe from the front to back. NA #1 stated she should have wiped the front of the perineum first but because of the limited space in the bathroom, she cleaned the buttocks first. When asked why she used the same washcloth during peri-care, NA #1 stated she folded the corners down after she cleaned the buttocks to prevent the spread of bacteria that could cause a UTI.</p> <p>An interview was conducted on 12/20/21 at 5:12 PM with the Infection Preventionist/Assistant Director of Nursing (IP/ADON). The IP/ADON explained she observed NA staff skills for</p>	F 690	<p>RCS/CNA's are providing proper per-care for a female resident.</p> <p>A member of the nursing management team (DON, Infection Control/SDC, Unit Manager, MDS Coordinator) will gather and analyze the data and female peri-care will be monitored in QAPI for at least the next 3 months.</p> <p>Date of completion January 18, 2022</p>		

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F 690	<p>Continued From page 3</p> <p>incontinence and/or peri-care and the last skill check off was in August 2021. The IP/ADON stated to clean the buttocks first then the front perineum area, if done that way all the time could contribute to getting a UTI.</p> <p>An interview was conducted on 12/21/21 at 10:10 AM with the Nurse Practitioner (NP). The NP explained Resident #3 was admitted with a history of UTIs. After explaining the observation of peri-care with NA #1, the NP stated cleaning the buttocks first wasn't ideal and could introduce bacteria to the vaginal area and put the resident at risk for UTI.</p> <p>During an interview on 12/21/21 at 2:47 PM the Director of Nursing (DON) revealed NA skills were checked for providing incontinence and/or peri-care and signed by the NA including agency NA staff. The DON revealed NA #1 shouldn't wipe the resident's buttocks first and in doing so put the resident at risk for introducing bacteria that could cause a UTI. The DON explained the correct procedure was to wipe from the front of the perineum first then towards the back and stated if NA #1 was going to wipe the buttocks first a new washcloth should have been used to clean the front of the perineum area.</p>	F 690			