<table>
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<tr>
<th>ID PREVIOUS TAG</th>
<th>SUMMARY STATEMENT OF DEFICIENCIES</th>
<th>ID PREVIOUS TAG</th>
<th>PROVIDER'S PLAN OF CORRECTION</th>
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<tr>
<td>F 312 SS=0</td>
<td>483.25(a)(3) ADL CARE PROVIDED FOR DEPENDENT RESIDENTS</td>
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A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene.

This REQUIREMENT is not met as evidenced by:

- Based on observations, record review and staff interviews the facility failed to provide perineal care according to their policy for 1 of 5 sampled Residents (Resident # 8). Findings include:

  - Resident # 8 was admitted to the facility on 10/19/10 with multiple diagnoses including diabetes and dementia. The last quarterly Minimum Data Set (MDS) dated 9/4/11 revealed Resident # 8 had short and long term memory impairment and was severely impaired for making decisions for activities of daily living. Resident # 8 required extensive assistance from nursing staff for his nursing care.

  - Record review of Resident # 8’s care plan dated 1/21/11 revealed a problem was "Potential for skin impairment due to a previous open area to right buttock and impaired mobility and bowel and bladder incontinence. " Further reading of the care plan indicated the measurable goal was "Resident's skin will be free from skin breakdown or irritation and early detection of any skin issues (preventative measures taken) through next review. The intervention was "Provide incontinent care per policy."

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.

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How corrective action will be accomplished for each resident found to have been affected by the deficient practice:

- Perineal care procedures were in-serviced to 75% Nursing Assistants beginning 07/27/2011 from Mosby’s textbook for Long Term Care Nursing Assistants on ADL care.

LABORATORY DIRECTION OR PROVIDER/REPRESENTATIVE'S SIGNATURE

Rhandra D. Wyrick

DATE

08-19-2011

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 areducibleable 50 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 discloseable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is required to continued program participation.
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<td>Record review of the facility policy titled &quot;Giving Male Perineal Care,&quot; undated, revealed the following in part:</td>
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1. **3. Retract the foreskin if the person is uncircumcised.**
2. **4. Grasp the penis.**
3. **5. Clean the tip. Use a circular motion. Start at the meatus of the urethra, and work outward. Repeat as needed. Use a clean part of the washcloth each time.**
4. **6. Rinse the area with another part of the washcloth each time.**
5. **7. Rinse the area with another washcloth.**
6. **8. Return the foreskin to its natural position.**

During observations of bathing, incontinent care was provided on 7/28/11 at 5:07 am by NA # 1. The NA removed the resident's moderately urine soaked diaper. NA # 1 washed perineal area, and did not pull back foreskin to thoroughly clean Resident # 8's uncircumcised penis. She proceeded to clean rectal area with the same soapy washcloth. The NA wiped in an upward motion from the perineum over the rectum and observations revealed there the resident had been incontinent of stool. She proceeded to flip a clean, thin edge of the soapy wash cloth over the brown matter and proceeded to clean Resident # 8's buttocks with the soapy, soiled wash cloth.

On 7/28/11 at 5:50 am an interview with NA # 1 revealed she was taught to pull back the foreskin of an uncircumcised male resident while she was in orientation. She revealed she "did not think to clean the foreskin when lifted up his stuff. Kinda in a rush this morning. She further stated "if stool was on the washcloth I should have

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<th>F 312</th>
<th>Nursing Assistant # 1 who was observed with deficient practice was re-in-serviced on</th>
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<td>08/04/2011 and 08/12/2011 with return demonstration.</td>
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How corrective action will be accomplished for those residents having the potential to be affected by the same deficient practice – In-services were conducted for all regularly scheduled Nursing Assistants on 7/27/2011 through 08/14/2011 on perineal care which was obtained from Mosby's textbook for Long Term Care Nursing Assistants. All participants receiving this in-service were given a copy of the perineal care instructions for males and females. Any Nursing Assistant not in-serviced due to vacations or PRN work status will not be allowed to return to work until they have completed the training in-service.
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changed wash cloth, or rinsed it or got wipes “as she was instructed in orientation.

While conducting an interview with Nurse #1 on 7/26/11 at 7:25am she revealed her expectation was for NAs to “retract (pull back) the foreskin, during bathing or incontinent care and wipe until he is clean. “ She stated when cleaning the rectum if stool was noted on the wash cloth the NA should obtain a new wash cloth before cleansing any other part of a resident’s body.

An interview with Nurse #2 on 7/26/11 at 10:55am revealed she expected NAs to pull back the foreskin and clean the penis under the skin thoroughly. She indicated a wash cloth soiled with stool should be discarded before any other part of the body is cleansed.

An interview was conducted with NA #2 on 7/26/11 at 11:25am. She stated she pulls foreskin back and washes around the penis. She revealed while cleaning the rectum if the wash cloth became soiled she would discard a soiled wash cloth in a plastic bag and obtain a clean wash cloth before cleaning any area on the resident’s body.

An interview with NA #3 on 7/26/11 at 11:31am revealed she was performing incontinent care on a male; she would pull the foreskin back and wash under the skin. She further stated, “If stool was obtained while washing the rectum she would use a new wash cloth. “

On 7/27/11 at 9:50am an interview with the Nurse Consultant revealed he expected NAs “to pull back the foreskin and clean under foreskin.”

Measures to be put in place or systemic changes made to ensure practice will not re-occur – A Registered Nurse will train and validate training of each newly hired Nursing Assistant on perineal care for male and female resident’s. All Nursing Assistants will be audited no less than yearly with return demonstration for providing perineal care. This will be completed utilizing Mosby’s textbook for Long Term Care Nursing Assistants. Unit Managers will audit perineal care through return demonstration three times a week for two weeks, then once a week for two weeks, than monthly for two months. Audits will be reviewed at weekly risk meetings and at Monthly Quality Assurance Committee meeting for three months. The Quality Assurance Committee consists of the Administrator,
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If the washcloth is soiled while cleansing the rectal area NAs should get a clean washcloth and continue cleansing the rectum until all stool is gone.” He stated no other area of the body should be cleaned with a soiled washcloth.

During an interview with the Assistant Director of Nursing (ADON) who was also the acting Director of Nurses (DON) on 7/29/11 at 10:55 am she stated, NAs are to “pull back the foreskin of an uncircumcised male and clean under the skin.” She stated she expected “a soiled wash cloth be discarded immediately” before cleansing any other areas on a resident.

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Director of Nursing, Assistant Director of Nursing, Rehab Director, Dietary Manager, Director of Housekeeping/Laundry and Unit Managers.

How facility will monitor corrective action(s) to ensure deficient practice will not re-occur - Unit Managers will audit perineal care through return demonstration three times a week for two weeks, than once a week for two weeks, than monthly for two months. Audits will be reviewed at weekly risk meetings and at Monthly Quality Assurance Committee meeting for three months. The Quality Assurance Committee consists of the Administrator, Director of Nursing, Assistant Director of Nursing, Rehab Director, Dietary Manager, Director of Housekeeping/Laundry and Unit Managers.