PRINTED: 06/02/2014 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING		X3) DATE SURVEY COMPLETED	
		345551	B. WING		C
NAME OF F	PROVIDER OR SUPPLIER	343331	l	PERFET ADDRESS CITY STATE ZID CODE	05/01/2014
		RE - CAROLINA POINT		STREET ADDRESS, CITY, STATE, ZIP CODE 5935 MOUNT SINAI ROAD DURHAM, NC 27705	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)	
F 000	Nursing Home Lice Section conducted survey from 3/11/14	alth Service Regulation, nsure and Certification a complaint investigation through 3/12/14. The survey the facility from 4/28/14	F 000		
F 281 SS=G	through 5/1/14 to corresulting in deficien 483.20(k)(3)(i) SER PROFESSIONAL S	ollect additional information cies.	F 28′		6/6/14
	by: Based on record reinterview the facility current practice for based on published (Resident # 3) which the catheter balloor hospitalization due blood in the urine. Facility Policy for Calsued November 2 Policy: To provide sthose patients/residing catheters Responsible Parties responsible for impercedure: Read in 16. Raise the penis catheter until urine catheter in sterile of	atheters: Insertion of Male 2012 and copyrighted 2006 afe and hygienic measures for lents that requires use of 3. s: The Licensed Nurses are lementation of the policy. Part a upright, then gently advance flows. Place free end of		This plan of correction constitutes a written allegation of compliance. Preparation and submission of this p correction does not constitute an admission or agreement by the provide the truth of the facts alleged or the correctness of the conclusions set for on the statement of deficiencies. The plan of correction is prepared and submitted solely because of requirement under state and federal law.  Corrective action will be accomplished the resident found to have been affect by the deficient practice:  Resident #3 Foley Catheter was replated the hospital on 2/25/2014.  Upon return Resident #3 Foley catheter will be changed by the resident #3 Urologist.	olan of ider of orth e ments ed for cted
ABORATOR)	/ DIRECTOR'S OR PROVID	ER/SUPPLIER REPRESENTATIVE'S SIGN	JATI IRE	TITLE	(X6) DATE

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

**Electronically Signed** 

03/18/2014

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.

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	X2) MULTIPLE CONSTRUCTION  A. BUILDING		(X3) DATE SURVEY COMPLETED	
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NAME OF I	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP COI		01/2014	
				5935 MOUNT SINAI ROAD			
UNIHEA	TH POST-ACUTE CA	ARE - CAROLINA POINT		DURHAM, NC 27705			
	CLIMMA DV CT	ATEMENT OF DEFICIENCIES			FOTION	0.(5)	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AF DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE	
F 281	Continued From page	age 1	F 28	11			
	catheter:  For Foley catheters, carefully:  Corrective Action for Those with Potent						
			ith Potential				
		e a pre-filled syringe and insert into lumen to be affected.					
		eter slightly to be sure balloon		A review of resident in the fac	ility with		
	has inflated.	0		foley catheter was conducted	. The audit		
				was conducted on the six cat			
		and current Standard of		facility. Findings from review i			
		to the University of Colorado		updated orders for these six r			
	in Part	ale Insertion Procedure: Read		Orders were rewritten due to	removai		
		is in an upright position and		from monthly orders.			
		d catheter firmly into the		Measures put into place or sy	stemic		
		the catheter to the bifurcation		changes made to ensure that			
		catheter [all the way in]. A slight		practice will not occur:			
		nbilicus may be necessary if		'			
	resistance in adva	ncing the catheter is met at the		On 2/25/2014 Director of Hea	Ith Service		
	prostate.			in-serviced nursing staff relate			
		urine does not assure that the		" Foley Catheter changed p	er Physician		
		correctly in males, since there		Order	0		
		the penis. Inserting the		" Foley Catheter insertion p	er Company		
		reation of the 'Y' is standard		Policy	thatar gaptly		
	for assurance of pi	cement is in question (i.e. no		" Nurse will insert Foley car until urine is	rieter gentry		
		ble to fully insert the catheter)		seen in catheter.			
		alloon and contact the		" Foley catheter must be se	cured per		
	physician.			policy.	, ca. ca pc.		
	• •	met do not attempt forceful		" Nurse will observe for sig	ns and		
	catheter insertion;	apply continuous gentle		symptoms of pain or			
	pressure. (Univers	ity of Colorado Denver, 2009)		discomfort or hematuria	during		
				catheter insertion and			
				after catheter is inserted			
		dmitted to the facility on		" For Residents who are pa	raplegic or		
		story included Urinary Tract		quadriplegic nurse	or ourseters		
		Retention, Neurogenic Bowel		will observe for any sign	or symptom		
		neurological condition that did ave sensation below the neck.		of sympathetic nervous system respons	e that may		
	HOL ANOW HITH LO HA	ive sensation below the neck.		indicate discomfort or a	e macmay		
	Resident #3 's ann	nual Minimum Data Set (MDS)		clinical concern. This in	cludes		

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIF A. BUILDING	PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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NAME OF F	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE	1 00/01/2014
				5935 MOUNT SINAI ROAD	
UNIHEAL	TH POST-ACUTE CA	ARE - CAROLINA POINT		DURHAM, NC 27705	
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F 281	Continued From pa	age 2	F 28 <sup>-</sup>	1	
	and required exten members for his ac	ealed he was cognitively intact sive assistance from two staff ctivities of daily living.  Resident #3 's nurse note		diaphoresis, increased temperature and/or heart rate " All staff will observe residents Foley catheters to ensure drainage bag is place	with
	written by Nurse #1 included catheter c	on 2/24/2014 at 7:30 PM		privacy bag.  "Non-clinical staff will report fine nurse as appropriate	
	2/25/2014 included Resident was noted			On 5/22/14 the Director of Health	
	received from the F send the resident to	/S [vital signs] taken. Order Physician Assistant (PA) to the Emergency Room.		Services and the Clinical Competer Coordinator began in-service train license nurse to include the followi	ing with
	Services) @ 4 PM	IS (Emergency Medical V/S Blood Pressure 129/78, HR 142, and Respirations 20.		" When Catheterizing a male resident/patient staff will follow Lippincott procedure Indwelling urinary catheter	
	for Resident #3 inc	ospital record dated 2/25/2014 luded Resident #3 reported he ng feeling unwell, weak,		insertion, male.  " Advance the catheter to the bifurcation and check for	
	fatigued, diaphoret was tachycardic (fa	ic, with subjective fever. He ast heart rate) at his Skilled		urine flow.	ortion of
	catheter. He prese department with he	d had gross blood in his ented to the emergency ematuria, fever of 101.3,		Education and competency on insemale catheter has been added to repartner orientation for licensed nur	new rses.
	revealed the cather bulbar urethra (the	aphoresis. A radiology study fer balloon was inflated in the most proximal end of the hysical exam revealed the		Competency for insertion of male of has also been added to annual competency for licensed nurses.	catheter
	exchange of an indurine after. It was n systemic response in the urethra and r	right red urine prior to the welling catheter and yellow loted that Resident #3 had a to the catheter balloon inflated emarkably improved after the		Director of Health Services, Clinical Competency Coordinator and/or Administrator will observe monthly catheter change out and review of Foley catheter system for each results.	Foley the sident
	catheter was excha changing out the in	anged (exchange refers to dwelling catheter).		with a catheter to ensure complian three months with all results, trend competencies reviewed internally l	s and

	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	TIPLE CONSTRUCTION ING	COM	E SURVEY IPLETED
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	PROVIDER OR SUPPLIER	ARE - CAROLINA POINT		STREET ADDRESS, CITY, STATE, ZI 5935 MOUNT SINAI ROAD DURHAM, NC 27705		0112017
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF ( (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE HE APPROPRIATE	(X5) COMPLETION DATE
F 281	The Physician Progrevealed Resident diagnosis from an a 3/1/2014 was a Uriballoon inflated in the responded quickly [catheter] and antibuted and the revealed Resident catheter in and bleed did not know if the way during the progression to cause a inserted and the legate balloon of the balloon of the balloon of the balloon of the colladder to the urether in an active the balloon of the colladder to the urether in the prior 2/25/2014 Nurse #1 revealed could not feel pain, felt no resistance a catheter tube prior 2/25/2014 Nurse #1 catheter insertion servealed Resident with his heart rate a hospital. Nurse #1 procedure for inservaise the penis, insurine coming out, the return of urine coway in to the "Y"	gress Note dated 3/7/2014 #3 's most recent hospital admission on 2/25/2014 to nary Tract Infection and he urethra. Resident #3 to replacement of the siotic treatment.  19/2014 at 1:30 PM with rning the events on 2/24/2014 #3 believed Nurse #1 put the w the balloon up. Resident #3 catheter was inserted all the cedure. He reported he was ne bed by the staff or put in a tug after the catheter was g strap was secured; to cause atheter to move from the nra/prostate.  1/2014 at 12:35 PM with on 2/24/2014 Resident #3 She assessed no bleeding, nd did assess urine in the to inflating the balloon. On 1 noticed bleeding at the ite and told the PA. Nurse #1 #3 was also having an issue and he was sent to the revealed her knowledge of the ting a catheter; clean the area, ert the catheter till you get nen inflate the balloon. Nurse e advanced the catheter after or advance the catheter all the	F 2	quality assurance and perimprovement committee.  Facility plans to monitor into make sure that solution. The facility must develop ensuring that correction is sustained:  Director of Health Service Competency Coordinator. Administrator will observe catheter change out and Foley catheter system for with a catheter for three is substantial compliance is Director of Health Service results and bring to the massurance Performance committee monthly.	ts performance on a are sustained. a plan for sachieved and es, Clinical and/or e monthly Foley review of the reach resident months or until maintained. es will trends the nonthly Quality	

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	PROVIDER OR SUPPLIER	ARE - CAROLINA POINT		STREET ADDRESS, CITY, STATE, ZIP COD 5935 MOUNT SINAI ROAD DURHAM, NC 27705		0112014
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE API DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
F 281	around 4 PM on 2/2 feeling no resistand She reports inflating urine return (urine in 200 cc clear urine. noticed blood in the 2/25/2014.  An interview on 3/1 Nurse #5 revealed procedure for insers. The steps included clean with soap and open sterile kit, put the antiseptic, lubric pain, assess for bloopressure stop.), localing sterile kit.	d the catheter in Resident #3 24/2014 Nurse #1 reports be while inflating the balloon. If the balloon when she saw In the catheter tubing) 150 to In the catheter tubing) 150 to In the catheter tubing) 150 to In the catheter tubing to In the catheter bag mid morning on In the catheter bag mid morning on In the catheter bag mid morning to In the catheter tubing the same tubing tubi	F 28	1		
F 315 SS=G	An interview on 3/1 Nurse #6 revealed procedure for inser She reported after catheter you have rurine comes out, you and then fill the balfor pain.  An interview on 3/1 Director of Health Swas aware of the catheter swas aware swas	2/2014 at 10:15 AM with her knowledge of the ting an indwelling catheter. you clean and insert the eached the bladder when ou advance the catheter more loon, and assess the resident 1/2014 at 11:35 AM with the Services (DHS) revealed he omplaint concerning Resident theter and the DHS completed he DHS added Resident #3 will for his catheter change.	F 31	5		6/6/14

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,	IPLE CONSTRUCTION  NG	СОМ	E SURVEY PLETED
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	PROVIDER OR SUPPLIER	ARE - CAROLINA POINT		STREET ADDRESS, CITY, STATE, ZIP CODE 5935 MOUNT SINAI ROAD DURHAM, NC 27705	1 001	0112014
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETION DATE
F 315	Based on the resident who enter indwelling catheter resident's clinical of catheterization was who is incontinent treatment and servinfections and to refunction as possible.  This REQUIREME by: Based on record resident interview of proper insertion of male resident for 1 resulting in hospital fever and blood in Findings included:  Facility Policy for Clesued November Policy: To provide those patients/resindwelling catheter Possible Partie responsible for imperior Read in 16. Raise the penicatheter until urine catheter in sterile of 17. Proceed as folicatheter:  For Foley cath	ent's comprehensive acility must ensure that a set the facility without an is not catheterized unless the ondition demonstrates that a necessary; and a resident of bladder receives appropriate rices to prevent urinary tract estore as much normal bladder e.  NT is not met as evidenced eview, observation, staff and the facility failed to ensure the an indwelling catheter in a of 2 residents (Resident #3) lization due to rapid heart rate, the urine.  Catheters: Insertion of Male 2012 and copyrighted 2006 safe and hygienic measures for dents that requires use of set. The Licensed Nurses are elementation of the policy. In Part is upright, then gently advance flows. Place free end of container. Ows, depending on type of eters, carefully: Indicate the syringe and insert into lumen in the policy.	F 31	Corrective action will be accompthe resident found to have been aby the deficient practice:  Resident #3 Foley Catheter was at the hospital on 2/25/2014. Upon return Resident #3 Foley cwill be changed by the resident # Urologist.  Corrective Action for Those with to be affected.  A review of resident in the facility foley catheter was conducted. The was conducted on the six catheter facility. Findings from review result updated orders for these six resident orders were rewritten due to remark from monthly orders.  Measures put into place or system changes made to ensure that the practice will not occur:	replaced atheter 3 Potential with the audit ers in the allted in dents. In oval	

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '		E CONSTRUCTION	COM	SURVEY PLETED
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NAME OF F	PROVIDER OR SUPPLIER		<u> </u>	ST	REET ADDRESS, CITY, STATE, ZIP CODE	03/0	71/2014
					35 MOUNT SINAI ROAD		
UNIHEAL	TH POST-ACUTE CA	ARE - CAROLINA POINT			URHAM, NC 27705		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES  Y MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFIX TAG	x	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE	(X5) COMPLETION DATE
F 315	Continued From pa	ige 6	F 3	15			
	•	eter slightly to be sure balloon			On 2/25/2014 Director of Health Se in-serviced nursing staff related to:  "Foley Catheter changed per Ph		
	01/23/2014. His his Infection, Urinary R and Bladder and a not allow him to har Resident #3 's annot dated 2/6/2014 reveand required extensional members for his act #3 's Care Plan incomplications related.	dmitted to the facility on story included Urinary Tract setention, Neurogenic Bowel neurological condition that did we sensation below the neck.  Sual Minimum Data Set (MDS) sealed he was cognitively intact sive assistance from two staff civities of daily living. Resident cluded he was at risk for sed to the presence of the			Order  "Foley Catheter insertion per Corpolicy "Nurse will insert Foley catheter until urine is seen in catheter.  "Nurse will observe for signs and symptoms of pain or discomfort or hematuria during catheter insertion and after catheter is inserted every "For Residents who are paraple	ompany gently d	
	written by Nurse #1 included catheter c no additional docur 's medical record r catheter or color, cl	Resident #3 's nurse note on 2/24/2014 at 7:30 PM hanged this shift. There was nentation found in Resident #3 egarding the indwelling larity or amount of urinary 4 until the following note on			quadriplegic nurse will observe for any sign or syr of sympathetic nervous system response that indicate discomfort or a clinical concern. This includes diaphoresis, increased temperature and/or heart rate. " All staff will observe residents we Foley catheters to ensure drainage bag is placed	may s	
	2/25/2014 (untimed Resident was noted Hematuria was also rate] noted when V received from the F send resident to the left by EMS (Emerg PM V/S Blood Pres 96.9, HR 142, and	Resident #3 's nurse note on a) included the following: d to have diaphoresis this shift. o noted increased HR [heart /S [vital signs] taken. Order Physician Assistant (PA) to be Emergency Room. Resident gency Medical Services) @ 4 issure 129/78, Temperature Respirations 20.			privacy bag.  "Non-clinical staff will report find nurse as appropriate.  On 5/22/14 the Director of Health Services and the Clinical Competer Coordinator began in-service trainir license nurse to include the followin "When Catheterizing a male resident/patient staff will follow Lippincott procedure	ings to	

				E SURVEY PLETED			
		345551	B. WING				C <b>01/2014</b>
NAME OF I	PROVIDER OR SUPPLIER			S	TREET ADDRESS, CITY, STATE, ZIP CODE	1 00/1	3 1/ <b>2</b> 0 1 -1
					935 MOUNT SINAI ROAD		
UNIHEAI	_TH POST-ACUTE CA	RE - CAROLINA POINT			OURHAM, NC 27705		
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F 315	Continued From pa	ge 7	F 3	15			
	revealed Resident a diagnosis from an a 3/1/2014 was a Urir balloon inflated in the	#3 's most recent hospital admission on 2/25/2014 to hary Tract Infection and he urethra. Resident #3 to the replacement of the			Indwelling urinary catheter insertion, male.  " Advance the catheter to the bifurcation and check for urine flow.		
	An interview on 4/2 Resident #3 concer revealed Resident # catheter in and blev did not know if the o way during the proo not moved out of th position to cause a inserted and the leg	9/2014 at 1:30 PM with rning the events on 2/24/2014 #3 believed Nurse #1 put the with the balloon up. Resident #3 catheter was inserted all the bedure. He reported he was in the bed by the staff or put in a tug after the catheter was gistrap was secured. (There			Education and competency on inse- male catheter has been added to n partner orientation for licensed nurs Competency for insertion of male of has also been added to annual competency for licensed nurses.  Director of Health Services, Clinical Competency Coordinator and/or Administrator will observe monthly	new ses. catheter	
	catheter that would balloon to move fro urethra/prostate).  An interview on 3/1 Nurse #1 revealed could not feel pain.	tivity following insertion of the have caused the inflated m the bladder to the  1/2014 at 12:35 PM with on 2/24/2014 Resident #3 She assessed no bleeding,			catheter change out and review of Foley catheter system for each res with a catheter to ensure compliant three months with all results, trends competencies reviewed internally be quality assurance and performance improvement committee monthly.	ident ce for s and by the	
	catheter tube prior of 2/25/2014 Nurse #1 catheter insertion sometime revealed Resident with his heart rate at hospital. Nurse #1 procedure for insertine area, raise the prior of the area, raise the prior of the area.	nd did assess urine in the to inflating the balloon. On I noticed bleeding at the ite and told the PA. Nurse #1 #3 was also having an issue and he was sent to the revealed her knowledge of the ting a catheter was to clean benis, insert the catheter until ng out, and then inflate the			Facility plans to monitor its perform to make sure that solutions are sus. The facility must develop a plan for ensuring that correction is achieved sustained:  Director of Health Services, Clinical Competency Coordinator and/or Administrator will observe monthly catheter change out and review of Foley catheter system for each reswith a catheter for three months or	stained. d and l Foley the ident	
	current standard of	erbalize she followed the practice for catheter insertion and procedure published by			substantial compliance is maintaine Director of Health Services will tren results and bring to the monthly Qu	ed. nds the	

	TEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED				
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F 315	the University of Coincluded the return the catheter is place there is residual uricatheter to the bifur in] is standard for a A second interview revealed she place around 4:00 PM on feeling no resistant She reported inflatinurine return (urine i 200 cc clear urine. noticed blood in the 2/25/2014.  The 24 hour report revealed notation frout the shift. The report Record review of he for Resident #3 included woke up this morning fatigued, diaphoreti was tachycardic (fa Nursing Facility and catheter. He presedepartment with he tachycardic and diarevealed the cathete bulbar urethra (the anterior urethra). Picatheter bag had be exchange of an indurine after. It was neystemic response	ge 8 blorado Denver (2009), of urine does not assure that ed correctly in males, since ne in the penis. Inserting the reation of the 'Y' [all the way ssurance of proper placement.  on 5/1/2014 with Nurse #1 d the catheter in Resident #3 2/24/2014. Nurse #1 reported while inflating the balloon. Ing the balloon when she saw in the catheter tubing) 150 to Nurse #1 reported she first where catheter bag mid-morning on  form dated 2/24/2014 om the night shift that the and drained 300cc of urine on the did not notate color or clarity.  Despital record dated 2/25/2014 uded Resident #3 reported he and feeling unwell, weak, c, with subjective fever. He st heart rate) at his Skilled thad gross blood in his inted to the emergency maturia, fever of 101.3, phoresis. A radiology study er balloon was inflated in the most proximal end of the hysical exam revealed the right red urine prior to the welling catheter and yellow oted that Resident #3 had a to the catheter balloon inflated emarkably improved after the		15	Assurance Performance Improvem committee monthly.	ient	

AND DUAN OF CODDECTION INFORMATION NUMBERS		` '	TIPLE CONSTRUCTION ING	COM	(X3) DATE SURVEY COMPLETED	
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	PROVIDER OR SUPPLIER	ARE - CAROLINA POINT		STREET ADDRESS, CITY, STATE, Z 5935 MOUNT SINAI ROAD DURHAM, NC 27705	<u>.</u>	70 1/20 14
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F 315	catheter was exchachanging out the in  An interview on 3/1 Director of Health S was aware of the c #3 's indwelling ca an investigation. Th now go to Urology:  A record review of 2/25/2014 revealed nurse aides, and re program content in changed per MD of follow company 's catheter gently unti catheter; Catheter Nurse will observe pain or discomfort after catheter is ins who are paraplegic observe for any sig sympathetic nervou indicate discomfort sweating, increase observe residents of catheter bag is plac clinical staff will rep appropriate. The por re-educated on wer Catheter: Insertion Reinsertion of Fem catheter insertion in gently advance cat  An interview on 4/3 DHS revealed the i	anged (exchange refers to dwelling catheter).  1/2014 at 11:35 AM with the Services (DHS) revealed he omplaint concerning Resident theter and the DHS completed he DHS added Resident #3 will for his catheter change.  the staff in-service dated It a signature log for 104 nurse, what staff members. The cluded: Catheter will be order; catheter insertion will policy; Nurse will insert I urine is withdrawn from must be secured per policy; for signs and symptoms of during catheter insertion and werted every shift; for residents or quadriplegic nurse will	F3	115		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		` '	TIPLE CONSTRUCTION ING		(X3) DATE SURVEY COMPLETED	
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	PROVIDER OR SUPPLIER	RE - CAROLINA POINT		STREET ADDRESS, CITY, STATE, ZIF 5935 MOUNT SINAI ROAD DURHAM, NC 27705		0 1/2014
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		ON SHOULD BE HE APPROPRIATE	(X5) COMPLETION DATE
F 315	broaden to include the nurses; cathete aids; abnormal sign and privacy bag for rehabilitation staff. was better to broad departments and a catheters. The in-sesmall group and inchanged. The date start of the in-service 7 to 10 days to in-service proves pecific to the proper catheter in a male of	the insertion of catheters for r care for nurses and nurse is and symptoms, leg strap, nurses, nurse aids, and the The DHS reported he felt it len the education to all ill aspects of indwelling ervices for staff took place in dividual review as staffing on the signature log was the ces. The DHS reported it took ervice the 104 staff members. The DHS did not stay er insertion of an indwelling or include advancing the eturn of urine to assure proper	F3	15		