DEPAR	IMENT OF HEALTH	AND HUMAN SERVICES			·		APPROVED
CENTE	RS FOR MEDICARE	& MEDICAID SERVICES			0	<u>MB NO.</u>	0938-0391
-	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	• •		E CONSTRUCTION	COM	E SURVEY IPLETED
		345362	B. WING				C 07/2014
NAME OF I	PROVIDER OR SUPPLIER		L[		TREET ADDRESS, CITY, STATE, ZIP CODE	00/	0772014
		ETIREMENT/CABARRUS		2	50 BISHOP LANE		
		ETIKEMENT/CABARROS		С	ONCORD, NC 28025		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	x	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	) BE	(X5) COMPLETION DATE
F 315 SS=D	483.25(d) NO CATI RESTORE BLADD	HETER, PREVENT UTI, ER	F 3	15			9/8/14
	assessment, the fa resident who enters indwelling catheter resident's clinical co catheterization was who is incontinent of treatment and serv	ent's comprehensive cility must ensure that a s the facility without an is not catheterized unless the ondition demonstrates that a necessary; and a resident of bladder receives appropriate ices to prevent urinary tract store as much normal bladder e.					
	by: Based on staff inte the facility failed to catheter monthly as an assessment of t	NT is not met as evidenced erview and document review change a in indwelling s ordered and failed to initiate the continued need for an for 1 of 3 resident ' s e findings included:					
	cumulative diagnos a pubic symphysis	as admitted on 4/12/14 with ses including multiple fractures, diastsis (dislocation without iparesis, cerebral vascular a and depression.					
	revealed "He cont spontaneously and (indwelling urinary) On 4/6/14 the patie apparent the patier "He was started or coverage which wa	arge summary dated 4/12/14 inued to have trouble voiding required replacement of catheter several times. " " ent did spike a fever and was at had a urinary tract infection. Do Zosyn for broad spectrum is sent (sic) with a narrow to ure results came back. "					
LABORATOR	L Y DIRECTOR'S OR PROVID	DER/SUPPLIER REPRESENTATIVE'S SIG	NATURE		TITLE		(X6) DATE
Electror	nically Signed						08/27/2014

**Electronically Signed** 

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.

PRINTED: 09/10/2014

		AND HUMAN SERVICES				FORM	09/10/2014 APPROVED 0938-0391
					E CONSTRUCTION	(X3) DATE SURVEY COMPLETED C	
		345362	B. WING				07/2014
NAME OF PROVIDER OR SUPPLIER BRIAN CENTER HEALTH & RETIREMENT/CABARRUS				2	TREET ADDRESS, CITY, STATE, ZIP CODE 50 BISHOP LANE CONCORD, NC 28025		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	x	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	) BE	(X5) COMPLETION DATE
F 315	Review of the facilit 4/12/14 revealed th F/C (indwelling urin 16 Fr (16 French: ti tubing size) 10 cc ( amount of fluid that balloon holding the inserted) & prn (and There was also an care q shift - wash wiping away from ti The Care Plan Date care for the resider care plan indicated catheter due to hav prostatic hyperplas listed in the plan of the catheter as nee The Admission Min 4/25/14 revealed R intact and had an ir Review of the Medi (MAR) for April 201 F/C q month 16 Fr were no staff initials F/C was changed to Review of the Phys 4/14/14 - 5/1/14 rev or clarify the 4/14/1 indwelling urinary co The May 2014 activithe following order	ty Admission Orders dated he following order: "? (change) hary catheter) q (every) month his was the ordered catheter centimeters centigrade: the t was to be used to inflate the catheter in place once d as needed) occlusion. " order dated 4/14/14 for: "F/C with soap and H2O (water) he body. " ed 4/19/14 revealed a plan of nt's indwelling catheter. The that the resident had the ving a diagnosis of benign ia (BPH). The interventions care did not include changing eded or monthly. imum Data Set (MDS) dated esident #1 was cognitively ndwelling catheter. iccation Administration Record 4 revealed the following "? 10 cc q month & prn. " There is on the MAR to show that the between 4/14/14 and 4/30/14.	F 3	;15			

If continuation sheet Page 2 of 8

	<u>RS FOR MEDICARE</u> OF DEFICIENCIES			TIC			0938-039	
	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			PLE CONSTRUCTION G		E SURVEY IPLETED	
							С	
		345362	B. WING			08/07/2014		
NAME OF I	PROVIDER OR SUPPLIER				STREET ADDRESS, CITY, STATE, ZIP CODE 250 BISHOP LANE			
BRIAN C	ENTER HEALTH & R	ETIREMENT/CABARRUS			CONCORD, NC 28025			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRON DEFICIENCY)	D BE	(X5) COMPLETION DATE	
F 315	Continued From pa	age 2	F 3	315	5			
	There were hand w the word " change a comma after the change " was adde There were no staf who made these ch order summary was #1 and Nurse #2 of signature section w Review of the MAR following "? F/C q prn. " There were show that the F/C w and 5/31/14. Review of the Phys 5/1/14 - 5/31/14 rev or clarify the 4/14/1 indwelling urinary c The June 2014 act the following order	R for May 2014 revealed the month 16 Fr 10 cc q month & no staff initials on the MAR to was changed between 5/1/14 sician Telephone orders for vealed no order to discontinue 4 order to change the						
	hand written chang change " was cros after the word " ca was added over the were initials hand v been made that ma The order summar 5/30 14 and by the	ad prn occlusion. " There were les to this order: the word " sed out, there was a comma th " and the word " change " e words " and prn " . There written where this change had atched the initials for Nurse #1. y was signed by Nurse #1 on physician on (date illegible).						
	AM, she stated that the June, 2014 indu	th Nurse #1 on 8/7/14 at 11:43 t the initials on the changes to welling urinary catheter order, not written by , but it was her						

Facility ID: 952981

If continuation sheet Page 3 of 8

		AND HUMAN SERVICES				FORM	09/10/2014 APPROVED 0938-0391
STATEMENT OF DEFICIENCIES ( AND PLAN OF CORRECTION					E CONSTRUCTION	(X3) DATE SURVEY COMPLETED C	
		345362	B. WING				07/2014
NAME OF	NAME OF PROVIDER OR SUPPLIER				TREET ADDRESS, CITY, STATE, ZIP CODE		
BRIAN	BRIAN CENTER HEALTH & RETIREMENT/CABARRUS				50 BISHOP LANE ONCORD, NC 28025		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	x	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULI CROSS-REFERENCED TO THE APPROP DEFICIENCY)	) BE	(X5) COMPLETION DATE
F 315	signature in the " o Nurse #1 acknowle 2014 indwelling cat poorly written, didn have been clarified catheter change wa discontinued. Nurs active orders summ checked against the month before, and bottom of the page other staff who sigr completed this cher changing the order order for the original indwelling catheter to specify prn catheted did not know what th how frequently a cat Review of the MAR following "? F/C q prn. " There were show that the F/C w and the resident ' s Review of the Phys 6/1/14 - 6/24/14 rev or clarify the 4/14/1 indwelling urinary c Review of the Nurs 6/24/14 revealed no indwelling urinary c during the resident The Hospital dischar indicated Resident	and the sense, and should to determine if the monthly as to be intentionally the and the sense, and should to determine if the monthly as to be intentionally as to be intentionally the #1 added that orders on the mary were supposed to be e original order form, the that her signature at the indicated that she, and the ned the summary, had ck. She also said that would require a discontinue at 4/14/14 order to change the monthly and then a new order eter changes only. Nurse #1 the facilities ' policy was on atheter should be changed. a for June 2014 revealed the month 16 Fr 10 cc q month & no staff initials on the MAR to was changed between 6/1/14 discharge date of 6/24/14. Sician Telephone orders for vealed no order to discontinue 4 order to change the	F 3	115			

If continuation sheet Page 4 of 8

		& MEDICAID SERVICES	0.05			<u>). 0938-039</u>		
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		TIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED C		
			/					
		345362	B. WING		08/07/2014			
NAME OF I	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIF	PCODE			
BRIAN C	ENTER HEALTH & R	ETIREMENT/CABARRUS		250 BISHOP LANE CONCORD, NC 28025				
(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 C (EACH CORRECTIVE ACTI CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETIO DATE		
F 315	Continued From pa	age 4	F 3	15				
	due to neurogenic l during the MVC (m had reportedly not weeks. He reporte tract infections in th drug resistant back urine cultures have Patient had old catt placed on day of ac consulted on 6/30 a disposition plan for catheter monthly. " Interview with Nurs revealed that practic catheters monthly a indwelling urinary of their catheter mont admission and mon for Resident #1, as resident 's stay, ar to change the cathe and the monthly ch	ontinued From page 4 as diagnoses with a urinary tract infection. " Of ote, the patient has a chronic indwelling catheter ue to neurogenic bladder which he suffered uring the MVC (motor vehicle collision), which ad reportedly not been changed in over 6 - 8 eeks. He reportedly has a history of urinary act infections in the past that have grown multi rug resistant bacteria. " "Repeat blood and rine cultures have been negative to date. atient had old catheter removed and a new one laced on day of admission. Urology was onsulted on 6/30 and are helping in developing a isposition plan for the patient. Please change atheter monthly. " hterview with Nurse #3 on 8/7/14 at 5:45 PM evealed that practice in the facility was to change atheters monthly and that resident 's with an idwelling urinary catheter had orders to change heir catheter monthly. Nurse #3 reviewed the dmission and monthly summary catheter orders or Resident #1, as well as the MAR 's during the esident 's stay, and acknowledged that the order o change the catheter monthly had been altered, nd the monthly change requirement had been liminated, without a physician 's order and ppeared to be a transcription error. She stated						
	that in April and Ma Technician was the transcribing orders create the active or During interview wi (DON) on 8/7/14 at an order that has b transcription typo b technician, should	ay 2014, the Medical Records staff member responsible for into the computer system to						

If continuation sheet Page 5 of 8

		AND HUMAN SERVICES				FORM	APPROVED
	CS FOR MEDICARE	& MEDICAID SERVICES	(X2) MI II .		E CONSTRUCTION		0938-0391 E SURVEY
	OF DEFICIENCIES OF CORRECTION	IDENTIFICATION NUMBER:					PLETED
						(	С
		345362	B. WING			08/0	07/2014
NAME OF F	PROVIDER OR SUPPLIER			S	TREET ADDRESS, CITY, STATE, ZIP CODE		
BRIAN C	ENTER HEALTH & RI	ETIREMENT/CABARRUS			50 BISHOP LANE		
				C	CONCORD, NC 28025		
(X4) ID PREFIX		TEMENT OF DEFICIENCIES ( MUST BE PRECEDED BY FULL	ID PREFI)	×	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD		(X5) COMPLETION
TAG		SC IDENTIFYING INFORMATION)	TAG	`	CROSS-REFERENCED TO THE APPROPI		DATE
			<u></u>		DEFICIENCY)		
E 04E		_					
F 315	Continued From pa	ge 5	F 3	15			
	1b Desident #1 w	as admitted on 4/12/14 with					
		es including multiple fractures,				l	
	a pubic symphysis	diastsis (dislocation without				l	
	fracture), right hem	iparesis, cerebral vascular		l		l	
	accident, dysphasia	and depression.				l	
	The Hospital Disch	arge summary dated 4/12/14					
		inued to have trouble voiding				l	
	spontaneously and	required replacement of				l	
		catheter several times. " "				l	
		nt did spike a fever and was it had a urinary tract infection.				l	
		n Zosyn for broad spectrum				l	
		s sent (sic) with a narrow to				l	
		ure results came back. "				l	
		Discription in Library and					
		ty Physician ' s History and hat the resident ' s indwelling		l		l	
		s not identified or addressed in		l		l	
		is no assessment of the				l	
	justification or diagr	nosis for the catheter.				l	
	The Care Dian Date	ad 4/10/14 revealed a plan of					
		ed 4/19/14 revealed a plan of t ' s indwelling catheter. The					
		that the resident had the					
		ing a diagnosis of benign		ļ			
	prostatic hyperplasi	a (BPH).					
	The Admission Min	imum Data Sat (MDS) dated				l	
		imum Data Set (MDS) dated esident #1 was cognitively				l	
	intact and had an in					l	
		C C					
		Itant 's note dated 6/4/14		ļ			
		ng recommendation: " work velling urinary) catheter to		ļ			
		atheter, may require urology		ļ			
		lependent in toileting. "		ļ			

If continuation sheet Page 6 of 8

PRINTED: 09/10/2014

		& MEDICAID SERVICES	(X2) MULT		CONSTRUCTION		TE SURVEY	
	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDI			MPLETED		
		0.15000				С		
		345362	B. WING _		EET ADDRESS, CITY, STATE, ZIP COD	08/07/2014		
NAME OF PROVIDER OR SUPPLIER BRIAN CENTER HEALTH & RETIREMENT/CABARRUS					BISHOP LANE	E		
BRIAN C	ENTER HEALTH & R	ETIREMENT/CABARRUS			NCORD, NC 28025			
(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 AP DEFICIENCY)	IOULD BE	(X5) COMPLETIO DATE	
F 315	Continued From pa	age 6	F 3 <sup>-</sup>	15				
		bgy Consultation note dated	1.5	15				
		e following recommendation: '	•					
		<sup>r</sup> D/C (discontinue) (indwelling nd bladder training program. "						
		(14 Nursing Notes revealed "						
	Back from MD (Me	aical Doctor) appt						
		y appt in calendar. "						
	#1 's admission 4/	ician ' s orders form Resident 14/14 to his discharge on o physician orders for a						
	AM revealed "T (to given R (resident) v " The 4 PM note r urologist 's office s	ing Notes dated 6/24/14 at 8 emperature) 101.4. Tylenol was then taken to urology appt. evealed " informed by staff that R was sent to (name nergency Room) D/T (due/to)						
	(PA) on 8/7/14 at 5 remembered Resid she did not really re urinary catheter or saw the resident tw only recalled seeing about his bowels.	th the Physician 's Assistant :09 PM she indicated that she lent #1 somewhat, but stated ecall if he had an indwelling not. She said that she only rice during his stay and she g him in regards to a concern The PA added that since the						
	assess it at that tim she had done the r and physical she w justification for the resident had a Urol catheter could be d	ated to his catheter she did not ne. She also revealed that if esident 's admission history ould have assessed the catheter and ensured he the ogy consult to see if the liscontinued. However she she had not completed the						

If continuation sheet Page 7 of 8

		AND HUMAN SERVICES			FORM	: 09/10/2014 APPROVED . 0938-0391
	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DAT COM	E SURVEY IPLETED
		345362	B. WING	 		C 107/2014
NAME OF F	PROVIDER OR SUPPLIER			TREET ADDRESS, CITY, STATE, ZIP CODE	-	
BRIAN C	ENTER HEALTH & RI	ETIREMENT/CABARRUS		50 BISHOP LANE ONCORD, NC 28025		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETION DATE
	Continued From part Admission H & P as completed it. Interview with Nurse revealed that she s Consultant ' s recorr referral but was not appointment. She roll) normally would so the Neurologist ' of it. She also ackr have contacted the for the referral to ur normally residents of hospital with an ind to the facility with a reviewing the hospit time, she noted tha	SC IDENTIFYING INFORMATION)			PRIATE	DATE

Facility ID: 952981

If continuation sheet Page 8 of 8