

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345357	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 11/13/2015
NAME OF PROVIDER OR SUPPLIER PRUITTHEALTH-NEUSE			STREET ADDRESS, CITY, STATE, ZIP CODE 1303 HEALTH DRIVE NEW BERN, NC 28560		
(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 312 SS=D	<p>483.25(a)(3) ADL CARE PROVIDED FOR DEPENDENT RESIDENTS</p> <p>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.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, record review and staff interviews, the facility failed to provide adequate incontinence care for one of four sampled residents (Residents #2) by failing to clean the resident ' s genital area during two observations of incontinence care.</p> <p>The findings are:</p> <p>Resident #2 was admitted 6/5/2015 from another facility with diagnoses of stroke with paralysis on one side and dementia.</p> <p>The comprehensive Minimum Data Set (MDS) dated 06/18/15 listed the Resident as having short and long term memory problems and moderately impaired in daily decision making, was always incontinent of bowel and bladder and required extensive to total assistance with toileting and bathing needs.</p> <p>The Care Area Assessment (CAA) Summary dated 6/18/15 for ADL (Activity of Daily Living) and urinary incontinence documented Resident #2 had a history of stroke and dementia, was incontinent of bowel and bladder, had impaired mobility and required extensive assistance from staff with all ADL ' s.</p>	F 312	<p>What Corrective action will be accomplished for the residents found to have been affected by the deficient practice?</p> <p>All C N A□s have been inserviced on correct perineal care and the correct techniques for caring and cleansing external genitalia on 11/12/2015.</p> <p>How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?</p> <p>The Director of Nursing, Assistant Director of Nursing, or Clinical Competency Coordinator will conduct bathing/incontinent care observations twice weekly for three weeks, then once weekly for two weeks to ensure proper care is provided.</p> <p>What measures will be put in place or what systemic changes will be made to ensure that the deficient practice will not reoccur?</p>	12/9/15	

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

TITLE

(X6) DATE

Electronically Signed

12/09/2015

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 312	Continued From page 1 The most recent MDS dated 10/30/15 listed the Resident as having problems with short term memory, was severely impaired with making daily decisions, was always incontinent of bowel and bladder, and required extensive to total assistance with toileting and bathing needs. The current care plan, last updated 9/15/15 stated Resident #2 was at risk for self-care deficit related to diagnosis of stroke and dementia and required extensive assist from staff with toileting. The goal was to meet the resident ' s care needs and be kept clean and dry. The approach was to do incontinence care after each incontinent episode. The Nursing Assistant (NA) Care Sheet documented the Resident needed total assistance by staff in bathing, was incontinent of bowel and bladder and was to be checked and changed every 2 hours. On 11/9/15 at 4:14 PM, NA #2 was observed to give incontinence care to Resident #2. The Resident was observed to have a brief on that was ½ saturated with yellow urine and his legs were observed to be contracted at the knees. NA #2 was observed to wash the perineal area with soap and water but did not wash the resident ' s penis at all by the completion of the incontinence care. NA #2 stated in an interview on 11/9/15 at 4:30 PM Resident #2 ' s legs were contracted, so she did not wash the resident ' s entire genital area. NA #2 further stated that she could have called for assistance and she could have washed his entire genital area and given care.	F 312	The Director of Nursing, Assistant Director of Nursing, or Clinical Competency Coordinator will conduct bathing/incontinent care observations twice weekly for three weeks, then once weekly for two weeks to ensure proper care is provided. How will the corrective action be monitored to assure that the deficient practice will not reoccur, i.e., what quality assurance program will be put in place for monitoring to assure continued compliance. The results of the observations will be recorded on the QA tool and brought to the QA committee by the Director of Nursing for review to ensure continued compliance x 3 months or until compliance is maintained.		

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

PRINTED: 12/14/2015
FORM APPROVED
OMB NO. 0938-0391

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F 312	Continued From page 2 On 11/10/15 at 9:00 AM, Resident #2 was observed to be bathed by NA #1 using clean soap and water in a basin. The Resident ' s perineal area was washed front to back with soap and water. During this observation NA #1 was observed to not completely clean the resident ' s entire genital area. NA #1 stated in an interview on 11/10/15 at 9:15 AM that she was unaware that she was to clean Resident #2 ' s entire genital area during a bath or incontinent care. The Director of Nursing and Administrator stated in an interview on 11/12/15 at 4:00 PM that they expected the NA ' s to clean the residents entire genital area with each perineal care. The Administrator stated every new employee was taught the correct bathing and incontinence care in orientation and should follow the protocol.	F 312			