PRINTED: 03/18/2016 FORM APPROVED OMB NO. 0938-0391

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WALES.	CHAMADY CT	ATEMENT OF DEFICIENCIES	I In	\vdash	DROVADERIC DI ANI OF CODDECTION		·
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F 157 SS=G	(INJURY/DECLINE/R A facility must immediconsult with the reside known, notify the resider an interested family accident involving the injury and has the pot intervention; a signific physical, mental, or period deterioration in health status in either life the clinical complications; significantly (i.e., a new interesting form of treatment); or a decision the resident from the season, if known, the resident from the season, if known, the resident rights under largulations as specified in \$483.15(resident rights under largulations as specified this section. The facility must recont the address and phonological representative of this REQUIREMENT by: Based on staff, family	intely inform the resident; ant's physician; and if dent's legal representative of member when there is an resident which results in ential for requiring physician and change in the resident's sychosocial status (i.e., a peatening conditions or a need to alter treatment ed to discontinue and the to adverse commence a new form of ion to transfer or discharge facility as specified in promptly notify the resident ident's legal representative ember when there is a commate assignment as e)(2); or a change in Federal or State law or ed in paragraph (b)(1) of and and periodically update the number of the resident's reinterested family member.	DALSR NATIONAL STATE OF THE PROPERTY OF THE PR	by	Preparation, submimplementation of Correction does constitute an admor agreement with and conclusions so the survey report. of Correction is prand executed as a continuously imprequality of care and comply with all apstate and Federal requirements. F 157: *Resident #1 was a 3/5/2016 and has returned to facility Resident with potential and Nurse #2 or regarding family and some part of the survey of the survey report.	of this P s not hission h the fa et forth Our P repared means rove the d to oplicabl regular sent to not ential: ation oth Nur n 3/14/ nd MD nge in	lan of octs on lan to e cory
	practitioner interviews	, and record review, the		UC			
		the nurse practitioner of		9			
			2			Yes .	
ABORATORY	HRECTOR'S OF PROVIDERS	UPPLIER REPRESENTATIVE'S SIGNA	TURE		ALL Starter		(X6) DATE
ST	NAU	De I Chit			Administrator	2	3/22/16

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.

FORM CMS-2567(02-99) Previous Versions Obsolele

Event ID; CXGY11

Facility ID: 923280

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	failure to insert a urina prior to balloon inflation resulted in pain, bleed hospitalization and the interested family mem fluids and urinary cath for 1 of 3 sampled resicatheters (Resident #1 The findings included: Resident #1 was admi 01/14/16 with diagnose kidney disease stage 3 diabetes mellitus type thrombosis. Review of Resident #1 physician ordered daily 15 milligrams (mg.) and admission. (Both of the blood.) Review of Resident #1 Data Set (MDS) dated assessment of intact concerns for Resident #1 direction to insert an infor inability to urinate and for an elevated blood under the placement "with catheter placement "with catheter placement "with catheter placement "with interesting in the catheter placement "with catheter placement "with catheter placement "with interesting in the catheter placement "with catheter placement "with catheter placement "with interesting in the catheter placement "with catheter placement "with interesting in the catheter placement in the	ary catheter into the bladder on and flush attempt which ling and emergency of facility failed to notify an ober of intravenous (IV) eterization implementation idents with urinary (I). Itted to the facility on es which included chronic (IV), and history of deep vein (IV) and history of deep vein (IV) and history of deep vein (IV) and history of Xarelto (IV) and h	F	157		educate nt ther egistere or famili ion whe in resid anges to cy titled ent's us" was e re- ng need otificati n condi not ly Vacat ated up	for on of tion.	
	at this time."							

AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: (X2) MULTIPLE CONSTRUCTION A. BUILDING (X3) DATE SURVEY COMPLETED C 345013 B. WING STREET ADDRESS, CITY, STATE, ZIP CODE 3223 CENTRAL AVENUE CHARLOTTE, NC 28205 (X4) ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FILL) PROVIDER'S PLAN OF CORRECTION (X5)	STATEMENT	OF PERIODICARE &						O. 0938-039
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PEAK RESOURCES - CHARLOTTE (AN)ID PREFIX TAG SUMMARY STATEMENT OF DEPICIENCIES (PARLOTTE, NC 28205) (ACA)ID PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) F 157 Continued From page 2 Review of the NP note dated 03/04/16 revealed Resident #1 complained of pain from the catheter. The NP documented "he has noted hemaluria (blood in the urine)" and ordered a urinalysis with culture and sensitivity. The NP ordered removal of the urinary catheter with catheter replacement if Resident #1 was unable to vold within a few hours. Review of a nursing note dated 03/04/16 at 1:43 PM revealed Resident #1 complained of penile pain with blood linged urinary catheter removal. Review of a nursing dated 03/05/16 at 4:22 AM revealed Resident #1's incontinent brief "saturated with bright red blood." Resident #1 received emergency transportation to the hospital. Review of Resident #1's emergency department physician's note dated 03/05/16 revealed Resident #1's emergency department physician's note dated 03/05/16 revealed Resident #1's more active the penis with clost. The physician documented "a three-way catheter was placed and irrigated. Urine remained clear with no more active bleeding." The physician noted Resident #1 would require 2 units of packed red blood cells to reat anemal asecondary to actuel blood loss from	NAME OF F	PROVIDER OR SUPPLIER	040010	D. WING	-		03	1/14/2016
CHARLOTTE, NC 28205 PREFIX TAG SUMMARY STATEMENT OF DEFICIENCES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) F 157 Continued From page 2 Review of the NP note dated 03/04/16 revealed Resident #1 complained of pain from the catheter. The NP documented "he has noted hematuria (blood in the urins)" and ordered a urinalysis with culture and sensitivity. The NP ordered fremoval of the urinary catheter with catheter replacement if Resident #1 to any land ordered a urinalysis with culture and sensitivity was obtained with urinary catheter removal. Review of a nursing note dated 03/04/16 at 1:43 PM revealed Resident #1 to complained of penile pain with blood tinged urina. Nurse #1 documented an urinalysis with culture and sensitivity was obtained with urinary catheter removal. Review of a nursing dated 03/05/16 at 4:22 AM revealed Resident #1's incontinent brief "saturated with bright red blood." Resident #1 received emergency transportation to the hospital. Review of Resident #1's emergency department physician's note dated 03/05/16 revealed Resident #1 arrived "bleeding profusely from penis with cols." The physician documented "a three-way catheter was placed and irrigated. Urine remained clear with no more active bleeding." The physician noted Resident #1 would require 2 units of packed red blood cells to treat anemia secondary to acute blood loss from								
SUMMAY STATEMENT OF DEFICIENCIES TAG SUMMAY STATEMENT OF DEFICIENCIES REGULATORY OR ISC IDENTIFYINS INFORMATION) F 157 Continued From page 2 Review of the NP note dated 03/04/16 revealed Resident #1 complained of pain from the catheter. The NP documented "he has noted hematuria (blood in the urina)" and ordered a urinalysis with culture and sensitivity. The NP ordered removal of the urinary catheter with catheter replacement if Resident #1 was unable to void within a few hours. Review of a nursing note dated 03/04/16 at 1:43 PM revealed Resident #1 complained of penile pain with blood linged urina. Nurse #1 documented an urinalysis with culture and sensitivity was obtained with urinary catheter removal. Review of a nursing dated 03/05/16 at 4:22 AM revealed Resident #1's incontinent brief "saturated with bright red blood." Resident #1 received emergency transportation to the hospital. Review of Resident #1's emergency department physician's note dated 03/05/16 revealed Resident #1 arrived "bleeding profusely from penis with clost." The physician noted Resident #1 and commented "a three-way catheter was placed and irrigated. Urine remained clear with no more active bleeding." The physician noted Resident #1 would require 2 units of packed red blood cells to treat anemia secondary to acute blood loss from	PEARRE	SOURCES - CHARLOTTE	l .					
F 157 Continued From page 2 Review of the NP note dated 03/04/16 revealed Resident #1 complained of pain from the catheter replacement if Resident #1 was unable to vold within a few hours. Review of a nursing note dated 03/04/16 at 1:43 PM revealed Resident #1 complained of penile pain with blood tinged urine. Nurse #1 documented an urinalysis with culture and sensitivity was obtained with urinary catheter removal. Review of a nursing dated 03/05/16 at 4:22 AM revealed Resident #1's incontinent brief "saturated with bright red blood." Resident #1 received emergency transportation to the hospital. Review of Resident #1's emergency department physician's note dated 03/05/16 revealed Resident #1's more active bleeding." The physician documented "a three-way catheter was placed and irrigated. Urine remained clear with no more active bleeding." The physician noted Resident #1 would require 2 units of packed red blood cells to treat anemia secondary to acute blood loss from	(X4) ID	SUMMARY STA	TEMENT OF DESICIENCIES					INA.
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and bladder irrigations for 24 hours. Interview with Nurse #1 on 03/14/16 at 11:10 AM revealed the NP was notified when Resident #1 complained of inability to urinate on 03/04/06. Nurse #1 explained she inserted the urinary		Review of the NP note Resident #1 complaint catheter. The NP dochematuria (blood in the urinalysis with culture ordered removal of the catheter replacement if to void within a few hore replacement in the void within a few hore replacement in the void within a few hore removal with blood tinged documented an urinally sensitivity was obtained removal. Review of a nursing date revealed Resident #1's "saturated with bright referedived emergency translation of the penis with clots." The physician's note dated (continued in the penis with clots." The physician's note dated (continued in the penis with clots. The physician's note dated (continued in the penis with clots. The physician would require 2 units of the penis with clots. The physician would require 2 units of the penis with clots. The physician would require 2 units of the penis with clots. The physician would require 2 units of the penis with clots. The physician would require 2 units of the physician would require 2 units of the penis with Nurse #1 evealed the NP was not complained of inability to comp	e dated 03/04/16 revealed ed of pain from the umented "he has noted e urine)" and ordered a and sensitivity. The NP ourinary catheter with a Resident #1 was unable uris. It dated 03/04/16 at 1:43 #1 complained of penile urine. Nurse #1 sis with culture and did with urinary catheter Ited 03/05/16 at 4:22 AM incontinent brief ed blood." Resident #1 insportation to the semergency department 03/05/16 revealed eding profusely from physician documented "a placed and irrigated. Ith no more active in noted Resident #1 packed red blood cells to to acute blood loss from a urinary tract infection or 24 hours. On 03/14/16 at 11:10 AM otified when Resident #1 purinate on 03/04/06.	F	157	*A lesson plan we developed addresses a.) Ident with a condition b.) Documentific Responses to the condition of the condition	ssing appropere is a ident's rmance tool was d which s: ify resid change i tion mented cation o onsible mented cation o	ent in

DEPARTMENT OF HEALTH AND HUMAN SERVICES

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	reported there was no catheter upon insertion inflation of the balloon asked Nurse #2 for as catheter was correctly Nurse #1 reported Nur up higher and urine be reported a small amout the tip of Resident #1's explained the urine in slightly red and Reside from the catheter. Nur the NP of the pain but regarding the difficulty Telephone interview with member on 03/14/16 a received a telephone of facility regarding Resid for emergency transport family member reported her of the IV and attern the call regarding Resident #1's family member second interview with 12:01 PM revealed she Resident #1's family member of busy and I forgot."	urine flow from the urinary of the catheter and . Nurse #1 reported she sistance to see if the placed in the bladder. see #2 pushed the catheter gan to flow. Nurse #1 on to f bleeding occurred at spenis. Nurse #1 the catheter bag was ent #1 complained of pain se #1 reported she notified did not notify the NP with catheterization. th Resident #1's family the 11:40 AM revealed she all on 03/05/16 from the ent #1's bleeding and need tration to the hospital. The did the facility did not notify pt at catheterization until dent #1's blood loss. Nurse #1 on 03/05/16 at attempted to notify ember once but "the day Nurse #1 explained she all on otify the family	F	157		sidents sidents sidents sidents will be veekly for on bi- r 2 mon thly for ongoing l be ed by the the last f audits audits v	or 4 ths, 3
1	lhe oncoming shift nurs Resident #1's family me not provide a reason for	lained she forgot to ask e to attempt to notify mber. Nurse #1 could the lack of notification to inary catheter difficulty.			Date of Compliano	e:	
l t	evealed Nurse #1 aske	lince it was not draining					

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F 157	bleeding was on the pestimate to be approximate to be approximate to be approximate the pestimate to be approximate. Nurse inject normal saline as explained he injected Resident #1 complain #2 reported he stoppe balloon and advanced began to flow. Nurse balloon and secured the explained notification member and NP was since he worked on the Interview with the NP revealed she was not inflation and flush atterplacement of the uring reported she was not upon insertion of the upon insertion occurred. The NP explained she examinated and insertion occurred. The upon interview was anticoagulant medical insertion occurred antico	senis tip which he would imately 10 cc. (cubic #2 reported he attempted to a a flush. Nurse #2 "about 1 cc. in" and ed of severe pain. Nurse ad immediately, deflated the it the catheter until urine #2 reported he inflated the he leg strap. Nurse #2 of Resident #1's family Nurse #1's responsibility to other hall. on 03/14/16 at 1:25 PM aware of the balloon ampt prior to bladder any catheter. The NP aware bleeding occurred urinary catheter. The NP ed Resident #1, observed pected a urinary tract blained her orders would ar irrigations and close dent #1 received ion and trauma with the NP explained she y her of possible trauma tion. with Nurse #3 on 03/14/16 at Immediately called ton, Resident #1 's family the #1's physician when seeding. Nurse #3 reported to the seeding to the s	F 1	Preimpof (coror and the of (and coror start)) Started F 3 Reserved	eparation, submodementation of Correction does a stitute an admodement with a conclusions set of correction is produced as a antinuously improperly with all apparent and Federal quirements.	this Pinot ission of the fact forth Our Picepared means ove the I to plicable regulat	an of cts on an to e orry he

F 157 Continued From page 5 Interview with the Director of Nursing (DON) on 03/14/16 at 3:15 PM revealed she expected staff to notify Resident #1's family member of the IV and catheterization orders. The DON reported nurses should continue to attempt to contact family members. The DON reported she expected Nurse #1 and Nurse #2 to notify the NP of the catheterization difficulty when it occurred. F 315 SS=G Based on the resident's comprehensive assessment, the facility without an indiveiling catheter is not catheterized unless the resident's collical condition demonstrates that catheterization was necessary; and a resident who is incontinent of bladder receives appropriate treatment and services to prevent urinary tract infections and to restore as much normal bladder function as possible. F 157 Resident with potential: All residents in the facility who currently have a Foley catheter have been assessed for proper placement of the Foley catheter. F 157 One to one education was recompleted with both nurse # 1 and #2 on 3/14/16. All licensed nurses will be in serviced regarding proper insertion of a Foley catheter. Any nurse who is not available for this instruction (LOA, etc.) will be educated on Foley catheter insertion prior to accepting an assignment.	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION A BUILDING		(X3) DATE SURVEY COMPLETED		
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(A4)ID PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MILST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) F 157 Continued From page 5 Interview with the Director of Nursing (DON) on 03/14/16 at 3:15 PM revealed she expected staff to notify Resident #1's family member of the IV and catheterization orders. The DON reported nurses should continue to attempt to contact family members. The DON reported she expected Nurse #1 and Nurse #2 to notify the NP of the catheterization difficulty when it occurred. F 315 RESTORE BLADDER Based on the resident's comprehensive assessment, the facility must ensure that a resident who enters the facility inhout an indiveiling catheter is not catheterized unless the resident's clinical condition demonstrates that catheterization was necessary; and a resident who is incontinent of bladder receives appropriate treatment and services to prevent urinary tract infections and to restore as much normal bladder function as possible. This REQUIREMENT is not met as evidenced by: Based on staff and nurse practitioner interviews, and record review, the facility failed to insert a urinary catheter into the bladder prior to balloon inflation and flush attempt which resulted in pain, bleeding and emergency hospitalization for 1 of 3				1	-	3223 CENTRAL AVENUE	<u> </u>	/14/2016
Interview with the Director of Nursing (DON) on O3/14/16 at 3:15 PM revealed she expected staff to notify Resident #1's family member of the IV and catheterization orders. The DON reported nurses should continue to attempt to contact family members. The DON reported she expected Nurse #1 and Nurse #2 to notify the NP of the catheterization difficulty when it occurred. F 315 SS=G Based on the resident's comprehensive assessment, the facility must ensure that a resident who enters the facility without an indwelling catheter is not catheterized unless the resident's clinical condition demonstrates that catheterization was necessary; and a resident who is incontinent of bladder receives appropriate treatment and services to prevent urinary tract infections and to restore as much normal bladder function as possible. This REQUIREMENT is not met as evidenced by: Based on staff and nurse practitioner interviews, and record review, the facility failed to insert a urinary catheter into the bladder prior to balloon inflation and flush attempt which resulted in pain, bleeding and emergency hospitalization for 1 of 3	PREFIX	(EACH DEFICIENCY	Y MUST BE PRECEDED BY FULL	PREF	ıx	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI		COMPLETION
sampled residents with urinary catheters (Resident #1). The findings included: Review of the facility's procedure for catheter insertion of a male resident revised August 2002 revealed direction included: "Insert the catheter	F 315 SS=G	Interview with the Dire 03/14/16 at 3:15 PM r to notify Resident #1's and catheterization or nurses should continu family members. The expected Nurse #1 and of the catheterization 483.25(d) NO CATHE RESTORE BLADDER Based on the resident assessment, the facilities resident who enters the indwelling catheter is resident's clinical condicatheterization was new to is incontinent of the treatment and services infections and to resto function as possible. This REQUIREMENT by: Based on staff and nurse and record review, the urinary catheter into the inflation and flush atteribleeding and emergen sampled residents with (Resident #1). The findings included: Review of the facility's insertion of a male residents with the same residents with the s	ector of Nursing (DON) on everaled she expected staff is family member of the IV iders. The DON reported she to attempt to contact DON reported she and Nurse #2 to notify the NP difficulty when it occurred. TER, PREVENT UTI, I's comprehensive that a see facility without an not catheterized unless the didder receives appropriate is to prevent urinary tract are as much normal bladder see as much normal bladder is not met as evidenced are practitioner interviews, are facility failed to insert a see bladder prior to balloon mpt which resulted in pain, and hospitalization for 1 of 3 in urinary catheters.			All residents in the who currently have catheter have been for proper placements. One to one educate completed with been and #2 on 3/14/licensed nurses with serviced regarding insertion of a Fole Any nurse who is reavailable for this in (LOA, etc.) will be on Foley catheter prior to accepting	e facilitie a Folden assessent of the contraction was both nurring the contraction of the contraction and the contraction assertion asse	sed the se #

Additional complains of any pain or pressure, stop, deflate the balloon, stop, deflate the balloon, and call for assistance." All licensed nurses were/will thrombosis. Assistance, Alapace size a 234 SENTRAL AVENUE CHARLOTTE. STREET ADDRESS, CITY, STATE, ZIP CODE 3223 CENTRAL AVENUE CHARLOTTE, NC 28205 CHARLOTTE, NC 28205		OF DEFICIENCIES F CORRECTION	(X1) PROVIDERSUPPLIERCLIA (X2) MULTIPLE CONSTRUCTION IDENTIFICATION NUMBER: A BUILDING			(X3) DATE SURVEY COMPLETED	
NAME OF PROVIDER OR SUPPLIER PEAK RESOURCES - CHARLOTTE SUMMARY STATEMENT OF DEFICIENCIES PREFIX (A) ID PREFIX TAG F 315 Continued From page 6 into the meatus (approximately 5-7 inches) until urine begins to flow, advance the catheter another 2 inches. Inflate the balloon slowly with 5 cc. (cubic centimeters) normal saline. If resident complains of any pain or pressure, stop, deflate the balloon and call for assistance." Resident #1 was admitted to the facility on 01/14/16 with diagnoses which included chronic kidney disease stage 3, congestive heart failure, diabetes mellitus type 2 and history of deep vein the state of the catheter anurse of the catheter anurse of the catheter and the catheter and the catheter anuse of the catheter and the catheter and catheter catheter and catheter and catheter catheter and catheter and catheter ca			345043	B WING			
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PRÉFIX TAG (EACH DEFICIENCY MUST BE PRECEDEO BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) F 315 Continued From page 6 into the meatus (approximately 5-7 inches) until urine begins to flow from the bladder. When urine begins to flow, advance the catheter another 2 inches. Inflate the balloon slowly with 5 cc. (cubic centimeters) normal saline. If resident complains of any pain or pressure while inflating the balloon, stop, deflate the balloon and advance the catheter another inch. If the resident complains of any pain or pressure, stop, deflate the balloon and call for assistance." Resident #1 was admitted to the facility on 01/14/16 with diagnoses which included chronic kidney disease stage 3, congestive heart failure, diabetes mellitus type 2 and history of deep vein	PEAK RE	SOURCES - CHARLOTTE	!				
into the meatus (approximately 5-7 inches) until urine begins to flow from the bladder. When urine begins to flow, advance the catheter another 2 inches. Inflate the balloon slowly with 5 cc. (cubic centimeters) normal saline. If resident complains of any pain or pressure while inflating the balloon, stop, deflate the balloon and advance the catheter another inch. If the resident complains of any pain or pressure, stop, deflate the balloon and call for assistance." Resident #1 was admitted to the facility on 01/14/16 with diagnoses which included chronic kidney disease stage 3, congestive heart failure, diabetes mellitus type 2 and history of deep vein Intervence: Measure and changes to practice: A lesson plan was developed titled "Catheter Care and Placement" All licensed nurses were/will	PREFIX	(EACH DEFICIENC)	(EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE				COMPLETION
Review of Resident #1's medications revealed the physician ordered daily administration of Xarelto 15 milligrams (mg.) and aspirin 81 mg upon admission. (Both of these medications thin blood.) Review of Resident #1's admission Minimum Data Set (MDS) dated 01/21/16 revealed an assessment of intact cognition. The MDS indicated Resident #1 was frequently incontinent of urine. Review of nurse practitioner's (NP) telephone orders for Resident #1 dated 03/04/16 revealed direction to insert an indwelling urinary catheter for inability to urinate. Review of nursing notes dated 03/04/16 at 9:33 AM revealed Nurse #1 documented urinary catheter placement "without any difficulties, some blood noted at penis and in bag, no trauma noted at this time."	F 315	into the meatus (apprurine begins to flow frurine begins to flow, a another 2 inches. Infect. (cubic centimeters complains of any pair the balloon, stop, defit the catheter another i complains of any pair the balloon and call for Resident #1 was adm 01/14/16 with diagnoskidney disease stage diabetes mellitus type thrombosis. Review of Resident # physician ordered dain 15 milligrams (mg.) at admission. (Both of the blood.) Review of Resident #1 blood.) Review of Resident #1 of urine. Review of nurse practorders for Resident #1 of urine. Review of nurse practorders for Resident #1 of urine. Review of nursing not AM revealed Nurse # catheter placement "valid blood noted at penis at the penis at	oximately 5-7 inches) until om the bladder. When advance the catheter late the balloon slowly with 5 is) normal saline. If resident or pressure while inflating late the balloon and advance inch. If the resident or pressure, stop, deflate or assistance." Intel to the facility on ses which included chronic 3, congestive heart failure, is 2 and history of deep vein 1's medications revealed the lay administration of Xarelto and aspirin 81 mg upon these medications thin 1's admission Minimum do 01/21/16 revealed an cognition. The MDS was frequently incontinent littioner's (NP) telephone 1 dated 03/04/16 revealed andwelling urinary catheter less dated 03/04/16 at 9:33 1 documented urinary without any difficulties, some	F 318	Measure and char practice: A lesson plan was titled "Catheter Catheter Catheter Catheter Catheter Catheter Catheter Catheter. This will the Staff Develope or other administ Registered Nurse. Nurses were prov "Bladder Care: Staff Process" handout The facilities proceinsertion of a catheter.	develo are and s were/ rding the of a Fo be don ment N rative ided wi ep by St	will e ley e by urse th ep

AND PLAN OF CORRECTION INTERPRETATION NUMBER.			CONSTRUCTION	(X3) DATE SURVEY COMPLETED			
			SPERIOR SPECIAL SPECIA			С	
		345013	B. WNG			03/	14/2016
	ROVIDER OR SUPPLIER SOURCES - CHARLOTTE	[32	REET ADDRESS, CITY, STATE, ZIP CODE 23 CENTRAL AVENUE HARLOTTE, NC 28205		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFII TAG	κ	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 315	Resident #1 complain catheter. The NP doc (blood in the urine)" a culture and sensitivity of the urinary catheter if Resident #1 was un hours. Review of a nursing n PM revealed Resident pain with blood tinged Review of a nursing d revealed Resident #1"	e dated 03/04/16 revealed led of pain from the cumented "noted hematuria and ordered a urinalysis with . The NP ordered removal with catheter replacement able to void within a few ote dated 03/04/16 at 1:43 t #1 complained of penile d urine. ated 03/05/16 at 4:22 AM is incontinent brief red blood." Resident #1	F	315	Monitoring Perfor An audit tool was which addresses:		
	physician's note dated Resident #1 arrived "be penis." The physician catheter was placed a remained clear with no The physician noted Founits of packed red blo secondary to acute blo treatment for a urinary irrigations for 24 hours Interview with Nurse #1 revealed Resident #1 urinate on 03/04/06. It inserted the urinary caballoon. Nurse #1 rep flow from the urinary capanism.	oleeding profusely from a documented "a three-way and irrigated. Urine o more active bleeding." Resident #1 would require 2 cod cells to treat anemia cod loss from hematuria, a tract infection and bladder s. 11 on 03/14/16 at 11:10 AM complained of inability to Nurse #1 explained she			All Foley catheters appropriate diagn Residents Foley cadraining urine. The collection bag placed below the The Foley catheter with a securing deminimize dislodging Foley catheter.	osis. Itheter is prop bladder is sect vice to	is perly ured

1	CTATEMENT	OF PERIORNALES					OWR M	<u>0. 0938-0391</u>	į	
	AND PLAN OF	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER			LE CONSTRUCTION		E SURVEY PLETED		
I			345013	B. WNG	B. WNG			C		
l	NAME OF P	ROYDER OR SUPPLIER			1	STREET ADDRESS, CITY, STATE, ZIP CODE	03	/14/2016		
l					1					
ı	PEAK RE	SOURCES - CHARLOTTE	i .		1	3223 CENTRAL AVENUE				
ŀ					1	CHARLOTTE, NC 28205				
i	(X4) ID	SUMMARY STA	ATEMENT OF DEFICIENCIES	ID	-	PROVIDER'S PLAN OF CORRECTION			-	
l	PREFIX	(EACH DEFICIENCY	Y MUST BE PRECEDED BY FULL	PREF		(EACH CORRECTIVE ACTION SHOULD		(X5) COMPLETION		
ı	TAG	REGULATORY OR L	SC IDENTIFYING INFORMATION)	TAG	3	CROSS-REFERENCED TO THE APPROPR		DATE		
ŀ						DEFICIENCY)				
l										
ı	F 315	Continued From page	8	F	315	5				
		#1 reported she asked	Nurse #2 for assistance to		010	1				
l		see if the catheter was	s correctly placed in the							
	ĺ	bladder. Nurse #1 ren	ported Nurse #2 pushed the							
		catheter up higher and	fudes boses to flavo					1		
		Nurse #1 reported a co	mall amount of bleeding							
	1	occurred at the tie of F	linal amount or pleeding						ı	
		#1 explained the value	Resident #1's penis. Nurse							
	3	elightly and end Doolds	in the catheter bag was			The nurses carin	- 6au th.			
		from the enthater. No	ent #1 complained of pain			If the second of			ı	
		the NP.	rse #1 reported the pain to	1		resident can verl	alize th			
	1			proper procedur	e for	for				
	Į	Interview with Nurse #	#2 on 03/14/16 at 12:04 PM inserting the Fo		y catheter.		ı			
		revealed Nurse #1 asked for assistance with		, , , , , , , , , , , , , , , , , , , ,						
		Resident #1's catheter	since it was not draining]			ı	
		urine. Nurse #2 explai	ined a small amount of			Resident is free of	f s/s of	pain	ĺ	
		bleeding was on the pe	enis tin which he would			related to cathet	or		ĺ	
		estimate to be approxi	mately 10 cc. (cubic			Telated to carriet	- 117		ı	
	1	centimeters) Nurse #	2 reported he attempted to		1	V			ı	
		inject normal saline as	a flush Nume #2			A post-test for th	e in-ser	vice	ı	
		explained he injected "	ahout 1 cc. in" and	1		title "Catheter Ca		1	1	
		Resident #1 complaine	ed of severe pain. Nurse				STATE OF THE PROPERTY OF THE PARTY.			
		#2 reported he stopped	Immediately, deflated the			Placement" was		ed		
		balloon and advanced	the catheter until urine	Į	Į	to evaluate the li	censed	ŧ		
		began to flow. Nurse #	2 reported he inflated the		1	nurses understar	ding of	the		
		balloon and secured th	e leg strap.			**	- 22			
			3: 8	Į.		in-service educat		ſ		
	[1	Interview with the NP o	n 03/14/16 at 1:25 PM	1		provided regardi	ng Fole	<i>,</i>		
	1	revealed she was not a	ware of the balloon			catheter insertion	,			
	. ∫i	inflation and flush atten	npt prior to bladder			b s se see	- 1	ĺ		
		placement of the urinar	y catheter. The NP	1		Audits will contin				
	1	reported she was not a	ware bleeding occurred			follows: 100% of	residen	t l		
	ı	upon insertion of the ur	inary catheter. The NP			with a Foley cath	- 1	1		
		explained she examine	d Resident #1, observed	1	- 1	with a roley cath	STEL AND	ekiy		
	1	nis hematuria and susp	ected a urinary tract		- 1		1			
	i	nfection. The NP expla	ained her orders would				- 1	1		
	- 16	nave included catheter	irrigations and close				1	- 1		
		nonitoring since Reside	ent #1 received					1		
	,	inticoagulant medicatio	on and trauma with					1		
	l i	nsertion occurred. The	NP evoluined both	1						
	1 **		A LAL CAPIGILIEN DOTT		ı		1			

STATEMENT	OF DEFICIENCIES	(VA) PROMERENCES				OMB N	O. 0938-0391	
AND PLAN C	F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILDING_		PLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		345013	B. WING			1	C	
NAME OF F	PROVIDER OR SUPPLIER	510010	0. 11110	-	REET ADDRESS, CITY, STATE, ZIP CODE	03	3/14/2016	
PEAK RE	SOURCES - CHARLOTTE	: 		322	23 CENTRAL AVENUE IARLOTTE, NC 28205			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	NTEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG	x	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	DC	(X5) COMPLETION DATE	
	balloon inflation and floccur until bladder plaurine flow. Telephone interview w 2:10 PM revealed Reswas filled with bright regular rounds betwee Nurse #3 explained the and she was not able to bleeding. Nurse #3 rejualled emergency transfamily member and Reference with 3:00 PM revealed she in Resident #1's inability to catheter when she arrivolded during the eveniblood in the urine and control of the plant in the pla	ush attempt should not cement is confirmed with cement is confirmed with with which with a cement is confirmed with a cement is confirmed with which with a central with a	F	315	for 4 weeks, 100 resident with a F catheter every of for 8 weeks. 100 resident with a F catheter monthly months. Ongoing be determined be of the last 6 monaudits. QAPI: The results audits will be revealed to the compliant of the complex of the compliant of the complex of the com	oley ther we oley for 3 audits the re ths of of the lewed a	will sults t the	