DEPART	MENT OF HEALTH AN	ID HUMAN SERVICES				APPROVED	
CENTER	S FOR MEDICARE &	MEDICAID SERVICES			OMB NC	0. 0938-0391	
	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, í	PLE CONSTRUCTION	(X3) DATE COMP	SURVEY LETED	
		345531	B. WING		04/14/2016		
NAME OF PI	ROVIDER OR SUPPLIER	•	•	STREET ADDRESS, CITY, STATE, ZIP CODE			
				1601 BRENNER AVE, BUILDNG #10			
NORTH C		ANS NURSING HOME SALISBU		SALISBURY, NC 28145			
(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 SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	_D BE	(X5) COMPLETION DATE	
F 282 SS=D	PERSONS/PER CAR The services provided must be provided by	RE PLAN d or arranged by the facility	F 28	32		5/12/16	
	by: Based on observatio interviews the facility interventions for 2 of and #47) with suprap Findings included: 1. Resident #1 was a with the diagnosis of penis, atrial fibrillation The most recent quar (MDS) assessment d Resident #1 required activity of daily living urinary catheter and h infection in the last 30 The care plan initiate problem for a potentia related to the presend history of urinary trac- several penile surgeries relate was listed on the care secure catheter tubin- tug/injury to bladder.	terly Minimum Data Set ated 3/22/16 revealed that limited assistance with (ADL ' s), had an indwelling had not had a urinary tract d don 1/7/16 revealed a al for urinary tract infection ce of an indwelling catheter,		This plan of correction is submitted an admission that a deficiency exist that one was cited correctly, but to requirements by state and federal la F282 The North Carolina state Vete Home-Salisbury will provide qualifie persons in accordance with each resident's written plan of care. Duri annual survey the surveyor noted th following requirement was not met, services provided or arranged by th facility must be provided by qualifie persons in accordance with each resident's written plan of care". The surveyor monitored two individuals, Resident #1 and Resident #47, and that on two occasions on two seper days both individual's catheters we secured to the resident's thigh per e- resident's care plan. 1. The corrective action for Resider and Resident #47 were accomplish the responsible nurse immediately applying a new secure device (Stat for each resident and secured the catheter tubing as per the resident's plan and physician's orders. The m was immediately educated on the p	is or meet aw. erans ed ng our nat the "The e d found ate re not each nt #1 ed by lock) s care urse		
					olicy		
		SUPPLIER REPRESENTATIVE'S SIGNATURE		TITLE		(X6) DATE	

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.

05/04/2016

PRINTED: 06/14/2016

		MEDICAID SERVICES					D. 0938-03 SURVEY	
	DF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,	(X2) MULTIPLE CONSTRUCTION A. BUILDING				
		345531	B. WING			04/14/2016		
NAME OF P	ROVIDER OR SUPPLIER	-		ST	REET ADDRESS, CITY, STATE, ZIP CODE			
NORTH CAROLINA STATE VETERANS NURSING HOME SALISBU			1601 BRENNER AVE, BUILDNG #10 SALISBURY, NC 28145					
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE	(X5) COMPLETIO DATE	
F 282	Continued From page	e 1	F 28	32				
	indicated to keep cat		_		for Urinary Catheter Care and			
		r securement device and			Management; the policy for Medicaito	n		
	change as needed.				Errors; and the manufacturer's guideli			
				for Statlock catheter tubing secureme	nt			
	An observation on 4			devices. The education stressed the				
	Resident #1 to be sit			importance of checking the catheter				
	with his catheter tubi			tubing eachshfit to ensure that it is				
	staylock secure device thigh and the catheter			secured with a securement device. A 100% monitoring of all resdient's with				
	the device.			catheters was completed as soon as t	he			
				nurse reproted the surveyor approach				
	During a second obs			her about the catheter tubing for Resi				
	PM revealed Resider			#1 and Resident #47 not being secure				
	edge of his bed, the			Completion Date: May 6, 2016				
	-	The catheter tubing was			2. The corrective action to residents			
	resting on Resident #			having potential to be affected by the same deficient practices wer 100%				
	An observation on 4/			in-service education of the nurses				
	#1 confirmed that the			including policy for Urinary Catheter C	are			
	secured. Nurse #1 in			and Management; the policy for				
		nsible to check and make r tubing was secured to the			Medication Errors; and the manufactu guidelines for Statlock catheter tubing			
	thigh.	i tubing was secured to the			securement devices. The education a			
	langin.			stressed the importance of checking t				
	During an interview v	vith the director of nursing on			catheter tubing each shift to ensure th			
		ndicated that it is her			is secured with a securement device.			
		catheter tubing to be secured			Catheter Care Checklist was revised t	0		
	to the thigh per the p	olicy and care plan.			include monitoring of the securement			
	0 Desident // 17				device was developed and a monitorin	-		
		admitted to the facility on			tool was put into place. Monitoring of			
	0	nosis of atrial fibrillation, and chronic kidney disease.			compliance of all urinary catheters for securement device in place; catheter			
					tubing secured; catheter tubing drainin	מי		
	The most recent sian	ificant change Minimum			properly; privacy bag in place; and ca	-		
	-	essment dated 3/30/16			plan checked for accuracy will be			
		nt #47 required extensive			monitored by the RN Supervisor, PI			
		s, had a indwelling urinary			Nurse, and/or designee. The monitor	-		
		osis of benign prostatic			schedule is daily for five days, then th			
	hyperplasia and had	a urinary tract infection in the			times a week for four weeks, then two			

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CENTERS FOR MEDICARE & MEDICAID SERVICES TATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIP	OMB NO. 0938-0 (X3) DATE SURVEY		
ND PLAN OF	D PLAN OF CORRECTION IDENTIFICATION NUMBER:		A. BUILDING	COMPLETED	
		345531	B. WING	04/14/2016	
NAME OF PI	ROVIDER OR SUPPLIER	•	STREET ADDRESS, CITY, STATE, ZIP C		
NORTH CAROLINA STATE VETERANS NURSING HOME SALISBU					
(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 CORRE (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE COMPLET
F 282	Continued From page	e 2	F 28	2	
	last 30 days.			times a week for four weeks, ther	n
				on-going. The orders for 100% o	
		d 4/5/16 revealed a problem		residents with catheters were rev	
		ry tract infection and/or injury		and the physician was consulted	
	-	of chronic catheter use inserted on 2/4/15) for		developing a uniform order for all residents with catheters. The ord	
		nic bladder: also has benign		included the size of the catheter;	
	prostatic hyperplasia	•		of catheter; securement device to	
		to attach tubing to thigh to		checked each shift for placement	
		g/pull to tubing, use staylock		to be checked each shift to ensur	
	of similar device.			secured in securement device; ch	-
	Poviow of a physicia	n order dated 3/23/16		catheter securement device every seven days and as needed; and	
		heter secured with secure		catheter care every shift.	penonn
	device and change a			Completion Date: May 6, 2016 a on-going.	nd
		13/16 at 10:47 AM revealed		3. The measures put into place a	
		his catheter tubing on his		systemic changes made to ensur	
	left thigh and not sec device was in place.	ured to his thigh. No secure		the deficient practice will not occu revision of the Catheter Care Che	ecklist, to
	A second observation	n on 4/14/16 at 8:05 AM		include, monitoring of the securer device in place; catheter tubing s	
		7 with his catheter tubing on		catheter tubing draining properly;	
		secured to his thigh. No		bag in place; and care plan chec	
	secure device in plac	e.		accuracy. This checklist will be u	
	A			monitor daily for five days, then the	
		14/16 at 9:00 AM with Nurse catheter tubing was not		times a week for four weeks, ther times a week for four weeks, and	
		dicated that she was not		weekly on-going by the RN Supe	
		sible to check and make		Nurse, and/or designee.	·····
		r tubing was secured to the		Completion Date: June 10, 2016	and
	thigh.			on-going.	
	During on interviewe	with the director of surging as		4. The North Carolina State Vete	
	4/14/16 at 10:20AM i	vith the director of nursing on ndicated that it is her		Home-Salisbury plans to monitor performance by continuing the Ca	
		catheter tubing to be secured		Care Checklist weekly after the in	
	to the thigh per the p	-		monitoring period is completed or	
	· ·			10, 2016. The Catheter Care Ch	ecklists
				will be brought to the Quality Ass	uranaa

Event ID: OMGP11

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	S FOR MEDICARE &	(X1) PROVIDER/SUPPLIER/CLIA		ECONSTRUCTION	OMB NO. 0938-03		
	CORRECTION	IDENTIFICATION NUMBER:	. ,		COMPLETED		
		345531	B. WING		04/14/2016		
IAME OF PF	ROVIDER OR SUPPLIER		S	STREET ADDRESS, CITY, STATE, ZIP CODE			
NORTH CAROLINA STATE VETERANS NURSING HOME SALISBU				1601 BRENNER AVE, BUILDNG #10 SALISBURY, NC 28145			
(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 CORRECTIC (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	D BE COMPLETIO		
F 282	Continued From page	23	F 282	Performance Improvement weekly b PI Nurse and/or designee for review the QAPI Team. Completion Date: On-going.			
F 315 SS=D	483.25(d) NO CATHE RESTORE BLADDEF		F 315		5/12/16		
	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 observations, record reviews and staff interviews the facility failed to secure the supra-pubic catheter tubing for 2 of 3 residents with a supra-pubic catheter (Resident #1 and #47). Findings included: The policy and procedure dated 4/14/16 for Indwelling Urinary Catheter (Foley) Care and Management under Implementation, read in part: Make sure the catheter is properly secured. Assess the securement device daily and change it when clinically indicated. 1. Resident #1 was admitted to the facility 1/15/15 with the diagnosis of malignant neoplasm of the						
				F315 The North Carolina State Veter Home-Salisbury will ensure that a re- who enters the facility without an indwelling catheter is not catherized unless the resident's medical 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 func- as possible. During our annual survi- surveyor noted that Resident #1 had secure device in place but the cather tubing was not secured in the device two occasions during the survey and	sident on as o o o o o o o tion ey the a ter e on		

Facility ID: 000488

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		MEDICAID SERVICES				OMB NO. 093 (X3) DATE SURVI	
	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	· · /	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING STREET ADDRESS, CITY, STATE, ZIP CODE			EY)
		345531	B. WING)16
NAME OF P	ROVIDER OR SUPPLIER						
NORTH CAROLINA STATE VETERANS NURSING HOME SALISBU				1601 BRENNER AVE, BUILDNG #10 SALISBURY, NC 28145			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD ROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE COM	(X5) IPLETIO DATE
F 315	Continued From page	e 4	F 31	5			
	penis, atrial fibrillation				in place on two occasions duri vey.	ng	
	(MDS) assessment d	rterly Minimum Data Set lated 3/22/16 revealed that		and Re	corrective action for Resident sident #47 were accomplished	l by	
	Resident #1 required			ponsible nurse who immediate	-		
	activity of daily living			l a new secure device (Statlocl sidents and secured the cathe	,		
	urinary catheter and infection in the last 3			as per the resident's care plan			
				vsician's orders. The nurse wa			
	The care plan initiate			ately educated on the policy for			
	problem for a potenti			Catheter Care and Mangeme	nt		
	related to the presen			e manufacturer's guidlines for			
	history of urinary trac			k catheter tubing securement			
	several penile surger			s. The education stressed the	ah		
	approach was listed of indicated to secure c			ance of checking the tubing ear ensure that it is secured with a			
	prevent tug/injury to I			ment device to prevent tugging			
					which increases the risk of	,	
	Review of the physic	ian order dated 4/10/15			n. A 100% monitoring of all		
	indicated to keep cat			t's with catheters was complet			
	secured with cathete			n as the nruse reported that th	e		
	change as needed.			or approached her about the			
	An observation on 4	/13/16 at 3:15 PM revealed		Reside	er tubing for Resident #1 and		
	Resident #1 to be sit			etion Date: May 6, 2016			
		ng over his right thigh. The		· ·	corrective action to prevent		
		ce was in place on his right			ns having the potential to be		
	thigh and the cathete	r tubing was not secured in			d by the same deficient practic	es	
	the device.				00% in-service education of nu		
					ng the policy for Urinary Cather	ter	
	-	ervation on 4/13/16 at 3:30			nd Management and the		
		nt #1 to be sitting on the secure device was in place			acturer's guidlines for Statlock er tubing securement devices.	Thie	
		The catheter tubing was			ion also stressed the important		
	resting on Resident #	-			ng the catheter tubing each shi		
		5 5			that it is secured with a		
	An observation on 4/	14/16 at 8:55 AM with Nurse			ment device. Our Catheter Ca	ire	
		e catheter tubing was not			ist was revised to include the		
	secured. Nurse #1 in	dicated that she was not		monitor	ring of the securement device	and	

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		MEDICAID SERVICES				NO. 0938-03	
	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	· /	PLE CONSTRUCTION	· · ·	(X3) DATE SURVEY COMPLETED	
		345531	B. WING			04/14/2016	
NAME OF PI	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP	CODE		
NORTH CAROLINA STATE VETERANS NURSING HOME SALISBU				1601 BRENNER AVE, BUILDNG #10 SALISBURY, NC 28145)		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE	(X5) COMPLETIC DATE	
F 315	Continued From page	e 5	F 31	15			
	 sure who was responsible to check and make sure that the catheter tubing was secured to the thigh. During an interview with the director of nursing on 4/14/16 at 10:20AM indicated that it is her expectations for the catheter tubing to be secured to the thigh per the policy and care plan. 2. Resident #47 was admitted to the facility on 3/23/16 with the diagnosis of atrial fibrillation, pneumonia, anemia and chronic kidney disease. The most recent significant change Minimum Data Set (MDS) assessment dated 3/30/16 revealed that Resident #47 required extensive assistance with ADL 's, had an indwelling urinary catheter with a diagnosis of benign prostatic hyperplasia and had a urinary tract infection in the last 30 days. The care plan initiated 4/5/16 revealed a problem for potential for urinary tract infection and/or injury related to presence of chronic catheter use (suprapubic catheter inserted on 2/4/15) for diagnosis of neurogenic bladder: also has benign prostatic hyperplasia with obstruction. An approach was listed to attach tubing to thigh to prevent excessive tug/pull to tubing, use staylock of similar device. Review of a physician order dated 3/23/16 indicated to keep catheter secured with secure device and change as needed. An observation on 4/13/16 at 10:47 AM revealed 			 a monitoring schedule wa Monitoring of compliance catheters for securement catheter tubing draining p bag in place; and care pla accuracy will be monitore Supervisor, PI Nurse, and The monitoring schedule days, then three times a w weeks, then two times a w weeks, then two times a w weeks, then weekly on-go Completion Date: June 1 on-going. Measures put into plac changes made to ensure practice will not occur incl catheter care checklist, to monitoring of the catheter catheter tubing secured, of draining properly, privacy and care plan checked for check list will be monitore 	of all urinary device in place; roperly; privacy in checked for d by the RN l/or designee. is daily for five week for four week for four week for four bing. 0, 2016 and ce and systemic that the deficient udes revision of include secure device, catheter tubing bag in place, r accuracy. The		
				 days, then three times a wweeks, then three times a wweeks, then then two time four weeks, then weekly of RN Supervisor, PI Nurse, designee. All new nurses education for Indwelling C and Management and ma guidelines for Statlock cat securement devices durin The edcuation of new nur completed by the Clinical Coordinator and/or desigr Completion Date: June 1 on-going. 4. The North Carolina Statlock 	veek for four es a week for on-going by the and/or will receive the catheter Care unufacturer's theter tubing g orientation. ses will be Care nee. 0, 2016 and		
		his catheter tubing on his ured to his thigh. No secure		Home-Salisbury plans to performance by continuin	monitor its		

Event ID: OMGP11

Facility ID: 000488

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		ID HUMAN SERVICES MEDICAID SERVICES				FORM): 06/14/2016 APPROVED). 0938-0391
STATEMENT (DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
	345531		B. WING			04/14/2016	
NAME OF PI	NAME OF PROVIDER OR SUPPLIER				REET ADDRESS, CITY, STATE, ZIP CODE		
NORTH C	AROLINA STATE VETER	ANS NURSING HOME SALISBU			601 BRENNER AVE, BUILDNG #10 ALISBURY, NC 28145		
(X4) ID					PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG	x	(EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI/ DEFICIENCY)		COMPLETION DATE
F 315	Continued From page	9 6	F	315			
	A second observation	n on 4/14/16 at 8:05 AM			Care Checklist weekly after the initial monitoring period is complete on June	10.	
	revealed Resident #4	7 with his catheter tubing on			2016. The Catheter Care Checklist wil		
	his left thigh and not secure device in plac	secured to his thigh. No e			brought to the Quality Assurance Performance Improvement meetings		
					weekly for review by the QAPI Team by	/	
		n 4/14/16 at 9:00 AM with Nurse the PI Nurse and/or designee.		the PI Nurse and/or designee. Completion Date: On-going.			
	#1 confirmed that the catheter tubing was not secured. Nurse #1 indicated that she was not		Completion Date. On-going.				
	-	sible to check and make tubing was secured to the					
	thigh.						
	During an interview with the director of nursing on 4/14/16 at 10:20AM indicated that it is her expectations for the catheter tubing to be secured to the thigh per the policy and care plan.						

Facility ID: 000488

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