STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345297	A. BUILDING _____ B. WING _____	12/13/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SCOTIA VILLAGE-SNF	2200 ELM DRIVE LAURINBURG, NC 28352

(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 684 SS=D	Quality of Care CFR(s): 483.25 § 483.25 Quality of care Quality of care is a fundamental principle that applies to all treatment and care provided to facility residents. Based on the comprehensive assessment of a resident, the facility must ensure that residents receive treatment and care in accordance with professional standards of practice, the comprehensive person-centered care plan, and the residents' choices. This REQUIREMENT is not met as evidenced by: Based on staff interviews, Medical Director interview and record review the facility failed to provide adequate care for one of two sampled residents who experienced urinary tract infections (UTI) which resulted in an unnecessary hospitalization for an acute UTI with sepsis for Resident #17 . Findings included: Resident #17 was re-admitted to the facility on 12/04/17 after a short hospitalization for sepsis related to a urinary tract infection. Pertinent diagnoses included recurrent urinary tract infections, cerebral vascular accident with left hemiparesis, expressive aphasia, hypertension, and a seizure disorder. Review of the comprehensive Minimum Data Set with an assessment reference date of 12/11/17 revealed that Resident #17 had intact long term memory, no behaviors, required extensive assistance with activities of daily living, had an impairment on one side, was frequently incontinent of bowel and bladder, and had received Occupational Therapy for 5 days totaling	F 684	Based on staff interview, Medical Director interview and record review the facility failed to provide adequate care for one of two sampled residents who experienced urinary tract infections (UTI) which resulted in an unnecessary hospitalization for an acute UTI with sepsis for Resident # 17. _____ _____ _ The statements made on this Plan of Correction are not an admission to and do not constitute an agreement with the alleged deficiencies. To remain in compliance with all Federal and State Regulations the facility has taken or will take the actions set forth in this Plan of Correction. The Plan of Correction constitutes the facility's allegation of compliance such that all alleged deficiencies cited have been or will be corrected by the date or dates indicated. Address how corrective action will be accomplished for the resident found to have been affected by the deficient	12/29/17

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Electronically Signed | 01/03/2018

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F 684	Continued From page 1 232 minutes. Review of the care plan for Resident #17 included: at risk for urinary tract infections with interventions to keep skin clean and dry, observe for confusion and behavior change, and to obtain a urinary analysis if needed. It also included plans for rejection of care, fall risk, seizure activity risk, pressure ulcer risk, and bowel and urinary continence. Physician orders revealed that the resident had been started on the antibiotic Ciprofloxacin on 11/14/17 after an assessment had been completed at the hospital emergency room. Review of the medication administration record showed that Resident #17 received Ciprofloxacin 500 mg twice a day for the next 7 days. Review of the urinalysis and urine culture dated 11/14/17 and released 11/16/17 revealed the growth of >100,000 COL/ML Escherichia coli which was resistant to Ciprofloxacin. Record review of the hospital history and physical dated 11/27/17 revealed the following impression: "UTI-diagnosed 12 days ago, but not appropriately treated until 2 days ago." In an interview conducted with the Medical Director on 12/13/17 at 2:40 PM he revealed that if Resident #17 had been given the correct antibiotics to treat the UTI the hospitalization would have been avoided. He said there was a complete lack of communication that occurred. He stated that this case had "slipped through the cracks" and that he was not aware of the situation until after the fact.	F 684	practice. Example #1: In an interview conducted on 12/13/17 at 2:45pm with Nurse #1, he stated that the facility protocol was to call the laboratory for culture results forty-eight hours after a urine sample was sent to determine the antibiotics in use were sensitive and effective. He stated that he had not contacted the laboratory for results of the culture and sensitivity for resident # 17. Nurse #1 who was involved in the deficient practice was formally re-educated by the Director of Nursing immediately. See in-service training sheet titled, Lab Test Results dated 12/13/2017. Address how the facility will identify other residents having the potential to be affected by the same deficient practice. In order to identify other residents having the potential to be affected by the same deficient practice, a 100% audit was conducted by a RN nurse mentor on each household for individuals diagnosed with a Urinary Tract Infection in the last 30 days. The audit entailed reviewing if lab results were received, if the MD had been notified, and if the antibiotic prescribed was correct. No other resident was affected by the deficient practice. See audit sheets titled, Residents diagnosed with UTI within last 30 days, dated 12/13/2017. Address what measures will be put in place or system changes needed to ensure that the deficient practice will not recur. All nurses were verbally educated on	

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F 684	Continued From page 2 In an interview conducted on 12/13/17 at 2:45 PM with Nurse #1 he stated that the facility protocol was to call the laboratory for culture results forty-eight hours after a urine sample was sent to determine that antibiotics in use were sensitive and effective. He stated that he had not contacted the laboratory for results of the culture and sensitivity for Resident #17. In an interview conducted on 12/13/17 at 3:30 PM with the Director of Nursing she revealed that the hospitalization of Resident #17 on 11/26/17 for Urosepsis could have been avoided if the correct antibiotic had been administered to the resident. She stated that the facility failed to follow up on the laboratory results performed at the hospital emergency room which showed that the antibiotic that was given to the resident was not effective (Ciprofloxacin). She said that she expected laboratory results for a urine culture and sensitivity to be followed up on by the facility forty-eight hours after a urine sample was sent to the laboratory which the facility failed to do.	F 684	12/13/2017 by a RN nurse mentor regarding facility policies on Urinary Tract Infections/Bacteriuria-Clinical Protocol, Antimicrobial Stewardship Program, and Lab and Diagnostic Test Results-Clinical Protocol to include review of the proper procedures of using the facility Lab Follow-up form. Formal in-service trainings of all nurses were completed by RN nurse mentors between 12/13/17 to 12/19/17. See in-service training sheets titled, UTI Management/Treatment to Prevent Hospitalization. Indicate how the facility plans to monitor its performance to make sure that solutions are sustained. The RN nurse mentors of each household will audit all Lab Follow-up forms for completion and appropriateness weekly to ensure follow-up of all labs ordered on residents are completed in a timely manner by shift nurses. Compliance will be monitored and ongoing. The weekly auditing program will be reviewed and discussed by the DON at a weekly QA meeting. This will be done weekly for one month or until resolved by the Quality Assurance Committee. The weekly QA Meeting will be attended by the DON, RN Nurse Mentors, and the Administrator to ensure corrective actions are initiated as appropriate. First weekly meeting occurred on December 29, 2017. The auditing programs will also be reviewed and discussed by the DON at a monthly QA meeting. This will be done by the DON x 3 months, to include quarterly QA	

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F 684	Continued From page 3	F 684	review and will continue until compliance is ensured. The monthly QA Meeting will be attended by the DON, RN Nurse Mentors, and the Administrator to ensure corrective actions are initiated as appropriate.	
F 690 SS=D	Bowel/Bladder Incontinence, Catheter, UTI CFR(s): 483.25(e)(1)-(3) §483.25(e) Incontinence. §483.25(e)(1) The facility must ensure that resident who is continent of bladder and bowel on admission receives services and assistance to maintain continence unless his or her clinical condition is or becomes such that continence is not possible to maintain. §483.25(e)(2)For a resident with urinary incontinence, based on the resident's comprehensive assessment, the facility must ensure that- (i) A resident who enters the facility without an indwelling catheter is not catheterized unless the resident's clinical condition demonstrates that catheterization was necessary; (ii) A resident who enters the facility with an indwelling catheter or subsequently receives one is assessed for removal of the catheter as soon as possible unless the resident's clinical condition demonstrates that catheterization is necessary; and (iii) A resident who is incontinent of bladder receives appropriate treatment and services to prevent urinary tract infections and to restore continence to the extent possible. §483.25(e)(3) For a resident with fecal incontinence, based on the resident's	F 690		12/29/17

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F 690	Continued From page 4 comprehensive assessment, the facility must ensure that a resident who is incontinent of bowel receives appropriate treatment and services to restore as much normal bowel function as possible. This REQUIREMENT is not met as evidenced by: Based on staff interviews, Medical Director interview and record review the facility failed to provide adequate care for one of two sampled residents who did not receive adequate treatment for a urinary tract infection resulting in sepsis (Resident #17). Findings included: Resident #17 was re-admitted to the facility on 12/04/17 after a short hospitalization for sepsis related to a urinary tract infection. Pertinent diagnoses included recurrent urinary tract infections, cerebral vascular accident with left hemiparesis, expressive aphasia, hypertension, and a seizure disorder. Review of the comprehensive Minimum Data Set with an assessment reference date of 12/11/17 revealed that Resident #17 had intact long term memory, no behaviors, required extensive assistance with activities of daily living, had an impairment on one side, was frequently incontinent of bowel and bladder, and had received Occupational Therapy for 5 days totaling 232 minutes. Review of the care plan for Resident #17 included: at risk for urinary tract infections with interventions to keep skin clean and dry, observe for confusion and behavior change, and to obtain a urinary analysis if needed. It also included	F 690	Based on staff interview, Medical Director interview and record review the facility failed to provide adequate care for one of two sampled residents who did not receive adequate treatment for urinary tract infection resulting in sepsis (Resident #17). _____ _____ _ The statements made on this Plan of Correction are not an admission to and do not constitute an agreement with the alleged deficiencies. To remain in compliance with all Federal and State Regulations the facility has taken or will take the actions set forth in this Plan of Correction. The Plan of Correction constitutes the facility's allegation of compliance such that all alleged deficiencies cited have been or will be corrected by the date or dates indicated. Address how corrective action will be accomplished for the resident found to have been affected by the deficient practice. Example #1: In an interview conducted on 12/13/17 at 2:45pm with Nurse #1, he stated that the facility protocol was to call the laboratory for culture results forty-eight hours after a urine sample was sent to determine the antibiotics in use were	

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F 690	Continued From page 5 plans for rejection of care, fall risk, seizure activity risk, pressure ulcer risk, and bowel and urinary continence. Physician orders revealed that the resident had been started on the antibiotic Ciprofloxacin on 11/14/17 after an assessment had been completed at the hospital emergency room. Review of the medication administration record showed that Resident #17 received Ciprofloxacin 500 mg twice a day for the next 7 days. Review of the urinalysis and urine culture dated 11/14/17 and released 11/16/17 revealed the growth of >100,000 COL/ML Escherichia coli which was resistant to Ciprofloxacin. Record review of the hospital history and physical dated 11/27/17 revealed the following impression: "UTI-diagnosed 12 days ago, but not appropriately treated until 2 days ago." In an interview conducted with the Medical Director on 12/13/17 at 2:40 PM he revealed that Resident #17 had been given an antibiotic that was not effective. He said there was a complete lack of communication that occurred. He stated that this case had "slipped through the cracks" and that he was not aware of the situation until after the fact. In an interview conducted on 12/13/17 at 2:45 PM with Nurse #1 he stated that the facility protocol was to call the laboratory for culture results forty-eight hours after a urine sample was sent to determine that antibiotics in use were sensitive and effective. He stated that he had not contacted the laboratory for results of the culture and sensitivity for Resident #17.	F 690	sensitive and effective. He stated that he had not contacted the laboratory for results of the culture and sensitivity for resident # 17. Nurse #1 who was involved in the deficient practice was formally re-educated by the Director of Nursing immediately. See in-service training sheet titled, Lab Test Results dated 12/13/2017. 2. Address how the facility will identify other residents having the potential to be affected by the same deficient practice. In order to identify other residents having the potential to be affected by the same deficient practice, a 100% audit was conducted by a RN nurse mentor on each household for individuals diagnosed with a Urinary Tract Infection in the last 30 days. The audit entailed reviewing if lab results were received, if the MD had been notified, and if the antibiotic prescribed was correct. No other resident was affected by the deficient practice. See audit sheets titled, Residents diagnosed with UTI within last 30 days, dated 12/13/2017. 3. Address what measures will be put in place or system changes needed to ensure that the deficient practice will not recur. All nurses were verbally educated on 12/13/2017 by a RN nurse mentor regarding facility policies on Urinary Tract Infections/Bacteriuria-Clinical Protocol, Antimicrobial Stewardship Program, and Lab and Diagnostic Test Results-Clinical Protocol to include review of the proper procedures of using the facility Lab	

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F 690	Continued From page 6 In an interview conducted on 12/13/17 at 3:30 PM with the Director of Nursing she revealed that Resident #17 had been treated with an antibiotic to which the organism was resistant. She stated that the facility failed to follow up on the laboratory results performed at the hospital emergency room which showed that the antibiotic that was given to the resident was not effective (Ciprofloxacin). She said that she expected laboratory results for a urine culture and sensitivity to be followed up on by the facility forty-eight hours after a urine sample was sent to the laboratory which the facility failed to do.	F 690	Follow-up form. Formal in-service trainings of all nurses were completed by RN nurse mentors between 12/13/17-12/19/17. See in-service training sheets titled, UTI Management/Treatment to Prevent Hospitalization. 4. Indicate how the facility plans to monitor its performance to make sure that solutions are sustained. The RN nurse mentors of each household will audit all Lab Follow-up forms for completion and appropriateness weekly to ensure follow-up of all labs ordered on residents are completed in a timely manner by shift nurses. Compliance will be monitored and ongoing. The weekly auditing program will be reviewed and discussed by the DON at a weekly QA meeting. This will be done weekly for one month or until resolved by the Quality Assurance Committee. The weekly QA Meeting will be attended by the DON, RN Nurse Mentors, and the Administrator to ensure corrective actions are initiated as appropriate. First weekly meeting occurred on December 29, 2017. The auditing programs will also be reviewed and discussed by the DON at a monthly QA meeting. This will be done by the DON x 3 months, to include quarterly QA review and will continue until compliance is ensured. The monthly QA Meeting will be attended by the DON, RN Nurse Mentors, and the Administrator to ensure corrective actions are initiated as appropriate.	