STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345325	A. BUILDING ______ B. WING ______	09/19/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CORNERSTONE NURSING AND REHABILITATION CENTER	711 SUSAN TART ROAD DUNN, NC 28335

(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
E 000	Initial Comments An unannounced recertification survey was conducted 09/16/2019 through 09/19/2019. The facility was found in compliance with the requirement CFR 483.73, Emergency Preparedness, Event 0XLN11.	E 000		
F 583 SS=D	Personal Privacy/Confidentiality of Records CFR(s): 483.10(h)(1)-(3)(i)(ii) §483.10(h) Privacy and Confidentiality. The resident has a right to personal privacy and confidentiality of his or her personal and medical records. §483.10(h)(l) Personal privacy includes accommodations, medical treatment, written and telephone communications, personal care, visits, and meetings of family and resident groups, but this does not require the facility to provide a private room for each resident. §483.10(h)(2) The facility must respect the residents right to personal privacy, including the right to privacy in his or her oral (that is, spoken), written, and electronic communications, including the right to send and promptly receive unopened mail and other letters, packages and other materials delivered to the facility for the resident, including those delivered through a means other than a postal service. §483.10(h)(3) The resident has a right to secure and confidential personal and medical records. (i) The resident has the right to refuse the release of personal and medical records except as provided at §483.70(i)(2) or other applicable federal or state laws. (ii) The facility must allow representatives of the	F 583		10/11/19

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Electronically Signed — TITLE — (X6) DATE: 10/11/2019

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 583	Continued From page 1 Office of the State Long-Term Care Ombudsman to examine a resident's medical, social, and administrative records in accordance with State law. This REQUIREMENT is not met as evidenced by: Based on observations, resident and staff interviews, and record review, the facility failed to cover the indwelling catheter bag for 1 of 1 resident. (Resident #18) Findings included: A review of the facility's catheter care instructions revealed to assure a privacy bag was in place. A review of the medical record revealed Resident #18 was admitted on 12/8/2016 with diagnosis of a cerebral vascular accident, chronic renal failure-stage 3, diabetes mellitus, hydronephrosis, urosepsis, malignant neoplasm of urethra, and retention of urine. A review of the annual minimum data set (MDS) assessment dated 02/28/2019 revealed the Resident #18 was cognitively intact and needed assistance for all care of one person. Resident #18 used a wheelchair that required one person to assist for mobility. The MDS noted the presence of an indwelling urinary catheter. A review of the urologist notes dated 6/19/19 revealed Resident #18 required the indwelling catheter for recurrent urinary retention and functional mobility issues and to maintain comfort and dryness. The care plan dated 2/11/2019 revealed Resident #18 had an alteration in urinary elimination with	F 583	F 583 Cornerstone Nursing and Rehabilitation Center acknowledges receipt of the Statement of Deficiencies and proposes this Plan of Correction to the extent that the summary of findings is factually correct and in order to maintain compliance with applicable rules and provisions of quality of care of residents. The Plan of Correction is submitted as a written allegation of compliance. Cornerstone Nursing and Rehabilitation Center response to this Statement of Deficiencies does not denote agreement with the Statement of Deficiencies nor does it constitute an admission that any deficiency is accurate. Further, Cornerstone Nursing and Rehabilitation Center reserves the right to refute any of the deficiencies on this Statement of Deficiencies through Informal Dispute Resolution, formal appeal procedure and/or any other administrative or legal proceeding. On 9/18/19, the Director of Nursing (DON) and the Staff Facilitator (SF) initiated an in-service with 100% of all licensed nurses and nursing assistants regarding catheter care to include ensuring all catheter drainage bags have a privacy	

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F 583 Continued From page 2

indwelling catheter. Interventions included catheter care per facility protocol, change of the catheter per physician orders, to maintain closed system, observe for signs and symptoms of urinary tract infection.

On 9/16/2019 at 3:53pm, Resident #18 was observed sitting in the wheelchair in a public area of the facility. The catheter bag is positioned underneath the wheelchair with no cover on the catheter bag. Urine was visible in the bag. Resident #18 noted the catheter had been present for 3- 4 weeks.

An observation on 9/17/2019 at 9:06am revealed the catheter bag located on the side of the bed with no cover and urine visible in the bag. At 5:30pm, the same day, Resident #18 was observed sitting in the wheelchair in a public area of the facility with the catheter bag located underneath the wheelchair with no cover on the bag and urine visible in the catheter bag.

An observation on 9/18/2019 at 9:00am revealed a catheter bag hanging on the left side of the bed without a cover on the bag. Urine was visible in the bag. At 3:09pm, the same day, Resident #18 was noted to be in a public area of the facility with the catheter bag underneath the wheelchair with no bag cover and urine is visible in the bag.

An interview conducted on 9/19/2019 at 7:45am with the director of nursing revealed catheter bags were to be covered with a bag cover and the covers were available.
An observation on 9/19/2019 at 08/:00am revealed the catheter bag had no cover on the bag with urine visible in the catheter bag.

F 583

cover attached. The in-service will be completed by 10/11/2019 and provided to all newly hired licensed nurses and nursing assistants during orientation by the SF.

On 9/19/19, the drainage bag for Resident #18 was replaced by the treatment nurse with a new drainage bag to include a privacy cover.

On 9/19/19, the DON and treatment nurse completed a 100% audit of all residents to include Resident #18 with indwelling catheters to ensure all drainage bags had privacy bags. There were no identified concerns during the audit.

All residents to include Resident #18 with indwelling catheters will be monitored by the unit manager and/or the treatment nurse to ensure all catheter drainage bags include a privacy cover weekly for 4 weeks, then monthly for 2 months, utilizing the Catheter Care Audit tool. Any areas of concern identified during the audit will be addressed immediately by the unit manager and/ or the treatment nurse to include additional staff training as appropriate. The DON will review and initial the Catheter Care Audit tool weekly for 4 weeks, then monthly for 2 months.

The administrator will present the findings of the Catheter Care Audit tools to the Executive QI committee monthly for 3 months. The QAPI Committee will meet monthly for 3 months and review the Catheter Care Audit tools to determine

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F 583	Continued From page 3 On 9/19/2019 at 08:05am, the wound nurse entered the room to apply a bag cover.	F 583	trends and/or issues that may need further interventions put into place and to determine the need for further frequency of monitoring. The administrator and DON will be responsible for the implementation of corrective actions to include all 100% audits, in services, and monitoring related to the plan of correction.	
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	F 690		10/11/19

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F 690 Continued From page 4
continence to the extent possible.

§483.25(e)(3) For a resident with fecal incontinence, based on the resident's 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 observations, resident and staff interviews, and medical review, the facility broke infection control measures while cleansing an indwelling catheter and failed to apply a leg strap for 1 of 1 resident reviewed for indwelling catheters. (Resident #18)

Findings included:

Review of the facility's instructions on care of an indwelling catheter revealed catheter care was to be performed daily with morning care and as needed with incontinent care. Catheter care involved using clean clothes to wash, rinse and dry the catheter, holding the catheter at the meatus to prevent tension, and cleaning the catheter from the meatus toward the connection of the catheter and tubing. The catheter was to be secured with a leg strap to prevention tension on the catheter.

A review of the medical record revealed Resident #18 was admitted on 12/8/2016 with diagnosis of a cerebral vascular accident, malignant neoplasm of urethra, and retention of urine, chronic renal failure-stage 3, diabetes mellitus, hydronephrosis, urosepsis.

F 690

F 690

On 9/18/2019, NA#1 provided correct catheter care for Resident #18. On 9/19/2019, the Wound Nurse applied a security anchor to the leg to prevent excessive tension of the catheter and assessed Resident #18 for signs of infection. No signs of infection were noted by Wound Nurse for Resident #18.

On 9/19/219, an audit for 100% of residents with indwelling catheters to include Resident #18 was completed by the Wound Nurse to ensure all indwelling catheters were attached securely with an anchoring device to, prevent excessive tension. There were no further concerns identified at the time of the audit.

On 9/18/2019, a 100% audit of all residents with indwelling Foley catheters to include Resident #18 was conducted by Staff Facilitator (SF) to assess for cleanliness of catheter tubing and drainage bags. There were no further concerns identified at the time of the

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F 690	Continued From page 5 The care plan dated 2/11/2019 revealed Resident #18 had an alteration in urinary elimination with indwelling catheter. Interventions included catheter care per facility protocol, change of the catheter per physician orders, maintain a closed system, and observe for signs and symptoms of urinary tract infection. A review of the annual minimum data set (MDS) assessment dated 02/28/2019 revealed the Resident #18 was cognitively intact and needed assistance for all care of one person. The MDS noted the presence of an indwelling urinary catheter. A review of the urologist notes dated 6/19/19 revealed Resident #18 required the indwelling catheter for recurrent urinary retention and functional mobility issues and to maintain comfort and dryness. A review of the physician progress notes dated 7/31/2019 revealed Resident #18 had chronic urinary tract infections. A review of an emergency service visit on 8/11/2019 revealed Resident #18 was diagnosed with an urinary tract infection and was treated with antibiotics. An interview with Resident #18 on 9/17/2019 revealed the catheter kept her from being wet all the time. Observation of catheter care by NA#1 on 9/18/2019 at 09:35am revealed the catheter tubing was not secured by any device to prevent tension of the catheter. The catheter tubing was lying across the left upper thigh area. While holding the catheter four inches from the meatus,	F 690	audit. On 9/18/2019, NA #1 was in-serviced by Staff Facilitator regarding checking for the security anchoring device for all residents including Resident #18 with indwelling Foley catheters during care to ensure it is intact. The nurse must be made aware immediately of any resident with an indwelling catheter that is observed with a missing or unattached security anchoring device that prevents tension on the catheter tubing. Additionally, NA #1 was in-serviced by Staff Facilitator regarding correct catheter care and proper cleaning techniques to include wiping the catheter tubing from the meatus downward. On 9/18/2019, the Staff Facilitator observed NA #1 perform a return demonstration of correct catheter care and proper cleaning techniques to include wiping the catheter tubing from the meatus downward. There were no identified concerns during the return demonstration. On 9/18/2019, an in-service for 100% of all licensed nurses and nursing assistants was initiated by the Director of Nursing (DON) and Staff Facilitator regarding correct catheter care and proper cleaning techniques to include wiping the catheter tubing from the meatus downward. The in-service will be completed by 10/11/2019. All newly hired licensed nurses and nursing assistants will be in-serviced during orientation by the SF regarding correct catheter care and	

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Continued From page 6

NA#1 used disposable wipes to clean the catheter from the meatus to the point of where the catheter was being held. The NA#1 switched hands to hold the catheter to continue wiping the catheter where the catheter connected with the tubing. NA #1 washed and rinsed the perineal area using front to back strokes. Using the same cloth, NA #1 held the catheter four inches from the meatus and washed the catheter from the connection of the tubing toward the meatus. NA #1 rinsed the cloth and wiped the perineal area, then while holding the catheter at the connection of the catheter and tubing, wiped the catheter from the meatus to the connection of the catheter and tubing. NA#1 used a towel to dry the catheter from the connection of the catheter and tubing to the meatus of the perineal area. An adult brief and pants were applied with the catheter tubing not secured to a leg strap or device.

An interview with nurse aide #1 on 9/18/2019 at 9:55am revealed care of an indwelling catheter consisted of daily catheter care, prevention of tugging on the catheter, and to inform the nurse of any issues identified with the catheter or urine.

An interview with the staff facilitator on 9/18/2019 at 3:15pm revealed staff received in-services annually on care of indwelling catheters and cleaning a catheter required starting at the meatus of the perineal area and cleaning down the catheter toward the connection of the catheter and tubing. The staff facilitator further noted catheter care was expected to be performed daily with the bath and with each incontinent care.

An interview conducted on 9/19/2019 at 7:45am with the director of nursing revealed a leg strap or device was to be used to secure the tubing of a

F 690 (Plan of Correction)

proper cleaning techniques to include wiping the catheter tubing from the meatus downward.

On 9/18/2019, an in-service for 100% of licensed nurses and nursing assistants was initiated to ensure all residents have a security anchoring device attached to the indwelling catheter tubing to prevent excessive tension. If the security anchor is missing or becomes unattached, the nurse must be immediately notified in order to replace the security anchor to prevent excessive tension on the catheter tubing. The in-service will be completed by 10/11/2019. All newly hired licensed nurses and nursing assistants will be in-serviced during orientation by the SF with regards to ensuring all residents with an indwelling Foley catheter have a security anchoring device attached to the tubing to prevent excessive tension. If the security anchor is missing or becomes unattached, the nurse must be immediately notified in order to replace the security anchor to prevent excessive tension on the catheter tubing.

On 9/19/2019, the Director of Nursing (DON) and SF initiated a return demonstration of correct catheter care with 100% of all licensed nurses and nursing assistants. Return demonstrations will completed by 10/11/2019. Any concerns identified during the return demonstration will be addressed immediately by the DON and SF, to include additional staff training.

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F 690	Continued From page 7 catheter and was available in the facility. The director of nursing also revealed in-services for catheter care had been started for the staff. An observation on 9/19/2019 at 08:00am revealed Resident #18 had no leg strap or device to secure the catheter tubing. On 9/19/2019 at 8:05am, the wound nurse entered the room to apply a leg strap.	F 690	All residents with indwelling catheters, to include Resident #18, will be reviewed weekly for 4 weeks, then monthly for 2 months by the unit manager and/ or treatment nurse utilizing a Catheter Care Audit tool to ensure a security anchoring device is attached to the tubing. Any areas of concern identified during the audit will be immediately addressed by the unit manager and/or the treatment nurse to include replacement of the security anchor and attaching the security anchor to the involved resident□s leg and/or additional staff training. The DON will review and initial the Catheter Care Audit tools weekly for 4 weeks, then monthly for 2 months to ensure completion. All residents with indwelling catheters to include Resident #18 will be audited by the Assistant Director of Nursing (ADON) and/or unit manager by observing 10% of licensed nurses or nursing assistants, including NA #1 for correct care including proper catheter cleaning techniques utilizing the Catheter Care Audit tool. The audit will be conducted weekly for 4 weeks, then monthly for 2 months. Any identified areas of concern will be immediately addressed by the ADON or unit manager to include additional staff training. The DON will review and initial the Catheter Care Audit tools weekly for 4 weeks, then monthly for 2 months to ensure completion. The administrator will present the findings of the Catheter Care Audit tools to the QAPI committee monthly for 3 months.	

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F 690	Continued From page 8	F 690	The Executive QI Committee will meet monthly for 3 months and review the Catheter Care Audit tools to determine trends and/or issues that may need further interventions put into place and to determine the need for further frequency of monitoring. The administrator and DON will be responsible for the implementation of corrective actions to include all 100% audits, in services, and monitoring related to the plan of correction.	
F 761 SS=B	Label/Store Drugs and Biologicals CFR(s): 483.45(g)(h)(1)(2) §483.45(g) Labeling of Drugs and Biologicals Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable. §483.45(h) Storage of Drugs and Biologicals §483.45(h)(1) In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys. §483.45(h)(2) The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit	F 761		10/11/19

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F 761	Continued From page 9 package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected. This REQUIREMENT is not met as evidenced by: Based on observations, staff interviews and record review the facility failed to remove expired medications from 1 of 1 medication refrigerators. Findings Included: A review of the facility's medication storage policy (revised 11/1/17) revealed no reference to expired medications in the refrigerators. An observation of the refrigerator in the medication storage room with the Director of Nursing present revealed 2 bottles of Magic Mouthwash with expired dates. Bottle #1 had an expiration date of 9/12/19 and bottle #2 had an expiration date of 9/13/19. An interview was conducted with the Director of Nursing on 09/19/19 at 11:34 AM. She stated the nurses were responsible for checking the expiration date on the medications in the refrigerator. Her expectation was the nurses pull the expired medication and dispose of it properly.	F 761	F 761 Cornerstone Nursing and Rehabilitation Center acknowledges receipt of the Statement of Deficiencies and proposes this Plan of Correction to the extent that the summary of findings is factually correct and in order to maintain compliance with applicable rules and provisions of quality of care of residents. The Plan of Correction is submitted as a written allegation of compliance. Cornerstone Nursing and Rehabilitation Center response to this Statement of Deficiencies does not denote agreement with the Statement of Deficiencies nor does it constitute an admission that any deficiency is accurate. Further, Cornerstone Nursing and Rehabilitation Center reserves the right to refute any of the deficiencies on this Statement of Deficiencies through Informal Dispute Resolution, formal appeal procedure and/or any other administrative or legal proceeding. On 9/19/19, the DON observed the 2 expired bottles of Magic Mouthwash in the and immediately removed and discarded the bottles. The medication refrigerator was inspected by the DON and no other expired medications were found. On 9/19/19, the DON and staff facilitator	

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F 761	Continued From page 10	F 761	(SF) initiated an in-service for 100% of all licensed nurses to monitor and immediately discard any expired medications stored in the medication room as well as in the medication refrigerator. This in-service will be completed by 10/11/2019. All newly hired licensed nurses will receive the in-service during orientation by the SF regarding monitoring and immediately discarding any medications stored in the medication room as well as in the medication refrigerator. The Assistant Director of Nursing (ADON) and/ or the unit manager will monitor the medication storage room refrigerator to ensure all expired medications are discarded prior to the expiration date weekly for 4 weeks, then monthly for 2 months utilizing the Medication Expiration Audit tool. Any concerns identified during the audit will be addressed immediately by the ADON and/ or the unit manager to include additional staff training as appropriate. The DON will review and initial the Medication Expiration Audit tool weekly for 4 weeks, then monthly for 2 months. The administrator will present the findings of the Medication Expiration Audit tool s to the Executive QI committee monthly for 3 months. The QAPI Committee will meet monthly for 3 months and review the Medication Expiration Audit tool to determine trends and/or issues that may need further interventions put into place	

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	345325	A. BUILDING ______ B. WING ______	09/19/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CORNERSTONE NURSING AND REHABILITATION CENTER	711 SUSAN TART ROAD DUNN, NC 28335

(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 761	Continued From page 11	F 761	and to determine the need for further frequency of monitoring. The administrator and DON will be responsible for the implementation of corrective actions to include all 100% audits, in services, and monitoring related to the plan of correction.	