An unannounced recertification survey was conducted on 4/11/22 through 4/14/22. The facility was found in compliance with the requirement CFR 483.73, Emergency Preparedness. Event ID #395U11.

An unannounced recertification and complaint investigation survey was conducted from 4/11/22 through 4/14/22. Event ID #395U11. The following intakes were investigated: NC00187753, NC00187605, NC00187127, NC00187051, NC00186238, and NC00183392. 18 of the 18 complaint allegations were not substantiated.

§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.
### Summary Statement of Deficiencies

- 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.

#### §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 record review, observations and staff interviews the facility failed to prevent a urinary catheter bag from encountering the floor to reduce the risk of infection or injury for 1 of 1 resident (Resident #42) reviewed for urinary catheter care.

- The findings included:
  - A review of the facility administrative daily rounding tool, titled, "Resident and Room Audit sheets," revealed a section that read, if applicable is the catheter positioned properly? Is the Catheter bag off of the floor?
  - Resident # 42 was admitted to the facility on 2/4/2022 with diagnoses that included Clostridium Difficile infection, frequent falls and end of life care.
  - A review of admission Minimum Data Set, dated 2/10/2022, revealed Resident #42 had moderate cognitive impairment, required extensive care.

- The DNS or designee will perform observation audits of all residents with catheters three times weekly for four weeks beginning 4/28/2022 to assure substantial compliance has been achieved. A QI audit tool will be utilized.

- The DNS placed a clean basin under the identified resident's catheter bag to create a barrier between the catheter bag and the floor on 4/13/2022.

- The staff develop coordinator conducted an audit of all resident's with catheter's to ensure their catheter bags were not touching the floor on 4/13/2022.

- The SDC conducted education for facility nursing staff regarding the practice of preventing catheter bags from resting on the floor. beginning 4/13/2022 to be completed by 5/12/2022.

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**Note:** The table contains a continuation from page 1 and includes specific details related to the deficiencies and the plan of correction.
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<td>F 690</td>
<td>Continued From page 2</td>
<td>F 690</td>
<td>The DNS or designee will submit observation audits to the monthly QAPI committee for review.</td>
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assistance of two staff members with toilet use and personal hygiene and had a urinary catheter.

A review of the Resident specific care plan revealed a focused area for Urinary Catheter care with interventions to provide catheter care each shift and as needed that included to follow the facility procedure for catheter care.

A review of the facility policy, titled: "Catheter care," stated staff are to ensure proper care and treatment of the catheter tubing.

An observation of Resident # 42 was conducted on 4/11/2022 at 3:29 p.m. and the urinary catheter bag was observed lying on the floor, with no barrier between the bag and floor, and half of the bag touching the floor surface.

An interview was conducted with a family member for Resident # 42, on 4/11/2022 at 3:29 p.m. and she revealed the urine catheter bag always had to rest on the floor because her mother had a recent fall and the bed most be kept in a low position. She indicated this was a regular occurrence as a result of the need for a low bed position.

An observation was conducted on 4/13/2022 at 9:48 a.m. of Resident #42 lying in bed with the urine catheter bag lying on the facility floor, with no barrier between the bag and the floor, and the bed in the lowest position.

An interview was conducted with the Director of Nursing (DON) on 4/13/2022 at 10:01 a.m. and she stated she observed the urine catheter bag for Resident # 42 lying in the floor and immediately picked the bag up off of the floor and
## SUMMARY STATEMENT OF DEFICIENCIES

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<td>stated it should not be on the floor. She stated she would immediately find an alternative method to hang the urine catheter bag. She revealed it was her expectation that all urine catheter bags not be touching the floor and this had occurred because of the low bed intervention put into place on 4/11/2022 due to a fall. An interview was conducted with the Treatment nurse, on 4/13/2022 at 10:04 a.m. and she revealed she had observed the urine collection bag for Resident # 42 hanging on the bed with the bed in the lowest position. She added that the urine catheter collection bag was touching the floor and a catheter bag should not touch the floor. She entered a conversation with the DON on how to resolve the situation to maintain proper care of the urine catheter bag for the Resident.</td>
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