| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 345332 | A. BUILDING _____ B. WING _____ | C 01/13/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
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| WILSON HEALTHCARE AND REHABILITATION CENTER | 2501 DOWNING ST SW WILSON, NC 27893 |

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| E 000 | Initial Comments<br><br>The survey team entered the facility on 01/06/25 to conduct a recertification and complaint investigation survey and exited on 01/09/25. Additional information was obtained remotely on 01/10/25 and 1/13/25. Therefore, the exit date was changed to 01/13/25. The facility was found in compliance with the requirement CFR 483.73, Emergency Preparedness. Event ID #ZCCH11. | E 000 | | |
| F 000 | INITIAL COMMENTS<br><br>The survey team entered the facility on 01/06/25 to conduct a recertification and complaint investigation survey and exited on 01/09/25. Additional information was obtained remotely on 01/10/25 and 1/13/25. Therefore, the exit date was changed to 01/13/25. Event ID# ZCCH11. The following intakes were investigated NC00222504, NC00225705, NC00225357, NC00224094, and NC00213262.<br><br>16 of the 16 complaint allegations did not result in deficiency. | F 000 | | |
| F 690 SS=D | Bowel/Bladder Incontinence, Catheter, UTI<br>CFR(s): 483.25(e)(1)-(3)<br><br>§483.25(e) Incontinence.<br>§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.<br><br>§483.25(e)(2)For a resident with urinary incontinence, based on the resident's comprehensive assessment, the facility must ensure that- | F 690 | | 1/20/25 |

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

Electronically Signed | 01/15/2025

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| F 690 | Continued From page 1<br>(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;<br>(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<br>(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.<br><br>§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.<br>This REQUIREMENT is not met as evidenced by:<br>Based on observations, staff interviews, and record review, the facility failed to keep a urinary catheter bag from touching the floor to reduce the risk of infection for 2 of 4 residents (Resident #86 and Resident #13) reviewed with urinary catheters.<br><br>The findings included:<br><br>1. Resident #86 was admitted to the facility on 11/1/24 with diagnoses that included retention of urine, benign prostatic hyperplasia (a non-cancerous condition that causes the prostate gland to enlarge), and obstructive and reflux uropathy (urinary tract conditions that occur when | F 690 | Please accept this Plan of Correction as Wilson Healthcare and Rehabilitation Center□s credible allegation of compliance for the alleged deficiency cited. Submission and implementation of this Plan of Correction is not an admission that a deficiency exists or that one was cited correctly. The Plan of Correction is submitted to meet requirements established by Federal and State laws, which requires an acceptable Plan of Correction as a condition of continued certification.<br><br>Residents # 86 and #13 both were noted | |

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| F 690 | Continued From page 2<br>urine can't flow normally).<br><br>An admission Minimum Data Set (MDS) assessment dated 11/8/24 revealed Resident #86 was moderately cognitively impaired. The assessment indicated Resident #86 was dependent upon staff for all his activities of daily living (ADL). Resident #86 was coded for an indwelling catheter.<br><br>Resident #86's care plan dated 11/2/24 revealed focus areas for catheter care and at risk for infection.<br><br>An initial observation was conducted on 1/6/25 at 10:40 AM of Resident #86. He was observed lying in his bed. His urinary catheter bag was inside a blue privacy bag and was hanging off the bed frame on the resident's left side of the bed resting on the floor.<br><br>Additional observations of Resident #86 were conducted on 1/6/25 at 11:27 AM and 2:33 PM. Resident #86's urinary catheter bag remained inside a blue privacy bag and was hanging off the bed frame on the resident's left side of the bed resting on the floor.<br><br>An interview was conducted on 1/6/25 at 2:37 PM with Nurse #1. She stated the urinary catheter bag was in the privacy bag.<br><br>An interview was conducted with the Director of Nursing (DON) on 1/8/25 at 1:59 PM. She stated her expectation was that urinary catheter bags were kept off the floor to prevent infection.<br><br>An interview was conducted with the Infection Preventionist (IP) on 1/9/25 at 10:22 AM. She | F 690 | with their closed Foley drainage systems contacting the floor. Both residents are fall risks and they need their beds in the lowest position. Upon identifying this, the Foley bags were changed out immediately. Resident #13 had their Foley catheter removed as it was due to be discontinued on 1/6/2025 per the doctor□s order. In our facility, we utilize Bard Foley catheters. All our Foley bags in the facility have an anti-reflux chamber on them. The residents in question did have a Bard Anti-reflux chamber. An anti-reflux chamber in a Foley bag prevents urine from flowing back into the bladder which reduces the risk of infections. The closed Foley drainage system for Resident #86 was placed in a clean basin to prevent it from touching the floor on___1/6/2025___.<br><br>On 1/6/2025, all residents with a Foley catheter were inspected by the Infection Control Nurse to ensure that all Foley catheters were not touching the floor. No further concerns were identified.<br><br>The Staff Development Nurse/Infection Control Nurse to provide education on ensuring closed Foley drainage systems do not touch the floor and what to do if it does by 01/20/25. Any newly hired nursing staff will receive education by the Staff Development Nurse/Infection Control Nurse on ensuring closed Foley drainage systems are not directly touching the floor and what to do if they are.<br><br>A monitoring tool will be initiated and | |

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| F 690 | Continued From page 3<br>stated the blue privacy bag was on the urine bag itself and served as a layer of protection between the urine collection bag and the floor to prevent infection.<br><br>An interview was conducted on 1/9/25 at 11:01 AM with the Administrator. He stated the urinary catheter bag should not touch the ground and if it did, it was changed out immediately to prevent infection.<br><br>On 1/10/25 at 12:04 PM, the Administrator provided documentation from the manufacturer of the urinary catheter bag utilized for Resident #86 that indicated the catheter bag had an anti-reflux chamber that "prevents urine from flowing back into the bladder, which can reduce the risk of infection."<br><br>2.Resident #13 was re-admitted to the facility on 11/6/24 with diagnoses which included congestive heart failure, recurrent urinary tract infections (UTI), and neuromuscular dysfunction of the bladder.<br><br>A quarterly Minimum Data set (MDS) dated 11/12/24 revealed Resident #13 was cognitively intact. She was dependent upon staff for toileting hygiene and was incontinent of urine.<br><br>Resident #13's care plan dated 11/15/24 revealed a focus for bladder incontinence with a history of urinary tract infections (UTIs).<br><br>Physician orders revealed Resident #13 had an order to insert an indwelling urinary catheter on 1/3/25 for urinary retention. An additional review of physician orders revealed the indwelling urinary | F 690 | utilized by the Staff Development Coordinator/Infection Control Nurse to audit all Foley catheters to ensure they are not touching the floor three times weekly for 4 weeks and then weekly for 2 months. Audit records and results will be reported to the Director of Nursing and Administrator.<br><br>The results of the monitoring will be discussed monthly at QAPI meetings for 3 months with any recommendations and continued education. The Director of Nursing and Administrator will be responsible for overall compliance. The QAPI committee will determine if additional monitoring is required past the initial three months, which will be reflected in QAPI minutes. | |

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| F 690 | Continued From page 4 | F 690 | | |

catheter was discontinued on 1/6/25.

An initial observation was conducted on 1/6/25 at 11:40 am of Resident #13 as she was lying in her bed. A urinary catheter bag inside a privacy bag was observed to be hanging off the bed frame on the resident's right side of the bed. The entire bottom of the privacy bag was resting on the floor.

An additional observation was conducted on 1/6/25 at 12:25 pm, Resident #13's urinary catheter bag was inside a privacy bag and was observed to be hanging off the bedframe on the resident's right side of the bed. The entire bottom of the privacy bag was resting on the floor.

In an interview with Nurse #3 on 1/7/25 at 9:15 am, she stated she was the hall nurse assigned to care for Resident #13. Nurse #3 was asked what her thoughts were about the position of the resident's urinary catheter bag. She replied, "It shouldn't touch the floor to prevent infection".

During an interview with Nurse Aide (NA) #2 on 1/8/25 at 8:47 am, she stated the catheter bag and tubing should not be on the floor to reduce the risk of infection.

An interview was conducted with the Director of Nursing (DON) on 1/8/25 at 1:59 PM. She stated her expectation was that urinary catheter bags were kept off the floor to prevent infection.

An interview was conducted with the Infection Preventionist (IP) on 1/9/25 at 10:22 AM. She stated the blue privacy bag was on the urine bag itself and served as a layer of protection between the urine collection bag and the floor to prevent

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| F 690 | Continued From page 5<br>infection.<br><br>An interview was conducted on 1/9/25 at 11:01 AM with the Administrator. He stated the urinary catheter bag should not touch the ground and if it did, it was changed out immediately to prevent infection. | F 690 | | |