

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 03/31/2025
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345442	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 03/13/2025
NAME OF PROVIDER OR SUPPLIER FORREST OAKES HEALTHCARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 620 HEATHWOOD DRIVE ALBEMARLE, NC 28001		
(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 000	INITIAL COMMENTS An onsite complaint investigation survey was conducted from 3/12/2025 to 3/13/2025. Event ID # HJLL11. The following intake was investigated NC00227852. Two of two allegations did not result in a deficiency. However, a deficiency unrelated to complaint allegations was found during the survey.	F 000			
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			3/27/25

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Electronically Signed

03/21/2025

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 690	<p>Continued From page 1 continence to the extent possible.</p> <p>§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.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on record review, observations, and staff and Nurse Practitioner interviews, the facility failed to keep a urinary catheter bag and its tubing from touching the floor to reduce the risk of infection for 1 of 3 residents (Resident #33) reviewed.</p> <p>Findings included:</p> <p>Resident #33 was admitted to the facility on 10/11/2024.</p> <p>A Physician's Order dated 10/11/2024 indicated Resident #33 required an indwelling urinary catheter.</p> <p>A quarterly Minimum Data Set assessment dated 11/30/2024 indicated he was cognitively intact and had an indwelling urinary catheter.</p> <p>Resident #33's Care Plan dated 3/8/2025 indicated he had an indwelling suprapubic urinary catheter.</p> <p>During an observation of Resident #33 on 3/12/2025 at 9:45 am he was found to be in bed and his urinary catheter drainage bag was lying on the floor beside his bed. There was no hook</p>	F 690	<p>1. The Hall nurse changed out the urinary drainage bag for resident #33's suprapubic catheter, secured the drainage bag, and placed the urinary drainage bag in proper placement off the floor on 3/12/2025.</p> <p>2. The Director of Nursing educated nursing staff to ensure that all urinary drainage bags for foley catheters and suprapubic catheters are emptied when full / as needed and to ensure that catheter care is completed every shift and as needed, to ensure that drainage bags are secured properly, have privacy bags, and are placed appropriately and not on the floor on 3/12/25. The Director of Nursing will educate any new nurses upon hire on proper foley catheter and suprapubic catheter care and proper care of drainage bags for foley catheters and suprapubic catheters. The Director of Nursing and Unit Manager audited all residents who have a foley catheter or suprapubic catheter to ensure that they were being emptied, secured properly, and positioned properly and not on the floor on 3/12/25. There were no other</p>		

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F 690	<p>Continued From page 2</p> <p>on the urinary catheter bag to attach it to the bed frame. Nurse Aide #1 came to the room and emptied Resident #33's urinary catheter bag and stated she would get the Unit Manager to replace the urinary catheter bag so that she could secure it to the bed and off of the floor.</p> <p>During an interview conducted on 3/12/2025 at 1:03 pm with the Unit Manager, who was the nurse assigned to Resident #33. She stated Resident #33 was seen by the Urologist on 3/6/2025 and his catheter, catheter tubing and urinary catheter bag were changed at the appointment. The Unit Manager stated she went to the room this morning after Nurse Aide #1 told her the bag was on the floor and changed the urinary catheter bag. The Unit Manager stated the staff should have changed his urinary catheter bag to ensure it could be hung from his bed instead of resting on the floor.</p> <p>An interview was conducted by phone with the Nurse Practitioner on 3/12/2025 at 5:40 pm and she stated Resident #33's urinary catheter bag should not have been on the floor. The Nurse Practitioner stated Resident #33 was verbal and was cognitively intact and could let staff know if he was having any abdominal pain or urgency. She stated since he did not have any complaints related to his catheter, she did not feel Resident #33 was harmed.</p> <p>The Director of Nursing was interviewed on 3/12/2025 at 4:57 pm and she stated Resident #33's urinary catheter should not have been on the floor to prevent the increased risk of infection.</p> <p>During an interview with the Administrator on 3/12/2025 at 5:06 pm she stated Resident #33's</p>	F 690	<p>deficiencies found.</p> <p>Any resident can be affected by the deficient practice.</p> <p>An ADHOC Quality Assurance Performance Improvement Committee will be held on 3/19//25 to formulate and approve a plan of correction for the deficient practice.</p> <p>3. The Director of Nursing will educate any new nurses upon hire on proper foley catheter and suprapubic catheter care and proper care of drainage bags for foley catheters. The Director of Nursing, Unit Managers, or hall nurse will audit all residents who have foley catheters and suprapubic catheters daily, Monday through Sunday to ensure that urinary drainage bags are emptied, secured properly, and positioned properly and not on the floor for 12 weeks. The Executive Director will review in QAPI monthly for 3 months.</p> <p>4. The Director of Nursing, Unit Managers, or hall nurse will audit all residents who have foley catheters and suprapubic catheters daily, Monday through Sunday to ensure that urinary drainage bags are emptied, secured properly, and positioned properly and not on the floor for 12 weeks. The Executive Director will bring to QAPI monthly for 3 months. The Director of Nursing will report all results of quality monitoring audits and to the QAPI committee. Findings will be reviewed by</p>		

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F 690	Continued From page 3 urinary catheter bag should not have been on the floor.	F 690	the QAPI committee monthly and Quality monitoring audits will be updated as indicated. 5. 03/27/2025		