

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

PRINTED: 08/19/2015
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 056098	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 06/19/2015
NAME OF PROVIDER OR SUPPLIER COTTONWOOD HEALTH CARE			STREET ADDRESS, CITY, STATE, ZIP CODE 625 COTTONWOOD STREET WOODLAND, CA 95695		
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F 000	INITIAL COMMENTS The following reflects the findings of the California Department of Public Health during an abbreviated survey for the investigation of complaint #CA00431809. Representing the Department of Public Health: HFEN, 31701 HFEN, 31979 HFEN, 26987 The inspection was limited to the specific complaint investigated and does not represent the findings of a full inspection of the facility. 483.20(k)(3)(i) SERVICES PROVIDED MEET PROFESSIONAL STANDARDS The services provided or arranged by the facility must meet professional standards of quality. This REQUIREMENT is not met as evidenced by: Based on staff interviews, clinical record and document reviews, the facility failed to meet professional standards for 4 of 6 sampled residents (1, 3, 5, and 6) when: 1a. The facility's nursing staff did not secure the tubing of an indwelling urinary catheter for Resident 1, resulting in an "erosion" of his penis; and 1b. Resident 1 did not receive indwelling urinary catheter care per the physician's orders, placing him at risk for urinary tract infections; and 2. Resident 3 was not provided with catheter	F 000			
F 281 SS=E		F 281	<p>"This plan of correction is prepared as part of the quality assurance process for the provider. This plan of correction and any attached documents are prepared with substantial reliance upon privileged peer review information and/or reports and as such are protected from discovery."</p> <p>Preparation and/or execution of this Plan of Correction does not constitute admission by the Provider of the truth of the facts alleged or conclusions set forth on the Statement of Deficiencies. This Plan of Correction is prepared and/or executed solely because it's required by the provisions of Health and Safety Code Section 1280 and 42 C.F.R. 483."</p>		Accepted 8/21/15 <i>CP</i>

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

TITLE

(X6) DATE

[Signature] **MICHAEL SMITH - ADMINISTRATOR**

8/21/15

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 281	<p>Continued From page 1</p> <p>care in accordance with the physician's orders or the facility's policy for securing the indwelling catheter tubing to prevent tugging and pulling, resulting in bloody urine; and</p> <p>3. The insertions site of Resident 5's indwelling catheter was not assessed. There was no documented evidence that the catheter tubing was secured to prevent injuries due to tugging and pulling.</p> <p>4. There was no documented evidence that the insertion site of Resident 6's indwelling urinary catheter was assessed or the catheter tubing was secured, placing the resident at risk for urinary tract infections and injury to his penis.</p> <p>Findings:</p> <p>1. Resident 1 was admitted to the facility with diagnoses including post surgery care.</p> <p>a. Resident 1's indwelling catheter tubing was not secured to prevent pulling and tugging, resulting in an eroded area of the penis: The Physician Orders dated 12/12/14 included "[Brand name] CATHETER ... TO STRAIGHT DRAINAGE, CHANGE Q [every] MONTH AND PRN [as needed] FOR OCCULSION [sic]." The orders also dated 12/12/14 included, "[Brand name] CATH CARE Q (every) SHIFT ..."</p> <p>The Licensed Nurses Progress Notes dated 2/11/15 at 7:38 p.m., for Resident 1 included, "... catheter changed. Urethra erosion noticed MD [medical doctor] notified ...". There was no documented evidence of assessments of Resident 1's urethral area until 2/11/15 at 7:38 p.m. when the "erosion" was noted.</p>	F 281	<p>F281 483.20(k)(3)(i) SERVICES PROVIDED MEET PROFESSIONAL STANDARDS</p> <p>1. How corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice.</p> <p>The facility will review each resident in the facility that has a foley catheter. Residents 1, 3, 5, and 6 and all residents with catheters were assessed by a licensed nurse for erosion and securing of tubing, as resident allows, associated with the catheter use. Any resident with negative findings will require MD notification of said findings with a request for orders to address the assessment. Assessments will be completed on residents with negative skin findings by a licensed nurse and will be conducted weekly until healed. Findings and interventions will initiate a plan of care and will be updated as necessary.</p> <p>2. How the facility will identify other residents having the potential to be affected by the same deficient practice and what the corrective action will be taken.</p>		

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F 281	<p>Continued From page 2</p> <p>The Initial Skin Alteration Record dated 2/15/15 included a non-pressure ulcer that measured 1.5 centimeters (cm, a unit of measure) long by 0.5 cm deep, by 2 cm wide on Resident 1's penis.</p> <p>According to a physician's note dated 2/17/15 at 3:15 p.m., Resident 1 had a trauma to his penis induced during treatment by a healthcare provider, described as a "hypospadias" (anomaly in which the tube through which urine moves from the bladder and out of the body opens at the bottom of its normal location) from the indwelling catheter.</p> <p>On 2/25/15 at 3:52 p.m., CNA 4, who was also assigned to care for Resident 1 was interviewed. CNA 4 stated no perineal care (which included catheter care) was done for Resident 1. "He did it himself." When CNA 4 was asked if s/he checked the catheter insertion site (meatus), the CNA stated, "No, I never saw it."</p> <p>According to the online CNA standards for catheter care, CnaZone.com provided online classes for CNAs and was an approved provider for California CNA continuing education units. The class, Urinary Catheter Care, described, "The catheter should be secured to the patient's leg or abdomen and it should be secured so that there is no traction or tension on the catheter: remember, tension or traction of an in-dwelling urinary catheter can be painful, and it can cause trauma ..."</p> <p>During an interview on 3/4/15 at 12:20 p.m. with the Director of Staff Development (DSD), the DSD was asked what the expected frequency for catheter care by the Certified Nurse Assistants</p>	F 281	<p>The facility will review each resident in the facility that has a foley catheter. Each resident was assessed by a licensed nurse for erosion and securing of tubing, as resident allows, associated with the catheter use. Any resident with negative findings will require MD notification of said findings with a request for orders to address the assessment. Assessments will be completed on residents with negative skin findings by a licensed nurse and will be conducted weekly until healed. Findings and interventions will initiate a plan of care and will be updated as necessary.</p> <p>3. What measure will be put into place or what systemic changes the facility will make to ensure that the deficient practice does not recur?</p> <p>Education will be given to Licensed Nurses by the Director of Staff Development or designee regarding foley catheter placement and securing of tubing, as resident allows, and the potential for negative side effects related to the use of the catheter. Education will also include the importance of ongoing assessment of any negative side effect from the use of the catheter and documenting the assessments in the</p>		

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F 2B1	<p>Continued From page 3</p> <p>(CNAs) was. The DSD stated catheter care was given each shift, "That's just standard practice." The DSD further stated the class regarding catheter care given in January also included the requirement to secure the catheter to prevent injury.</p> <p>There was no documented evidence that the facility's nursing staff provided consistent catheter care that included cleaning Resident 1's indwelling urinary catheter insertion site or secured the catheter tubing to prevent infections and injury to Resident 1's penis.</p> <p>b. Resident 1 did not receive indwelling catheter care as per the physician's orders placing him at risk for urinary tract infections:</p> <p>The Physician Orders dated 12/12/14 included "[Brand name] CATHETER ... TO STRAIGHT DRAINAGE, CHANGE Q [every] MONTH AND PRN [as needed] FOR OCCULSION [sic]." The orders also dated 12/12/14 included, "[Brand name] CATH CARE Q (every) SHIFT ..."</p> <p>The Licensed Nurses Progress Notes dated 12/22/14 indicated positive lab results for a urinary tract infection. The physician was notified and an order for an antibiotic was received on 12/22/14.</p> <p>On 12/26/14, the antibiotic for Resident 1 was changed due to the "resistiveness" per the Licensed Nurses progress Notes of 12/26/14 at 10:42 a.m.</p> <p>The online screen prints from the inservices provided to CNAs regarding catheter care in January 2015 included, "The urethral area and</p>	F 2B1	<p>medical record and the plan of care. If through assessment and observation there is a COC identified, the Licensed Nurses will notify the MD and the RP of the decline and document the notification in the medical record.</p> <p>Education will be given to Licensed Nurses by the Director of Staff Development or designee regarding the requirement to notify the MD promptly of any changes of skin, to perform an initial assessment of changes of skin and to perform ongoing assessments q week until the area is healed. Additional education shall include documenting the change of skin condition in the plan of care</p> <p>Education will be provided by the Director of Staff Development or designee to CNAs regarding the process of providing foley catheter care and the requirement to document the care provided in Care Tracker (the electronic system for CNAs to document the care provided). The education regarding catheter care will require the CNA to demonstrate competency in catheter care through a return demonstration. The CNAs will provide catheter care each shift and document that care in Care</p>		

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F 281	<p>Continued From page 4</p> <p>the catheter should be properly cleaned during catheter care. It is important that the catheter tubing remain free of soiled materials such as stool or drainage to allow urine to flow freely. Cleanse the urethral area and the catheter thoroughly using a clean washcloth and soap and water. You should always work in a downward motion. Begin cleaning the catheter at the meatus [a natural opening] and work your way down the catheter about four inches . . ."</p> <p>On 2/25/15 at 11:22 a.m. CNA 1 was interviewed. When asked what type of catheter care was provided to Resident 1, the CNA stated, "I only emptied the [catheter] bag." The CNA further confirmed that no catheter care was provided for Resident 1 on the afternoon shift by CNA 1.</p> <p>During an interview on 2/25/15 at 11:31 a.m. with CNA 5, the CNA was asked about catheter care for Resident 1. The CNA stated, "We are not allowed to do anything except empty the [catheter] bag."</p> <p>According to CNA 2 who was interviewed on 2/25/15 at 1:07 p.m. regarding catheter care for Resident 1, the CNA stated, "I emptied the catheter bag." CNA 2 further stated no personal care was provided to the resident on the night shift.</p> <p>During an interview with CNA 3 who was interviewed on 2/25/15 at 1:55 p.m., no personal care such as catheter care was provided for Resident 1 as the resident did his own care.</p> <p>According to the online CNA standards for catheter care, CnaZone.com provided online classes for CNAs and was an approved provider</p>	F 281	<p>Tracker. If the CNA identifies impaired skin integrity, they will notify the charge nurse immediately.</p> <p>Education will be provided by the Director of Staff Development to Licensed Nurses regarding daily assessment of the catheter insertion site and securing of tubing, as resident allows, and documenting that assessment in the TAR and if there is a change of condition an SBAR will be initiated and the MD and RP will be notified.</p> <p>4. How the facility plans to monitor its performance to make sure that solutions are sustained. The facility must develop a plan for ensuring that correction is achieved and sustained. The plan must be implemented, and the corrective action evaluated for its effectiveness. The POC is integrated into the quality assurance system.</p> <p>Monitoring shall be ongoing done by the Director of Nursing or designee through the daily review of orders which occurs Monday-Friday. New foley catheter orders will be reviewed and the resident will be assessed for any negative consequence related to the use of the foley as in an erosion. Any resident</p>		

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F 281	<p>Continued From page 5</p> <p>for California CNA continuing education units. The class, Urinary Catheter Care, described, "The catheter should be secured to the patient's leg or abdomen and it should be secured so that there is no traction or tension on the catheter: remember, tension or traction of an in-dwelling urinary catheter can be painful, and it can cause ... an infection."</p> <p>During an interview with the Director of Nursing (DON) on 2/26/15 at 4:55 p.m., she stated documentation of catheter care would be found on the Treatment Administration Record (TAR). The DON stated "Nurses are documenting cath[eter] care done by CNAs by asking CNAs [if the care was completed]."</p> <p>During an interview with LN 3 on 2/27/15 at 1:24 p.m. the LN stated, when asked how they knew the catheter care was completed, LN 3 asked the CNAs if they did the care. If they did, LN 3 initialed the TAR as catheter care completed. When asked if LN 3 checked the resident each shift to verify the catheter care was done, the LN stated, "Sometimes I go and check the resident."</p> <p>During a review of the nursing textbook Basic Nursing, Concepts, Skills & Reasoning by Leslie S. Treas and Judith M. Wilkinson, copyright 2014 by F. A. Davis Company in Unit 1, How Nurses Think, under How should I document data?, Chapter 18 Documentation & Reporting under Can I Delegate Charting?, the text indicated, "In some facilities each member of the team is responsible for documenting her part in the care of the client. . . You are responsible for documenting the nursing care you provide. Never chart the actions of others as though you performed them. If an</p>	F 281	<p>found to have impaired skin integrity secondary to the foley will initiate an evaluation by the licensed nurse, notification to the MD and documentation in the medical record and the plan of care.</p> <p>Monitoring will be ongoing by the Director Nursing Services or designee in conjunction with the IDT Monday through Friday with the exception of holidays through review of the facility 24 hour report. The documentation will be reviewed for changes of condition or potential changes of condition and the situation will be assessed for appropriate documentation, interventions and plan of care. Any area found to require additional assessment and documentation will be communicated to the floor and monitored until resolution.</p> <p>Monitoring shall be ongoing by the Director of Medical Records or designee through the change of condition audit with an emphasis on foley catheters and impaired skin integrity related to the device. The audits will be looking for a skin assessment, MD notification and a plan of care documented in the medical record. Any audit found to be out of compliance will be forwarded to the</p>		

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F 281	<p>Continued From page 6</p> <p>action is crucial to a chain of events, you may document that action, referring clearly to the person who did the action . . ."</p> <p>During an interview with LN 4 on 2/27/15 at 1:35 p.m. when asked what signing their initials on the TAR signified, the LN stated, "The aides washed the resident." The LN initialed that the CNAs did the catheter care. LN 4 further stated, "I don't wash the residents." LN 4 said they accepted the CNAs confirmation the care was completed and did not verify this.</p> <p>During a review of the nursing textbook Basic Nursing, Concepts, Skills & Reasoning by Leslie S. Treas and Judith M. Wilkinson, copyright 2014 by F. A. Davis Company in Chapter 30, Urinary Elimination, the text described prevention of urinary tract infections as follows, ". . . UTIs are the most common healthcare-associated infection. More than one-third of all UTIs are associated with indwelling urinary catheters . . . Secure the tubing to the leg to prevent traction on the bladder. For men, if the catheter will remain in place long-term, secure the tubing to the abdomen to prevent damage to the penile-scrotal juncture. . ."</p> <p>During a review of facility policy, Catheter Care, Urinary, Revised October 2010 indicated, "The purpose of this procedure is to prevent catheter-associated urinary tract infections . . . The following information should be recorded in the resident's medical record: . . . All assessment data obtained when giving catheter care . . . any problems noted at the catheter-urethral junction during perineal care such as drainage, redness, bleeding, irritation, bruising, or pain. Any problems or complaints made by the resident . . .</p>	F 281	<p>appropriate license nurse for action and to the Director of Nursing for follow up.</p> <p>Monitoring will be ongoing through by the Director of Medical Records or designee through the new admission audit with a special emphasis on foley catheters and impaired skin integrity related to the use of the device. The audits will be looking for a skin assessment, MD notification and a plan of care documented in the medical record. Any audit found to be out of compliance will be forwarded to the appropriate license nurse for action and to the Director of Nursing for follow up.</p> <p>Monitoring will be ongoing through by the Director of Medical Records or designee through the skin audit with a special emphasis on foley catheters and impaired skin integrity related to the use of the device. The audits will be auditing for a skin assessment, MD notification and a plan of care documented in the medical record. Any audit found to be out of compliance will be forwarded to the appropriate license nurse for action and to the Director of Nursing or designee for follow up.</p>		

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F 281	<p>Continued From page 7</p> <p>How the resident tolerated the procedure . . ." In the section for catheter change procedure, the nurse is directed to "assess the urethral meatus" Specific directions were given for washing the perineal area of the male and female, and the nurse was directed to "Secure catheter utilizing a leg band. Securing the leg bag is to prevent injury if the catheter is pulled out with the inflated balloon intact and to prevent pistoning of the catheter which could lead to infection."</p> <p>During an interview on 3/4/15 at 12:20 p.m. with the Director of Staff Development (DSD), the DSD was asked what the expected frequency for catheter care by the Certified Nurse Assistants (CNAs) was. The DSD stated catheter care was given each shift, "That's just standard practice." The DSD further stated the class regarding catheter care given in January also included the requirement to wash the catheter insertion area.</p> <p>2. Resident 3 was admitted with kidney disease and dementia and had an indwelling catheter.</p> <p>The Physician's Orders dated 2/10/15 included "[Brand name] CATHETER ...GRAVITY DRAINAGE FOR DIAGNOSIS: URINARY RETENTION ..."</p> <p>The Physician's Orders also dated 2/10/15 included, [Brand name] CATH CARE Q [every] SHIFT ..."</p> <p>According to the care plan dated 12/24/14, the nursing staff were to provide "[Brand name] cath care per MD order."</p> <p>a. There was no documentation regarding Resident 3's indwelling urinary catheter being</p>	F 281	<p>Additional monitoring shall be ongoing by the Director of Staff Development or designee with licensed nurses and CNAs upon hire and with each annual review. Upon hire and upon annual review, the facility will verify the licensed nurse's competency in the insertion of foley catheters and the potential complication of the use of an invasive device and the requirements of accurate and thorough documentation in the medical record. The competency will also include evaluating the knowledge of each nurse regarding the proper protocols for skin management in assessment, interventions and documentation through either verbal or physical demonstration. The CNA will be checked for their competency levels of providing foley catheter care and documenting that care in the Care Tracker system.</p> <p>Monitoring shall be ongoing by the Director of Medical Records or designee through the Care Tracker System. Each patient with a foley will have special instructions to the CNA regarding the catheter care and the CNA will document in Care Tracker when catheter care is delivered. Medical Records will audit the documentation of patients with foley catheters Monday-Friday with the</p>		

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F 281	<p>Continued From page 8</p> <p>secured to the resident to avoid pulling and tugging:</p> <p>Within the Interdisciplinary Progress Notes by a licensed nurse on 2/17/15 at 11:15 a.m. it was noted, "... Cath[eter] intact and patent with dark yellow drainage to bag. Slight hematuria [bloody urine] noted this morning after resident was trying to take his pants off..." There was no documentation indicating whether or not the indwelling catheter tubing was secured to prevent tugging or pulling which could potentially cause trauma resulting bloody urine.</p> <p>During a review of the nursing textbook Basic Nursing, Concepts, Skills & Reasoning by Leslie S. Treas and Judith M. Wilkinson, copyright 2014 by F. A. Davis Company in Chapter 30, Urinary Elimination described the following: "Secure the tubing to the leg to prevent traction on the bladder. For men, if the catheter will remain in place long-term, secure the tubing to the abdomen to prevent damage to the penile-scrotal juncture..."</p> <p>During a review of the clinical records from 2/9/15 through 2/24/15 for Resident 3, the Interdisciplinary Progress Notes revealed no nursing assessment of the urethral area or observation of secured catheter tubing by licensed nurses.</p> <p>b. According to the Licensed Nurses Progress Notes dated 2/13/15 at 1:04 p.m., "This nurse noticed some hematuria [bloody urine], resident has the [indwelling] catheter due to urine retention, had a + [positive] culture back in December 2014..."</p>	F 281	<p>exception of holidays. Any audit found to be out of compliance will be forwarded to the Director of Nursing for follow up.</p> <p>Monitoring shall be ongoing by the Director of Medical Records or designee through the Care Tracker audit with an emphasis on foley insertion site assessment. The audit will be conducted Monday-Friday with the exception of holidays. Any audit found out of compliance will be forwarded to the Director of Nursing for follow up.</p> <p>Monitoring will be done each shift by the charge nurse by running the Care Tracker compliance report before the end of the shift. Any documentation not completed will require completion before the CNA responsible for the patient clocks out for the day.</p> <p>Any trends identified will be forwarded to the QAPI program and a plan of correction will be implemented and tracked until threshold is met.</p> <p>5. Date when the corrective action will be completed.</p> <p>8/17/2015</p>		

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PRINTED: 08/19/2015
FORM APPROVED
OMB NO. 0938-0391

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F 281	<p>Continued From page 9</p> <p>The February 2015 Treatment Record indicated catheter care was not provided on 2/10/15 during the day and night shifts on 2/24, 25, 26, and 2/27/15.</p> <p>During a review of the online screen prints from the inservices provided to CNAs regarding catheter care in January 2015 revealed, "The urethral area and the catheter should be properly cleaned during catheter care. It is important that the catheter tubing remain free of soiled materials such as stool or drainage to allow urine to flow freely. Cleanse the urethral area and the catheter thoroughly using a clean washcloth and soap and water. You should always work in a downward motion. Begin cleaning the catheter at the meatus [natural opening] and work your way down the catheter about four inches. . ."</p> <p>There was no other evidence of the provision of catheter care produced by facility for Residents 3.</p> <p>During a review of the nursing textbook Basic Nursing, Concepts, Skills & Reasoning by Leslie S. Treas and Judith M. Wilkinson, copyright 2014 by F. A. Davis Company in Chapter 30, Urinary Elimination, the text described prevention of urinary tract infections as follows, ". . . UTIs are the most common healthcare-associated infection. More than one-third of all UTIs are associated with indwelling urinary catheters . . ."</p> <p>3. Resident 5 was admitted for diagnoses including urinary obstruction, paraplegia (paralysis of the legs and lower body), and heart problems.</p> <p>The Physician's Orders dated 12/4/13 included, "[Brand name] CATHETER ... FOR</p>	F 281			

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F 281	<p>Continued From page 10</p> <p>DIAGNOSES: NEUROGENIC [a problem in which a person lacks bladder control due to a nerve condition.] BLADDER."</p> <p>The Licensed Nurses Progress notes dated 1/21/15 at 2:03 p.m. indicated, "...Received C&S [culture and sensitivity, tests to determine which antibiotics work best when an infection is present] lab today. Faxed to the Dr, call to NP [name], received new order of ATB [antibiotic] Cipro 250 mg [milligrams, a unit of measure] ... " to be given twice daily for five days. The note dated 1/22/15 at 6:20 a.m. indicated, "... Continue on PO [by mouth] ATB [antibiotic] for UTI [urinary tract infection]. ..."</p> <p>According to Resident 5's Treatment Record with an order date of 1/27/15, indwelling "... CATH CARE" was to be done every shift.</p> <p>During a review of the nursing textbook Basic Nursing, Concepts, Skills & Reasoning by Leslie S. Treas and Judith M. Wilkinson, copyright 2014 by F. A. Davis Company in Chapter 30, Urinary Elimination, the text described prevention of urinary tract infections as follows, "... UTIs are the most common healthcare-associated infection. More than one-third of all UTIs are associated with indwelling urinary catheters ... " and " Secure the tubing to the leg to prevent traction on the bladder. For men, if the catheter will remain in place long-term, secure the tubing to the abdomen to prevent damage to the penile-scrotal Junction ... "</p> <p>During a review of the January and February 2015 clinical records for Resident 5, the Interdisciplinary Progress Notes revealed no</p>	F 281			

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F 281	<p>Continued From page 11</p> <p>nursing assessments of the urethral area by licensed nurses. Within the notes, it was documented that the catheter was changed on 1/23/15. However, there was no documentation of assessments of the catheter insertion site or indications that the catheter tubing was secured to prevent tugging.</p> <p>4. Resident 6 was admitted with diagnoses including diabetes, heart problems, dementia and urinary retention with an indwelling urinary catheter.</p> <p>During a review of clinical records for Resident 6, a physician's order was dated 1/27/15 for catheter care to be done every shift.</p> <p>During a review of the clinical record for Resident 6, the Physician Orders indicated an order dated 1/27/15 for "amoxicillin 500 mg cap oral 3 times daily x [times] 7 days for UTI." A second UTI on 2/25/15 noted on the Antibiotic Short-Term Care Plan, PO Antibiotic Therapy, recorded an antibiotic, Keflex 500 mg PO twice daily for 7 days for a UTI.</p> <p>The January 2015 Treatment Record showed no urinary catheter care was done during the night shifts on 1/27, 1/28, and 1/29/15.</p> <p>During a review of facility policy, Catheter Care, Urinary, Revised October 2010 indicated, "The purpose of this procedure is to prevent catheter-associated urinary tract infections . . . The following information should be recorded in the resident's medical record: . . . All assessment data obtained when giving catheter care . . . any problems noted at the catheter-urethral junction during perineal care such as drainage, redness,</p>	F 281			

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F 281	<p>Continued From page 12</p> <p>bleeding, irritation, bruising, or pain. Any problems or complaints made by the resident . . . How the resident tolerated the procedure . . ." In the section for catheter change procedure, the nurse was directed to "assess the urethral meatus, specific directions are given for washing the perineal area of the male and female, and the nurse was directed to "secure catheter utilizing a leg band. Securing the leg bag is to prevent injury if the catheter is pulled out with the inflated balloon intact and to prevent pistoning of the catheter which could lead to infection."</p> <p>During a review of the online screen prints from the inservices provided to CNAs regarding catheter care in January 2015 revealed, "The urethral area and the catheter should be properly cleaned during catheter care. It is important that the catheter tubing remain free of soiled materials such as stool or drainage to allow urine to flow freely. Cleanse the urethral area and the catheter thoroughly using a clean washcloth and soap and water. You should always work in a downward motion. Begin cleaning the catheter at the meatus and work your way down the catheter about four inches. . ."</p> <p>During a review of the January and February 2015 clinical records for Resident 6, the Interdisciplinary Progress Notes revealed no nursing assessment of the urethral area by licensed nurses.</p> <p>Resident 6's catheter was changed on 2/14/15 with no documented evidence of assessment of the catheter insertion site or observation of secured catheter tubing in the notes.</p> <p>During a review of the nursing textbook Basic</p>	F 281			

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F 281	<p>Continued From page 13</p> <p>Nursing, Concepts, Skills & Reasoning by Leslie S. Treas and Judith M. Wilkinson, copyright 2014 by F. A. Davis Company in Chapter 30, Urinary Elimination, the text described prevention of urinary tract infections as follows, "... UTIs are the most common healthcare-associated infection. More than one-third of all UTIs are associated with indwelling urinary catheters ... Secure the tubing to the leg to prevent traction on the bladder. For men, if the catheter will remain in place long-term, secure the tubing to the abdomen to prevent damage to the penile-scrotal juncture. . ."</p> <p>During an interview with the Director of Nursing (DON) on 2/26/15 at 4:55 p.m., she stated documentation of catheter care would be found on the Treatment Administration Record (TAR). The DON stated "Nurses are documenting cath[eter] care done by CNAs by asking CNAs [if the care was completed]."</p> <p>During an interview with LN 3 on 2/27/15 at 1:24 p.m. the LN stated, when asked how they knew the catheter care was completed, LN 3 asked the CNAs if they did the care. If they did, LN 3 initialed the TAR as catheter care completed. When asked if LN 3 checked the resident each shift to verify the catheter care was done, the LN stated, "Sometimes I go and check the resident."</p> <p>During a review of the nursing textbook Basic Nursing, Concepts, Skills & Reasoning by Leslie S. Treas and Judith M. Wilkinson, copyright 2014 by F. A. Davis Company in Unit 1, How Nurses Think, under How should I document data?, Chapter 18 Documentation & Reporting under Can I Delegate Charting?, the text indicated, "In some facilities each member of the team is</p>	F 281			

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F 281	<p>Continued From page 14</p> <p>responsible for documenting her part in the care of the client. . . You are responsible for documenting the nursing care you provide. Never chart the actions of others as though you performed them. If an action is crucial to a chain of events, you may document that action, referring clearly to the person who did the action . . ."</p> <p>During an interview with LN 4 on 2/27/15 at 1:35 p.m. when asked what signing their initials on the TAR signified, the LN stated, "The aides washed the resident." The LN initialed that the CNAs did the catheter care. LN 4 further stated, "I don't wash the residents." LN 4 said they accepted the CNAs confirmation the care was completed and did not verify this.</p>	F 281			