STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255156	A. BUILDING _____ B. WING _____	04/11/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GRENADA REHABILITATION AND HEALTHCARE CENTER	1966 HILL DRIVE GRENADA, MS 38901

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F 000	INITIAL COMMENTS The State Agency (SA) conducted an annual recertification survey from 4/8/19 to 4/11/18. During the survey, the SA determined the facility was not in compliance with Medicare and Medicaid Requirements of Participation. The SA cited deficiencies at F576, F656, F677, and F690. The facility was licensed for 137 beds and held a census of 93 at the time of the survey.	F 000		
F 576 SS=D	Right to Forms of Communication w/ Privacy CFR(s): 483.10(g)(6)-(9) §483.10(g)(6) The resident has the right to have reasonable access to the use of a telephone, including TTY and TDD services, and a place in the facility where calls can be made without being overheard. This includes the right to retain and use a cellular phone at the resident's own expense. §483.10(g)(7) The facility must protect and facilitate that resident's right to communicate with individuals and entities within and external to the facility, including reasonable access to: (i) A telephone, including TTY and TDD services; (ii) The internet, to the extent available to the facility; and (iii) Stationery, postage, writing implements and the ability to send mail. §483.10(g)(8) The resident has the right to send and receive mail, and to receive letters, packages and other materials delivered to the facility for the resident through a means other than a postal service, including the right to: (i) Privacy of such communications consistent with this section; and	F 576		5/11/19

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

Electronically Signed | 05/08/2019

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 576	Continued From page 1 (ii) Access to stationery, postage, and writing implements at the resident's own expense. §483.10(g)(9) The resident has the right to have reasonable access to and privacy in their use of electronic communications such as email and video communications and for internet research. (i) If the access is available to the facility (ii) At the resident's expense, if any additional expense is incurred by the facility to provide such access to the resident. (iii) Such use must comply with State and Federal law. This REQUIREMENT is not met as evidenced by: Based on resident and staff interview, the facility failed to provide postal mail services on Saturdays for one (1) of six (6) residents who attended the Resident Council meeting. This had the potential to affect all residents in the facility who received mail. Findings include: During Resident Council Meeting on 04/09/2019 at 10:00 AM, Resident #43 stated that mail was not delivered on Saturdays. An interview, on 04/09/2019 at 10: 45 AM, with Resident #43, confirmed that she does not get her mail on weekends. The Resident stated that she receives a lot of mail at the facility but that she never receives any mail on Saturday even if she is looking for mail that day. The resident stated, "You may as well not look for it on Saturday because you are not getting it." An interview, with the Activity Director on	F 576	Preparation and submission of this plan of correction by Grenada Rehabilitation and Healthcare Center LLC does not constitute an admission or agreement by the provider of the truth of facts alleged or the correctness of the conclusions set forth on the statement solely pursuant to the requirements under state and federal laws. The Administrator met with Resident #43 on 5/02/2019 to discuss the plan to ensure residents receive mail on Saturdays. Resident #43 was satisfied with the plan the facility implemented. All residents have the potential to be affected. No residents were affected by the alleged deficient practice. Staff was in-serviced on 4/19/2019 by the Staff Development Coordinator to ensure residents are receiving mail on Saturdays. The nursing supervisor will check mail on	

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F 576	Continued From page 2 04/09/2019 at 11:10 AM, revealed that the Front Office staff goes to the mail box and brings the mail in the facility, and the Activity Director and the Activity Assistant deliver the mail to the Residents. The Activity Director stated that on weekends the postal carrier sometimes brought the mail in the facility and staff on duty would give the mail out to the residents. The Activity Director confirmed that the postal carrier does not always bring the mail in the facility, and if the postal service carrier does not bring the mail in the facility on the weekend, it does not get delivered until Monday. An interview, with the Business Office Manager on 04/09/2019 at 11:25 AM, confirmed that the Business Office normally goes to the mail box and brings the mail in the facility and the activity department normally delivers the mail to the Residents. The Business Officer Manager stated that if they are expecting something to come in the mail on the weekend, they would call the facility and have a staff member to go get the mail and bring it into the facility for the on-duty staff to deliver. The Business Office Manager confirmed that the mail is not always brought in the facility on weekends. The Business Officer Manager stated that if the mail is not brought in the facility on the weekend, the Business Office staff would go get the mail on Monday and either the Business Office staff or Activity staff would deliver the mail to the residents on Monday. An interview, with the Administrator, on 04/09/2019 at 12:15 PM, confirmed that it is the Business Office responsibility to go to the mailbox to get the mail and bring it in the facility, and the Activity Department delivers the mail to the residents. The Administrator confirmed that the	F 576	Saturdays and deliver to the residents and log that it was delivered. Beginning 4/15/2019 the Administrator will audit the log signed by the nurse supervisor weekly for four (4) weeks, then monthly for three (3) months to ensure mail is being checked and delivered on Saturdays. Findings will be reported to the Quality Assurance Performance Improvement Committee monthly by the Administrator for three (3) months for review and recommendations. The Administrator is responsible for on-going monitoring and compliance.	

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F 576	Continued From page 3 Business Office staff and Activity Department staff would know if the mail is not always delivered on the weekend.	F 576		
F 656 SS=D	Develop/Implement Comprehensive Care Plan CFR(s): 483.21(b)(1) §483.21(b) Comprehensive Care Plans §483.21(b)(1) The facility must develop and implement a comprehensive person-centered care plan for each resident, consistent with the resident rights set forth at §483.10(c)(2) and §483.10(c)(3), that includes measurable objectives and timeframes to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment. The comprehensive care plan must describe the following - (i) The services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.24, §483.25 or §483.40; and (ii) Any services that would otherwise be required under §483.24, §483.25 or §483.40 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(c)(6). (iii) Any specialized services or specialized rehabilitative services the nursing facility will provide as a result of PASARR recommendations. If a facility disagrees with the findings of the PASARR, it must indicate its rationale in the resident's medical record. (iv)In consultation with the resident and the resident's representative(s)- (A) The resident's goals for admission and desired outcomes. (B) The resident's preference and potential for future discharge. Facilities must document	F 656		5/11/19

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F 656	Continued From page 4 whether the resident's desire to return to the community was assessed and any referrals to local contact agencies and/or other appropriate entities, for this purpose. (C) Discharge plans in the comprehensive care plan, as appropriate, in accordance with the requirements set forth in paragraph (c) of this section. This REQUIREMENT is not met as evidenced by: Based on observation, staff interview, and record review, the facility failed to implement the comprehensive care plan for three (3) of 27 care plans reviewed. [Resident #21, Resident #59, and Resident #69.] Findings include: Resident #21: A review of Resident #21's care plan with a focus titled, "Self Care Deficit related to Cerebrovascular Accident (CVA)" revealed goals initiated 02/02/2017, revised 08/19/2018, and a target date of 04/28/2019. The goals revealed Resident #21 would be clean, dry, and well-groomed, and would have Activities of Daily Living (ADL) needs met. Interventions for Resident #21 included to assist resident with ADL care, assist with nail care as needed, and assist with oral cares daily as needed. On 04/09/19 at 12:55 PM, an observation revealed Resident #21's fingernails were long and dirty. Resident #21 stated he doesn't have anybody to cut them. Resident #21 stated the staff had not offered to cut his nails and he would like to have them cut. Resident #21 also had foul mouth odor and a large amount of whitish material coated along his lower gums and teeth.	F 656	The Assistant Director of Nursing (ADON) trimmed and cleaned Resident #21's finger nails, provided mouth care, and assisted Resident #21 in being shaved on 4/10/2019. Certified Nursing Assistant (CNA)#2 placed Resident #59's catheter bag on the side of the bed lower than the level of the bladder on 4/9/2019. Certified Nursing Assistant #2 was one-to-one in-serviced by the Director of Nursing on 4/9/2019 on following the resident's care plan to have the catheter bag lower than the level of the bladder. Licensed Practical Nurse (LPN)#1 was one-to-one in-serviced by the Director of Nursing (DON) on 4/10/2019 for following the resident's care plan related to catheter irrigation via sterile procedure. The facility Nurse Practitioner trimmed Resident #69's toe nails on 4/9/2019. Residents who are dependent on staff for activity of daily living care (ADL), fourteen (14) residents with indwelling catheters and two (2) residents with orders for indwelling catheter irrigation have the potential to be affected. No residents were affected by the alleged deficient practice.	

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F 656	Continued From page 5 Resident #21 also stated he would like to be shaved. He stated he was used to shaving every day. On 04/10/19 at 11:00 AM, an interview with the Director of Nursing (DON) confirmed Resident #21's fingernails where too long and they needed cleaning. She confirmed he needed shaving and that his mouth needed care. Resident #59: Review of Resident #59's Care Plan Focus revealed the Resident had an indwelling catheter. The goal revealed the resident be/remain free from catheter-related trauma. The Care Plan interventions revealed to position the catheter bag and tubing below the level of the bladder and irrigate Foley catheter with 60 cubic centimeter (cc) sterile water every shift using sterile technique. Observation on 04/09/19 at 04:05 PM, revealed Certified Nurses Assistant (CNA) #1 and CNA #2 placed Resident #59's Foley catheter on the Resident's lower abdomen during a transfer utilizing a sling lift and held the catheter bag up approximately one (1) foot over the Resident's thighs before laying it on the bed. Interview on 04/11/19 at 11:45 AM, with CNA #2, confirmed the catheter bag was in the resident's lap and she held the catheter bag above the level of the resident's bladder and placed the catheter bag in the bed beside Resident #59. CNA #2 stated the catheter bag should be kept below the level of the bladder. An observation on 4/10/19 at 10:15 AM, revealed	F 656	Nursing staff was in-serviced on 4/19/2019 by the Staff Development Coordinator to ensure residents are receiving services according to care plans including providing ADL care, maintain indwelling catheter drainage bags at a level below the bladder and following sterile procedures during indwelling catheter irrigation per physician orders. Beginning 4/12/2019 the Director of Nursing/Assistant Director of Nursing will audit fingernails, toe nails, mouth care, and residents being shaved three (3) times a week for four (4) weeks, then weekly for four (4) weeks, then monthly for three (3) months to ensure services are being given per the care plans. Beginning 4/12/2019 the Staff Development Coordinator will audit Foley Catheter irrigation (3) times a week for four (4) weeks, then weekly for four (4) weeks, then monthly for three (3) months to ensure sterile techniques are being used per the care plan. Findings will be reported to the Quality Assurance Performance Improvement Committee monthly by the Assistant Director of Nursing for three (3) months for review and recommendations. The Administrator is responsible for on-going monitoring and compliance.	

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F 656	Continued From page 6 Licensed Practical Nurse (LPN) #1 provided a Foley catheter irrigation on Resident #59. LPN #1 placed an unsterile pad barrier on the resident's over bed table. She then removed six (6) sterile water syringes from their plastic packages, removed the end caps and placed the syringes on the unsterile barrier. LPN #1 donned unsterile gloves and separated the catheter from the tubing without cleaning the area prior to the separation. LPN #1 held the catheter tubing in her left hand, touching the end of the tubing with her unsterile glove while also holding the end of the Foley catheter with her left hand. She inserted each 10 milliliter sterile water syringe into the end of the Foley catheter and instilled the water. LPN #1 then reconnected the catheter and the tubing. An interview, on 4/10/19 at 11:55 AM with LPN #1, confirmed she should have used sterile technique to irrigate Resident #69's catheter. LPN #1 confirmed she placed the sterile syringes on an unsterile barrier, did not clean the catheter and tubing junction, and did not wear sterile gloves. LPN #1 stated she contaminated things. Resident #69 A review of Resident #69's Care Plan initiated 02/01/2019, revealed under Focus, the resident had an ADL self-care deficit related to (R/T) Right Hip fracture. The care plan interventions revealed to check nail length and trim and clean on bath day and as necessary. Report any changes to the nurse. Resident #69's care plan Focus revealed the resident has an indwelling catheter related to no weight bearing to right leg, dated 02/01/2019, and revised on 02/12/2019. The Care Plan revealed the Resident will be/remain free from catheter-related trauma through the review date. The care plan intervention revealed to position	F 656		

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F 656	Continued From page 7 the catheter bag and tubing below the level of the bladder. An observation and interview on 4/9/19 at 9:05 AM, revealed Resident #69 to have long jagged toe nails on both feet. Resident #69 stated she would like to have her toe nails trimmed. She stated the nurses are supposed to do them, but you have to ask them to. During an observation and interview on 04/10/19 at 11:05 AM, the DON confirmed Resident #69's toe nails were too long and jagged. During an observation of Resident #69 on 4/10/19 at 11:05 AM, with the Director of Nursing (DON), CNA #3 was providing morning care. The observation revealed Resident #69's Foley catheter bag laying in the bed with the resident. The DON removed the bag from the bed and hung it on the bedside. An interview with the DON on 4/11/19, confirmed the care plans had not been followed for Resident #21, Resident #59, and Resident #69.	F 656		
F 676 SS=D	Activities Daily Living (ADLs)/Mntn Abilities CFR(s): 483.24(a)(1)(b)(1)-(5)(i)-(iii) §483.24(a) Based on the comprehensive assessment of a resident and consistent with the resident's needs and choices, the facility must provide the necessary care and services to ensure that a resident's abilities in activities of daily living do not diminish unless circumstances of the individual's clinical condition demonstrate that such diminution was unavoidable. This includes the facility ensuring that:	F 676		5/11/19

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F 676	Continued From page 8 §483.24(a)(1) A resident is given the appropriate treatment and services to maintain or improve his or her ability to carry out the activities of daily living, including those specified in paragraph (b) of this section ... §483.24(b) Activities of daily living. The facility must provide care and services in accordance with paragraph (a) for the following activities of daily living: §483.24(b)(1) Hygiene -bathing, dressing, grooming, and oral care, §483.24(b)(2) Mobility-transfer and ambulation, including walking, §483.24(b)(3) Elimination-toileting, §483.24(b)(4) Dining-eating, including meals and snacks, §483.24(b)(5) Communication, including (i) Speech, (ii) Language, (iii) Other functional communication systems. This REQUIREMENT is not met as evidenced by: Based on observation, interview, and policy review, the facility failed to ensure Activities of Daily Living (ADL) care was provided for two (2) of 27 residents reviewed, Resident #21 and Resident #69, as evidenced by long, dirty and/or jagged fingernails, and Resident #21 was in need of a shave and oral care. Findings include: A review of the facility's policy titled," Activities of	F 676	The Assistant Director of Nursing trimmed and cleaned Resident #21's finger nails, provided mouth care, and assisted Resident #21 in being shaved on 4/10/2019. The facility Nurse Practitioner trimmed Resident #69's toe nails on 4/9/2019. Fifteen (15) dependent residents, thrity-eight (38) extensive assist residents, thirty-one (31) limited assist residents,	

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F 676	Continued From page 9 Daily Living (ADL), Supporting" revealed Residents who are unable to carry out activities of daily living independently will receive the services necessary to maintain good nutrition, grooming, and personal, and oral hygiene. Appropriate care and services will be provided for the residents who are unable to carry out ADL's independently, with the consent of the resident and in accordance with the plan of care , including appropriate support and assistance with hygiene (bathing, dressing,grooming, and oral care). Resident #21 An observation, on 04/08/19 at 12:54 PM, revealed Resident #21 to have long fingernails with black colored material under the nails and noticeable facial hair. An observation, on 04/09/19 at 12:55 PM, revealed Resident #21 sitting in the dining room waiting for lunch. Resident #21's fingernails continued to be long and dirty. Resident #21 stated he didn't have anybody to cut them. Resident #21 stated the staff had not offered to cut his nails and he would like to have them cut. Resident #21 also had foul mouth odor and a large amount of whitish material coated along his lower gums and teeth. Resident #21 also stated he would like to be shaved. He stated he was used to shaving every day. An observation, on 04/10/19 11:00 AM, with the Director of Nursing (DON), confirmed Resident #21's fingernails where too long and they needed cleaning. She confirmed he needed shaving and that his mouth needed care. Resident #69	F 676	and ten (10) residents needing supervision by staff for activities of daily living (ADL) care have the potential to be affected. No resident was affected by the alleged deficient practice. Nursing staff was in-serviced on 4/19/2019 by the Staff Development Coordinator on performing ADL care to the residents with the emphasis on ensuring nail care is provided, mouth care is provided, and residents are shaved. Nursing staff new hires will be trained upon hire on providing indwelling catheter irrigation and ensuring catheter bags were positioned in a manner for urine to flow per gravity. Beginning 4/12/2019 the Director of Nursing/Assistant Director of Nursing will audit fingernails, toe nails, mouth care, and residents being shaved three (3) times a week for four (4) weeks, then weekly for four (4) weeks, then monthly for three (3) months to ensure Activities of Daily Living care is being provided. Findings will be reported to the Quality Assurance Performance Improvement Committee monthly by the Director of Nursing for three (3) months for review and recommendations. The Administrator is responsible for on-going monitoring and compliance.	

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F 676	Continued From page 10 An observation on 4/9/19 at 9:05 AM, revealed Resident #69 to have long jagged toe nails on both feet. Interview on 4/9/19 at 9:06 AM, with Resident #69, revealed she would like to have her toe nails trimmed. She stated the nurses are supposed to do them, but you have to ask them to. Interview on 4/10/19 at 11:05 AM, with the DON, revealed Resident #69's toe nails were too long and jagged. She stated they needed cutting and they could cause skin tears and possibly infections. The DON stated the staff should know to do ADL care for residents during general care the resident gets.	F 676		
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	F 690		5/11/19

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(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 690	Continued From page 11 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 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 observation, interview, record review, and policy review, the facility failed to ensure the Foley catheter bags were positioned in a manner for urine to flow per gravity, and not back into the resident's bladder, which could cause infection/trauma . This affected two (2) of 14 residents with a catheter, Resident #59 and Resident #69. The facility also failed to ensure sterile technique while irrigating the Foley catheter for Resident #59. Findings include: Review of the facility's policy titled, "Catheter Care, Urinary," revised September 2014, revealed it's purpose was to prevent catheter-associated urinary tract infections. Number (#) 3, under Maintaining Unobstructed Urine Flow, revealed the urinary drainage bag must be held or positioned lower than the bladder at all times to prevent the urine in the tubing and drainage bag from flowing back into the urinary	F 690	Certified Nursing Assistant (CNA)#2 placed Resident #59's catheter bag on the side of the bed lower than the level of the bladder on 4/9/2019. Certified Nursing Assistant #2 was one-to-one in-serviced by the Director of Nursing on 4/9/2019 on following the resident's care plan to have the catheter bag lower than the level of the bladder. Licensed Practical Nurse (LPN)#1 was one-to-one in-serviced by the Director of Nursing (DON) on 4/10/2019 for following the resident's care plan related to catheter irrigation via sterile procedure. Resident #59 and Resident #69 were monitored for signs and symptoms of infection by the nursing staff with Resident #59's indwelling catheter being discontinued on 4/29/2019. Resident #69 had no signs or symptoms of infection. Fourteen (14) residents with indwelling	

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	255156	A. BUILDING _____ B. WING _____	04/11/2019

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GRENADA REHABILITATION AND HEALTHCARE CENTER	1966 HILL DRIVE GRENADA, MS 38901

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F 690	Continued From page 12 bladder. Review of the facility's policy titled, "Catheter Irrigation, Open System," revealed the purpose of this procedure is to maintain patency of the catheter. Equipment and supplies necessary when performing this procedure include sterile irrigation tray, alcohol wipe, and a sterile drape. Steps in the procedure include #6. to put on sterile gloves, and; #10. Disconnect the catheter from the drainage tubing. Cover the end of the drainage tubing with the sterile protector cap, and; #13. Remove the protector cap, clean the end of the drainage tubing with the alcohol wipe, and reconnect tubing to the catheter. Resident #59 An observation on 04/09/19 at 4:05 PM, revealed Certified Nursing Assistants (CNA) #1 and CNA #2 transferred Resident #59 back to bed utilizing a sling lift. The Resident had a Foley catheter. The Foley catheter was laying on the Resident's lower abdomen during the transfer. After the Resident was placed on the bed, CNA #2 held the catheter bag up approximately one (1) foot over the Resident's thighs before laying it on the bed beside the resident. An interview on 04/11/19 at 11:45 AM, with CNA #2 confirmed the catheter bag was in the resident's lap and she held the catheter bag above the level of the resident's bladder and placed the catheter bag in the bed beside Resident #59 . CNA #2 stated the catheter bag should be kept below the level of the bladder because the urine could back up and that could cause an infection. An observation on 4/10/19 at 10:15 AM, revealed	F 690	catheters and two (2) residents with orders for indwelling catheter irrigation have the potential to be affected. No residents were affected by the alleged deficient practice. Nursing staff was in-serviced on 4/19/2019 by the Staff Development Coordinator on utilizing sterile techniques when providing indwelling catheter irrigation and ensuring indwelling catheter bags are positioned in a manner for urine to flow per gravity. Nursing staff new hires will be trained upon hire on providing indwelling catheter irrigation and ensuring indwelling catheter bags were positioned in a manner for urine to flow per gravity. Beginning 4/12/2019 the Director of Nursing/Assistant Director of Nursing will audit placement of catheter bags three (3) times a week for four (4) weeks, then weekly for four (4) weeks, then monthly for three (3) months to ensure catheter bags are placed in a position to allow urine to flow per gravity. Beginning 4/12/2019 the Staff Development Coordinator will audit indwelling catheter irrigation (3) times a week for four (4) weeks, then weekly for four (4) weeks, then monthly for three (3) months to ensure sterile techniques are being used. Findings will be reported to the Quality Assurance Performance Improvement Committee monthly by the Director of Nursing for three (3) months for review and recommendations. The Administrator is responsible for on-going monitoring and compliance.	

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F 690	Continued From page 13	F 690		

Licensed Practical Nurse (LPN) #1 provided a Foley catheter irrigation on Resident #59. LPN #1 placed an unsterile pad barrier on the resident's over bed table. She then removed six (6) sterile water syringes from their plastic packages, removed the end caps and placed the syringes on the unsterile barrier. LPN #1 donned unsterile gloves and separated the catheter from the tubing without cleaning the area prior to the separation. LPN #1 held the catheter tubing in her left hand, touching the end of the tubing with her unsterile glove while also holding the end of the Foley catheter with her left hand. She inserted each 10 milliliter sterile water syringe into the end of the Foley catheter. LPN #1 then reconnected the catheter and the tubing.

In an interview on 4/10/19 at 11:55 AM, LPN #1 confirmed she should have used sterile technique to irrigate Resident #59's catheter. LPN #1 confirmed she placed the sterile syringes on an unsterile barrier, did not clean the catheter and tubing junction, and did not wear sterile gloves. She stated she probably should have brought a new catheter kit in the room with her. LPN #1 stated she contaminated things and could cause the resident to get an infection.

In an interview on 04/11/19 at 2:08 PM, the Director of Nursing (DON) confirmed that the Resident #59's Urinary Tract Infection (UTI) could have been caused by not keeping the Foley catheter bag below the level of the bladder and not using sterile technique for bladder irrigations.

Record review revealed a Physician order, dated 04/40/2019, to irrigate Resident #59's Foley catheter with 60 cubic centimeter (cc) of sterile water every shift.

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F 690	Continued From page 14 Record review revealed lab results, dated 2/25/19, which indicated Resident #59's urine culture grew >100,000 Non-lactose Fermentor, Gram negative Bacilli(A). Review of the facility's McGeer/SHEA/CDC Criteria for Signs /Symptoms of UTI with an Indwelling Urinary Catheter form revealed Resident #69 met the criteria for UTI with Indwelling Urinary Catheter. Resident #69 During an observation of Resident #69 on 4/10/19 at 11:05 AM, with the DON, CNA #3 provided morning care. The observation revealed Resident #69's Foley catheter bag laying in the bed with the resident. The DON removed the bag from the bed and hung it on the bedside. During an interview, on 4/10/19 at 11:10 AM, CNA #3 confirmed she placed Resident #69's catheter bag on the bed. She stated she didn't always do that. CNA #3 confirmed that the catheter bag should always be below the bladder because the urine can run back and cause an infection. An interview on 04/11/19 at 1:50 PM, with the DON, revealed Resident #69 has not had a Urinary Tract Infection (UTI) in the past three (3) months, which was confirmed by record review.	F 690		

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	255156	A. BUILDING **01 - MAIN BUILDING 01** B. WING _____	**04/12/2019**

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K 000	INITIAL COMMENTS 42 CFR 483.70(a) The facility must meet the applicable provisions of the 2012 (existing) Edition of the Life Safety Code (LSC) of the National Fire Protection Association (NFPA) ...	K 000		
K 271 SS=D	Discharge from Exits CFR(s): NFPA 101 Discharge from Exits Exit discharge is arranged in accordance with 7.7, provides a level walking surface meeting the provisions of 7.1.7 with respect to changes in elevation and shall be maintained free of obstructions. Additionally, the exit discharge shall be a hard packed all-weather travel surface. 18.2.7, 19.2.7 This REQUIREMENT is not met as evidenced by: Based on observation and interviews, the facility failed to properly maintain exit egress as per NFPA 19.2.7 and S&C letter 05-38. This condition affected one (1) of six (6) exits in the facility. Findings include: Observations on April 12, 2019 at 9:55 AM revealed the egress from the rear exit pf the therapy had the potential to be blocked. The exits lacked an all-weather surface leading to the public way.	K 271	Facility received a quote on 5/6/19 from a contracted vendor to extend the sidewalk on the rear exit of the therapy building. Construction of the sidewalk is set to be completed on 5/17/2019. All residents have the potential to be affected. The maintenance staff was in-serviced on 5/2/19 by the Administrator on requirements to maintain exit egress. The Maintenance Director will inspect exits weekly for four (4) weeks, then monthly for three (3) months to ensure egress pathways are maintained. Findings will be reported to the Quality Assurance	5/11/19

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

Electronically Signed | 05/08/2019

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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K 271	Continued From page 1	K 271	Performance Improvement Committee by the Maintenance Director for three (3) months for review and recommendations. The Administrator is responsible for on-going monitoring and compliance.	

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E 000	Initial Comments *EMERGENCY PREPAREDNESS* Survey conducted on 4/12/19 reveals the above facility meets all applicable Federal, State and local emergency preparedness requirements. No deficiencies were identified.	E 000		

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Electronically Signed | 05/08/2019

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