

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

PRINTED: 05/04/2018
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495147	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED R 04/25/2018
NAME OF PROVIDER OR SUPPLIER AVANTE AT WAYNESBORO			STREET ADDRESS, CITY, STATE, ZIP CODE 1221 ROSSER AVE WAYNESBORO, VA 22980		
(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 unannounced Medicare/Medicaid revisit to the standard survey conducted 3/13/18 through 3/15/18, was conducted 4/24/18 through 4/25/18. Corrections are required for compliance with 42 CFR Part 483 Federal Long Term Care Requirements. Uncorrected deficiencies are identified within this report. Corrected deficiencies are identified on the CMS 2567-B. The census in this 109 certified bed facility was 100 at the time of the survey. The survey sample consisted of eight current resident reviews (Residents 101 through 108) and one closed record review (Residents 109).	{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	F 690	1) Resident #102 has an indwelling urinary catheter tubing that did not have a Foley leg strap. The nurse corrected the incident and placed the foley leg strap on. 2) 100% audit was completed by the clinical interdisciplinary team on all residents who have indwelling urinary catheters to ensure that all foley leg straps are in place. . 3) Director of Nursing and/ or designee provided in-service training to current clinical employees on resident with catheters to ensure foley leg straps are in place.	5/9/18	

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

TITLE

(X6) DATE

Heath Queen

Executive Director

5/7/18

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</p> <p>demonstrates that catheterization is necessary; and</p> <p>(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.</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 observation, staff interview, facility document review, and clinical record review the facility staff failed to follow physician orders for catheter care for one of 9 residents in the survey sample. The facility failed to anchor or strap the catheter tubing to minimize movement or prevent friction to Resident #102.</p> <p>The findings include:</p> <p>Resident #102 was admitted to the facility on 12/11/2014, with a readmission date of 01/19/2017 with the following diagnoses that included adult failure to thrive, diabetes, amputation of the lower right leg, muscle weakness, legal blindness, gastroparesis, gastro-esophageal reflux disease, urine retention, benign prostatic hyperplasia with lower urinary tract symptoms, hyperlipidemia, hypertension and depression.</p> <p>The minimum data set (MDS) dated 1/29/2018 assessed Resident #102 as cognitively intact.</p>	F 690	<p>4) Interdisciplinary team members will complete weekly audits of all residents who have catheters for 6 weeks to ensure foley leg straps are in place, then randomly thereafter.</p> <p>The results of these audits will be brought to monthly Quality Assurance and Performance Improvement (QAPI) meeting for review and revisions as necessary.</p>		

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F 690	<p>Continued From page 2</p> <p>A review of Resident #102's clinical record documented an order on 11/09/2017, which stated, "foley leg strap in place at all times to secure catheter from being pulled/tugged at to be checked every shift."</p> <p>On 4/25/18 at 8:55 a.m., this surveyor, with the resident's permission and accompanied by certified nurses' aide (CNA) #1, observed Resident #102's indwelling urinary catheter tubing. The tubing was not anchored or strapped to the resident's thigh to prevent tension, friction and/or movement. CNA #1 was interviewed at this time about an anchor for the tubing. CNA #1 stated Resident #102 had a leg strap for the tubing at one time but she did not know why the tubing was not currently attached. CNA #1 stated she did not apply leg straps or anchors for catheter tubing as that was a nursing task.</p> <p>On 4/25/18 at 9:00 a.m., the licensed practical nurse (LPN #1) caring for Resident #102 was interviewed about the tubing. LPN #1 stated Resident #102's catheter tubing was supposed to be anchored with a leg strap to minimize movement. LPN #1 stated it was on the treatment record for the resident's tubing to be strapped but she had not checked the tubing yet on her shift. LPN #1 stated all residents with indwelling catheters were supposed to have a leg strap to anchor the tubing. LPN #1 stated the resident had no contraindications for a tubing anchor and she did not know why the leg strap was not in place.</p> <p>The facility's policy titled "Catheter Care, Urinary Level III" from MED-PASS, Inc. (Revised October 2010) states "ensure that the catheter remains</p>	F 690			

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F 690	Continued From page 3 secured with a leg strap to reduce friction and movement at the insertion site. (Note: catheter tubing should be strapped to the resident's inner thigh.) These findings were reviewed with the administrator and the director of nursing during a meeting on 04/25/2018 at 10:38 a.m.	F 690			