

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

PRINTED: 03/12/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445033	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 03/06/2012
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NAME OF PROVIDER OR SUPPLIER BORDEAUX LONG TERM CARE	STREET ADDRESS, CITY, STATE, ZIP CODE 1414 COUNTY HOSPITAL RD NASHVILLE, TN 37218
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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
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F 315 SS=D	483.25(d) NO CATHETER, PREVENT UTI, RESTORE BLADDER Based on the resident's comprehensive assessment, the facility must ensure that a resident who enters the facility without an indwelling catheter is not catheterized unless the resident's clinical condition demonstrates that catheterization was necessary; and a resident who is incontinent of bladder receives appropriate treatment and services to prevent urinary tract infections and to restore as much normal bladder function as possible. This REQUIREMENT is not met as evidenced by: Intakes: TN00029332 Based on policy review, medical record review, observation and interview, it was determined the facility failed to ensure a urinary drainage bag did not touch the floor for 1 of 5 (Resident #1) sampled residents with urinary catheters. The findings included: Review of the facility's "Indwelling and Condom Catheter" policy documented, "...Keep tubing coiled on bed by resident's side. Do not allow tubing to hang off the bed in hoops. Keep the bedside drainage bag off of the floor..." Medical record review for Resident #1 documented an admission date of 8/8/11 with diagnoses of Decubitus Ulcer Stage 3, History of Traumatic Fracture Left Pelvis, Paralysis, Debility, Anemia and Hypertension. Review of physician orders with a date of 3/1/12 through (-) 3/31/12 <i>accubitus POC 3/22/12 JPHNCL</i>	F 315 F315	A. Resident #1 catheter drainage bag was found on the floor by the nurse and the surveyor when entering the room. The nurse immediately placed the drainage bag back on the bedside. Upon return to Resident #1 room, the drainage bag was noted to be on the floor again and was immediately placed back on the bedside by the nurse. The assigned CNT immediately was in-serviced on proper placement of catheter drainage bag. B. To identify additional potentially affected residents an audit of residents with catheter drainage bags will be conducted by the Patient Care Manager, Charge nurse, Director of Nursing, Director of Wound and Skilled Services, Nursing Supervisor, or Quality Manager. The facility-wide audit will begin March 14, 2012 to address any residents with catheter drainage bags to ensure the processes are in place to prevent catheter related complications. Any deficiencies noted will be corrected immediately and discussed with licensed staff. C. The Indwelling and Condom Catheter Policy will be reviewed and revised by the Director of Nursing. The licensed nursing staff and the Rehabilitation Department (Physical, Occupational, and Speech Therapy) will be in-serviced on the Indwelling and Condom Catheter policy by the Patient Care Manager, Charge Nurse, Director of Nursing, Director of Wound and Skilled Services, Nursing Supervisor, or Quality Manager beginning March 13, 2012. (See Attachment 1).	4/6/12
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Monish</i>	TITLE <i>Interim Administrator</i>	(X6) DATE 3-22-12
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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 315	<p>Continued From page 1</p> <p>documented "...INDWELLING FOLEY CARE PER PROTOCOL..."</p> <p>Observations in Resident #1's room on 3/6/12 at 11:25 AM, revealed Resident #1's Foley catheter bag was in a privacy bag and the tubing was laying on the floor under Resident #1's bed.</p> <p>Observations in Resident #1's room on 3/6/12 at 11:55 AM, revealed Resident #1's Foley catheter bag in a privacy bag laying on the floor under Resident #1's bed.</p> <p>During an interview in Resident #1's room on 3/6/12 at 11:30 AM, Nurse #1 was asked if it was permissible for the catheter bag to be on the floor. Nurse #1 stated, "No..."</p> <p>During an interview in Resident #1's room on 3/6/12 at 11:55 AM, Certified Nurse Technician (CNT) #1 was asked where the catheter bag should be located. CNT #1 stated "...on the bed and not on the floor..."</p>	F 315	<p>Objectives</p> <ul style="list-style-type: none"> In the event the resident is to be transferred out of bed to chair the transferring staff will ensure the catheter is below the bladder and off the floor. Staff to be aware when raising or lowering bed that the catheter bag will remain on the bed and not on the floor. <p>D. The Patient Care Manager, Charge Nurse, Nursing Supervisor, Director of Nursing, Director of Wound and Skilled Services will audit 100% of proper placement of all residents with catheter draining bags x 3 months. When 95% compliance has been reached for 3 consecutive months, audits will be conducted at the discretion on the Director of Nursing or Manager of Quality/Risk Management. Audits will be reported monthly in Quality Council committee by the Director of Nursing or designee.</p>	<p>4/6/12</p>
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