

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

45th 10/10/11

PRINTED: 08/19/2011
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 44E445	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/17/2011
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NAME OF PROVIDER OR SUPPLIER BAPTIST HEALTH CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 700 WILLIAMS FERRY RD LENOIR CITY, TN 37771
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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	<p>483.25(d) NO CATHETER, PREVENT UTI, RESTORE BLADDER</p> <p>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.</p> <p>This REQUIREMENT is not met as evidenced by: Based on medical record review, facility policy review, and interview, the facility failed to complete a bladder assessment and failed to individualize a toileting program for one (#19) of twenty-three residents reviewed.</p> <p>The findings included:</p> <p>Resident #19 was admitted to the facility on March 2, 2010, with diagnoses including Dementia with Behavioral Disorder, Hypertension, Scoliosis, Right Total Hip Replacement, Compression Deformity L3, Degenerative Joint Disease, and Congestive Heart Failure. Medical record review revealed the diagnoses were updated on April 21, 2011, to include Overactive Bladder.</p> <p>Medical record review of the Minimum Data Set (MDS) dated December 20, 2010, and June 6, 2011, revealed the resident was cognitively intact; required limited assistance with one person</p>	F 315	<p>Baptist Health Care Center does not agree that any deficiencies existed, including the alleged deficiency that is the subject of the attached response. The facility does not admit the facts or the conclusions set out in any survey or statement of deficiencies, but makes this response in order to comply with state and federal law and as part of its commitment to quality care for residents. The facility is not waiving its rights to dispute any survey or deficiency, nor to raise any defenses, whether in an informal dispute resolution, a formal appeal, or any other legal or administrative proceeding. The facility does not admit that any actions taken in response to the notice of deficiencies constitute the applicable standard of care for long-term care providers.</p> <p>483.25 (d) NO CATHETER, PREVENT UTI, RESTORE BLADDER</p> <p>Resident #19 had received a specialty consultation assessment from our contracted incontinence service provider initially on 3/25/10 and was assessed to have "mixed" incontinence due to a medical condition of Detrusor instability, preventing the resident from achieving total continence. Resident frequently chooses to incur incontinent episodes due to a lack of interest in toileting even when the urge is present, specifically during times of interest in other environmental distracters, such as those provided through the activity program or when enjoying personal craft hobby opportunities. Recent conversation with this resident concerning the choice incontinent episodes revealed a willingness to attempt a new toileting program</p>	
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Christa A. Calmon</i>	TITLE Administrator	(X6) DATE 8/26/11
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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>physical assist with transferring, ambulation, and toilet use. Continued medical record review of the December 20, 2010, MDS revealed the resident was occasionally incontinent of urine (less than seven episodes) and was on a toileting program. Further medical record review of the June, 6, 2011, MDS revealed the resident was frequently incontinent of urine (seven or more incontinent episodes, but at least one episode of continent voiding) and was on a toileting program.</p> <p>Medical record review of the Bladder Incontinence Evaluation dated March 4, 2010, revealed the form was not completed; failed to identify the bladder retraining program; and failed to assess the resident's ability to participate with the program. Medical record review of the Bladder Incontinence Evaluation updated December 21, 2010, revealed the resident "...cont's (continues) on scheduled toileting but is incont. (incontinent) of urine seven out of seven days..." Medical record review of the Bladder Incontinence Evaluation updated on March 15, 2011, revealed "...usu. (usually) wet seven out of seven days...Resident is aware of need to go to B.R. (bathroom)..." Medcial record review of the Bladder Incontinence Evaluation updated on June 7, 2011, revealed "...is occasionally incont. of urine...et (and) requires assist of walker..."</p> <p>Medcial record review of the care plan initiated on December 27, 2010, and updated on an unidentified date revealed the resident went from occasionally to frequently incontinent of bladder due to decreased mobility. Continued medical record review revealed an approach of "...assist to toilet when resident requests...determine times when resident usually requires toileting. Assist to</p>	F 315	<p>483.25 (d) NO CATHETER, PREVENT UTI, RESTORE BLADDER (CONT'D)</p> <p>beginning immediately, to improve the "mixed" incontinent diagnosis. Instructed and educated resident on Kegel exercise frequency need to improve physical condition through muscle strengthening of pelvic floor muscle, and have instructed staff to prompt toileting hourly if cooperative and document patterns, results and resident's willingness to accomplish toileting program. All residents will be assessed in the next quarter for their toiletable ability. Those determined to be continent or partially continent through MDS assessment will have individualized toileting plans developed. Those deemed incontinent with no ability to retrain will be reflected upon care plan and no further interventions will be attempted unless upon a medical need. New documentation implemented supports these new practices and policies have been revised to reflect new protocols for all new admissions. All nursing staff have been inserviced on policy and procedure revisions. Quality Care Director will report quarterly to the QA Committee results of Incontinent Program tracking and trending results.</p>	10/31/11

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F 315	<p>Continued From page 2</p> <p>bathroom or commode at these times..." Medical record review of the care plan updated on an unidentified date revealed "...bladder retraining...et q (and every) 1 1/2 to 2 hrs. (hours)..."</p> <p>Review of facility policy Bowel and Bladder Assessment and Training revealed "...Purpose: A. To determine cause or contributing factor that result in involuntary loss of a resident's ability to control urine...Procedure: A. Assessment 3. a. Intervention for bladder incontinence will be determined by the type of incontinence...b. Intervention may include: 1. Behavioral Changes (Scheduled) a.) Bowel and Bladder Training. b.) Habit Training. c.) Kegal exercises. d.) Proper hydration. e.) Environmental changes. 2. Pharmaceutical Agents. 3. Surgery. 4. Other. B. Training Program: 1. Individual training program will be written on: a. Diagnosis/cause of incontinence. b. Physical capabilities..."</p> <p>Interview on August 17, 2011, at 8:32 a.m., in the resident's room, with Certified Nurse Aide #1, revealed "...Never know when (resident) will be wet, (resident) can tell us but from chair to bathroom (resident) gets wet, usually wait for (resident) to tell us when (resident) needs to go and we get to (resident)..."</p> <p>Interview with the Quality Assurance Nurse #1 on August 17, 2011, at 10:43 a.m., in the conference room, confirmed the Bladder Incontinence Evaluation form was not completed to identify all factors; failed to identify the cause of the incontinence; and failed to identify the specific bladder retraining program. Further interview confirmed the resident was not assessed to</p>	F 315		

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F 315	Continued From page 3 determine the voiding times of teh resident and confirmed the facility had failed to establish an individualized bladder retraining program.	F 315		
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