

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

PRINTED: 03/12/2007
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 045376	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 02/26/2007
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NAME OF PROVIDER OR SUPPLIER SHERWOOD NURSING & REHABILITATION CENTER, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 245 INDIAN BAY DRIVE SHERWOOD, AR 72120
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F 000	INITIAL COMMENTS Complaint #12261 was unsubstantiated.	F 000		
F 309 SS=D	483.25 QUALITY OF CARE Each resident must receive and the facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care. This REQUIREMENT is not met as evidenced by: Based on observation, record review and interview the facility failed to ensure that the foley catheter was secured to prevent the potential for trauma to the urinary meatus, gloves were changed and soap and water was used during incontinent care for 1 (Resident #2) of 1 case mix resident with a foley catheter. This failed practice had the potential to affect 2 residents in the facility with foley catheters according to the list provided by the Nursing Consultant on 2/26/07 at 1:00 p.m. The findings are: 1. Resident #2 had diagnoses of status post Pressure Sore, Chronic Renal Failure and Bilateral Below the Knee Amputation. The Minimum Data Set Dated 1/12/07 documented the resident had an indwelling foley catheter and no Pressure Ulcers. a. Physician's Orders dated 2/9/07 documented, "Catheter-may use leg bag and straps and	F 309		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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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 309	Continued From page 1 Routine Catheter Care-change 16 Fr (french) catheter monthly and PRN (as necessary) occlusion or leakage on the 1st of every month". c. On 2/21/07 at 430 p.m. and 2/22/07 at 6:55 a.m., 8:42 a.m. and 10:40 a.m., the resident ' s foley catheter was not secured. d. On 2/23/07 at 10:26 a.m., the resident had been incontinent of bowel. C.N.A. (Certified Nursing Assistant) #3 put on a pair of gloves and provided incontinent care for the resident. Without changing gloves, the CNA positioned the resident on her back and sprayed the perineal area with perineal wash. Using a dry disposable wipe, the CNA cleansed the left external labia with a front to back motion then changed wipes and cleansed the right external labia in a front to back motion. The CNA then, using a clean dry wipe, cleansed the foley catheter from the meatus to foley catheter ' s y-juncture. e. On 2/23/07 at 10:50 a.m., the Director of Nursing stated, "She should have changed gloves after the bowel movement and cleansed according to our procedures". f. The facility's Policy and Procedure titled, "Catheter Care, Urinary" documented, " ... obtain equipment, explain procedure to patient, position patient in semi-Fowler's position on bedpan if tolerated, don clean gloves, wash perineum well with soap and warm water, taking care to wash from front to back, cleanse area well at catheter insertion, taking care not to pull on catheter or advance further into urethra, rinse well with warm water and pat dry gently with clean towel".	F 309		
F 315 SS=E	483.25(d) URINARY INCONTINENCE	F 315		

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F 315	<p>Continued From page 2</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 observation, record review, and interview the facility failed to ensure that there was a medical necessary for the continued use of a foley catheter for one (Resident #2) of one case mix resident who had a foley catheter. The facility also failed to ensure that gloves were changed after providing personal care before applying ointment to the labia and inner thigh to prevent the potential for a urinary tract infection for that one (Resident #3) of 4 (Residents #2-#5) case mix residents that are incontinent and require assistance of staff for personal care. These failed practices had the potential to effect 2 residents in the facility that had an indwelling foley catheter and 37 residents in the facility that were incontinent of bowel and/or bladder and require the assistance of staff for personal care as identified on a list provided by the facility's Nurse Consultant on 2/26/07 at 1:00 p.m. The findings are:</p> <p>1. Resident #2 had diagnoses of status post Pressure Sore, Chronic Renal Failure and Bilateral Below the Knee Amputation. The Minimum Data Set Dated 1/12/07 documented</p>	F 315			

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F 315	<p>Continued From page 3</p> <p>that the resident had an indwelling foley catheter and not pressure ulcers.</p> <p>a. On 2/9/06 the Physician's Orders documented, "Catheter-may use leg bag and straps and Routine Catheter Care-change 16 Fr (french) catheter monthly and PRN (as necessary) occlusion or leakage on the 1st of every month".</p> <p>b. On 9/1/06 the Plan of Care documented, "left knee Stage II" and documented "healed" on 9/28/06.</p> <p>c. On 2/21/07 at 4:30 p.m., 2/22/07 at 6:55 a.m., 8:42 a.m., 10:40 a.m., 1:35 p.m. and 4:16 p.m. and on 2/23/07 at 8:25 a.m. and 10:26 p.m., the resident had an indwelling foley catheter.</p> <p>d. On 2/23/07 at 10:50 a.m., the Director of Nursing was asked why the resident had a foley. She stated, "She had a pressure sore " .</p> <p>e. As of 2/26/07 at 1:00 p.m., there was no diagnoses for the presence of a catheter and no documented attempts to discontinue the catheter.</p> <p>2. Resident #3 had diagnoses of Hypertension, Fibromyalgia, Dementia, Cerebral Infarct, Cerebral Vascular Accident with Right Hemiparesis, Chronic Urinary Tract Infection, Bladder Spasms, Glomerulonephritis, Hydronephrosis, and Kidney Stones. The Annual Minimum Data Set dated 2/9/07 documented the resident to had modified independent cognitive skills for daily decision making, required total assistance with the performance of activities of daily living, was incontinent of bowel and bladder and had a Urinary tract infection in the past 30 days.</p>	F 315			

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F 315	Continued From page 4 a. The clinical record documented laboratory results for a Urinalysis with Culture and Sensitivity on 12/19/06 which identified isolates of Pseudomonas Aeruginosa and Providencia Stuartii. The clinical record documented laboratory results of a Urinalysis with Culture and Sensitivity on 1/10/07 with a moderate isolate of Pseudomonas Aeruginosa. b. On 2/26/07 at 10:49 a.m., CNA #1 and CNA #2 provided incontinent care. After providing incontinent care CNA #2 did not re-glove. CNA #2 applied Aloe Vesta ointment to the resident's buttocks, external labia and the inner thighs without changing gloves. c. On 2/26/07 at 10:49 the Director of Nursing [DON] was present during the incontinent care. After the incontinent care was provided the DON stated the employee should have changed gloves after the pericare and before applying the ointment and then the employee should have applied the ointment from front to back.	F 315			