

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>015206</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>08/13/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>DECATUR HEALTH &amp; REHAB CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP <b>2326 MORGAN AVENUE SOUTHWEST DECATUR, AL 35603</b>	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		
F 0690  <b>Level of harm</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Few	<p><b>Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections.</b></p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b></p> <p>Based on observation, interviews, medical record review and review of a facility policy titled, Perineal Care, the facility failed to ensure a Certified Nursing Assistant (CNA) cleaned Resident Identifier (RI) #1's, a resident with a suprapubic catheter and a history of Urinary Tract Infections (UTIs), perineal area from front to back when providing incontinence care on 08/13/20. This deficient practice affected RI #1, one of one residents observed during incontinence care. Findings include: A review of a facility policy titled, Perineal Care, last revised 2/28/20, revealed: . 9. Wash entire perineal area from front to back, beginning with side farthest from you, then side closest to you, then down the middle, . 10. Assist resident to side lying position. . 11. . Cleanse buttock that is furthest away from you, then buttock closest to you: cleanse rectum and anal area last, . RI #1 was readmitted to the facility on [DATE]. RI #1's [DIAGNOSES REDACTED]. A review of RI #1's medical record revealed a departmental note dated 7/27/20 at 5:16 PM for a new order for the resident to [MEDICATION NAME] milligrams, give one by mouth twice a day for UTI. The sponsor was made aware of the UA (urinalysis) results and new order. A review of RI #1's physician's orders [REDACTED].[MEDICATION NAME] MG TABLET GIVE ONE BY MOUTH</p> <p>TWICE A DAY FOR SEVEN DAYS Stop Date: 8/03/20 . A review of RI #1's laboratory results revealed a . Urine Sample Dated: 07/27/20 . Organism [MEDICATION NAME] faecalis Result Detected . Detection Level Moderate . On 08/13/20 at 9:30 a.m., the surveyor observed Employee Identifier (EI) #3, Certified Nursing Assistant (CNA), perform incontinence care for RI #1. EI #3 was observed entering RI #1's room and begin incontinence care by wiping bowel movement from RI #1's rectum and buttocks. EI #3 was then observed entering the bathroom to wash her hands and left room without cleaning RI #1's front perineal area. On 08/13/20 at 9:43 a.m., an interview was conducted with EI #3, CNA. EI #3 was asked how should incontinence care be provided for RI #1. EI #3 said from the front first. EI #3 was asked did she clean RI #1's front perineal area. EI #3 stated no she did not because RI #1 was turned toward the window and she just started cleaning from behind. EI #3 was asked what was the concern with not cleaning RI #1's front and down the catheter tubing. EI #3 replied germs. EI #3 was asked what was the concern with germs. EI #3 said they can spread and cause infection. On 08/13/20 at 11:03 a.m., an interview was conducted with EI #1, Certified Registered Nurse Practitioner (CRNP)/Corporate Wound Nurse. EI #1 was asked when she went and got EI #3, CNA, to assist with RI #1's incontinence care, how did EI #3 begin the incontinence care. EI #1 stated she started from the back with RI #1 lying on his/her right side. EI #1 was asked was incontinence or pericare provided for RI #1's front side. EI #1 replied no. EI #1 was asked should it have been. EI #1 said yes. EI #1 was asked what was the concern with pericare/incontinence care not being performed thoroughly. EI #1 answered UTIs and skin breakdown. On 08/13/20 at 1:44 p.m., a follow-up interview was conducted with EI #2, Licensed Practical Nurse/ Infection Control Preventionist. EI #2 was asked how should incontinence care be performed on RI #1. EI #2 said they should do the perineal area in the front and then clean the back. EI #2 was asked what was the concern with a resident that has had an incontinent episode not being cleaned thoroughly. EI #2 stated UTIs, infections and skin breakdown. EI #2 was asked had RI #1 had a recent UTI. EI #2 said yes. EI #2 was asked when was it diagnosed . EI #2 reviewed RI #1's medical record and stated 07/27/20 and RI #1 was [MEDICATION NAME] BID for seven days.</p>		

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

TITLE

(X6) DATE

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.