**STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION**

**(X1) PROVIDER/ SUPPLIER/ CUSTODIAN IDENTIFICATION NUMBER:** 446330

**STREET ADDRESS, CITY, STATE, ZIP CODE:** 765 BERT JOHNSTON AVE P O BOX 544, COVINGTON, TN 38019

**NAME OF PROVIDER OR SUPPLIER:** COVINGTON CARE CENTER

<table>
<thead>
<tr>
<th>缺陷编号</th>
<th>缺陷描述</th>
<th>纠正行动</th>
<th>完成日期</th>
</tr>
</thead>
<tbody>
<tr>
<td>F815</td>
<td>483.25(d) NO CATHETER, PREVENT UTI, RESTORE BLADDER</td>
<td>483.25(d) NO CATHETER, PREVENT UTI, RESTORE BLADDER</td>
<td></td>
</tr>
<tr>
<td></td>
<td>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.</td>
<td>Requirement: The facility must ensure residents with an indwelling urinary catheter receive appropriate care.</td>
<td>3/23/10</td>
</tr>
</tbody>
</table>

**This REQUIREMENT is not met as evidenced by:**

**Based on policy review, observation and interviews, it was determined that the facility failed to ensure residents with an indwelling urinary catheter received appropriate care for 1 of 2 (Resident #6) residents observed.**

**The findings included:**

Review of the policy that the facility staff are to follow for urinary indwelling catheter care was the "Lippincott Manual of Nursing Practice, Ninth Edition". The Lippincott Manual documented "...Care of the indwelling catheter...1. Clean around the area where catheter enters urethral meatus (meatal-catheter junction) with soap and water during the daily bath to remove debris..."

Observations in Resident #6's room on 8/17/10 at 1:55 PM, revealed Nurse #4 was observed catheter tubing from the labia outward with the catheter secured with 2 fingers at the labia. The urinary meatus was not clean.

**LAWYER'S DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVES SIGNATURE**

**DATE**

8-23-10

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 disclosed 30 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 disclosed 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.
## F 315

Continued From page 1

During an interview at the nurse's station on 8/18/10 at 1:50 PM, Nurse #4 was asked about cleaning Resident #5's mouth. Nurse #4 stated, "That's the way I do it [catheter care]."

During an interview in the training room on 8/17/10 at 3:50 PM, Nurse #6 confirmed the policy provided for indwelling urinary catheter care was the accepted catheter care policy that staff were to follow.

## F 315

### Coordinators, Staffing Coordinator, Dietary Supervisor, Social Worker, Activity Director, Medical Records, Admissions, and Bookkeepers.

**Correction Date**

8/23/10

## F 431

### 483.60(b), (d), (e) DRUG RECORDS, LABEL/STORE DRUGS & BIOLOGICALS

The facility must employ or obtain the services of a licensed pharmacist who establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled.

Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable.

In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys.

The facility must provide separately locked, permanently affixed compartments for storage of...
F-431  Continued From page 2  
controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected.

This REQUIREMENT is not met as evidenced by:
Based on observations, it was determined that the facility failed to ensure 1 of 5 (Nurse #3) nurses kept medications secured by leaving the medication cart unlocked and out of her view.

The findings included:
Observations of the medication cart by room 319 on 8/17/10 at 8:43 AM, revealed Nurse #3 left the medication cart unlocked while she entered the bathroom to wash her hands. Nurse #3 left medications unsecured when she left the medication cart unlocked and out of her view when she entered the bathroom to wash her hands.

Medical Director, Administrator, Director of Nursing, Assistant Director of Nursing, MDS Coordinator, Medical Records, Staffing Coordinator, Bookkeeper, Food Service Supervisor, Social Worker, Maintenance Supervisor, and Activity Coordinator.

Correction date:
8/23/2010

3/23/10