

when she had the fecal incontinence episodes, she did not attend activities she enjoyed attending, and was irritated that she was unable to attend due to not receiving hygiene when needed.

Severity Level 1: No actual harm with potential for minimal harm

The failures of the facility to provide appropriate care and services to maintain or improve continence, manage indwelling catheters, and minimize negative outcome places residents at risk for more than minimal harm. Therefore, Severity Level 1 does not apply for this regulatory requirement.

Resources

Research into appropriate practices to prevent, manage, and treat urinary incontinence, urinary catheterization, and UTI continues to evolve. Many recognized clinical resources on the prevention and management of urinary incontinence, infection, and urinary catheterization exist. Some of these resources include:

- [+https://www.vumc.org/cqa/sites/vumc.org.cqa/files/public_files/Vanderbilt%20Incontinence%20Management%20Module.pdf](https://www.vumc.org/cqa/sites/vumc.org.cqa/files/public_files/Vanderbilt%20Incontinence%20Management%20Module.pdf)
- Association for Professionals in Infection Control and Epidemiology (APIC) at www.apic.org;
- Centers for Disease Control at www.cdc.gov;
- The Annals of Long Term Care publications: <http://www.annalsoflongtermcare.com/search?keywords=urinary%20catheters>
- Urology Care Foundation – The Official Foundation of the American Urological Association - <http://www.urologyhealth.org/>
- The American Geriatrics Society at www.americangeriatrics.org
- <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3538836/>
Surveillance Definitions of Infections in Long-Term Care Facilities: Revisiting the McGeer Criteria

Resources for Fecal Incontinence:

- <https://www.fascrs.org>
- <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2614622/>

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§483.25(f) Colostomy, urostomy, or ileostomy care.

The facility must ensure that residents who require colostomy, urostomy, or ileostomy services, receive such care consistent with professional standards of practice, the comprehensive person-centered care plan, and the resident's goals and preferences.