STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	055121	A. Building B. Wing	01/29/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Pelican Ridge Post Acute	466 Flagship Road Newport Beach, CA 92663

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 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48853 Based on observation, interview, medical record review, and facility P&P review, the facility failed to provide the appropriate care and services to prevent the UTI for two of three sampled residents (Residents1 and 2) reviewed for the use of the indwelling urinary catheters. * The facility failed to ensure Resident 1's indwelling urinary catheter drainage bag was not laying on the floor. * The facility failed to ensure the physician was notified when Resident 2 had a change in condition due to frequent leakage of the indwelling urinary catheter and clarify the size of the indwelling urinary catheter prior to be inserted. These failures had the potential for not providing the necessary care and services and posed a risk for adverse complications related to the indwelling urinary catheter use. Findings: 1. Review of the CDC's guidelines titled Catheter-Associated Urinary Tract Infections (CAUTI) Prevention Guideline dated 4/2024, showed urinary tract infections are the most common type of healthcare associated infection. CAUTI has been associated with increased morbidity, mortality, hospital cost, and length of stay. The section titled Proper Techniques for Urinary Catheter Maintenance, showed to keep the collecting bag below the level of the bladder at all times. Do not rest the bag on the floor. Medical record review for Resident 1 was initiated on 1/28/25. Resident 1 was admitted to the facility on [DATE] and readmitted on [DATE]. Review of Resident 1's MDS dated [DATE], showed the BIMS score of 7 (severe cognitive impairment). Review of Resident 1's Nurses Progress Note dated 1/25/25, showed Resident 1 had a UTI and was started on antibiotics (a medication used to treat infection). Review of Resident 1's Order Summary Report as of 1/29/25, showed the following physician's orders: (continued on next page)

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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

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F 0690 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	- on 1/14/25, for an indwelling urinary catheter size 16 Fr Balloon size/10 ml, change for blockage, leaking, pulled out, excessive sedimentation; and to change the urinary catheter drainage bag as needed and with every change of the indwelling urinary catheter, and every shift care for the indwelling urinary catheter. - on 1/26/25, to administer cefpodoxime proxetil (an antibiotic used to treat certain infections caused by bacteria) give 500 mg by mouth two times a day for UTI for five days. Review of Resident 1's Plan of Care failed to show a care plan problem was initiated to address Resident 1's UTI. On 1/28/25 at 1456 hours, Resident 1 was observed laying in bed with an indwelling urinary catheter tubing attached to a urinary drainage bag. The urinary drainage bag was observed laying on the floor by the right side of the Resident 1's bed. On 1/28/25 at 1502 hours, an observation and concurrent interview was conducted with LVN 2. LVN 2 verified the above findings. LVN 2 stated the urinary drainage bag should not be laying on the floor. LVN 2 further stated Resident 1 was on antibiotic for UTI. On 1/29/25 at 0743 hours, Resident 1 was observed laying in bed with an indwelling urinary catheter tubing attached to a urinary drainage bag. The urinary drainage bag was observed laying on the floor by the right side of the Resident 1's bed. On 1/29/25 at 0748 hours, an observation and concurrent interview was conducted with LVN 1. LVN 1 verified the above findings. LVN 1 stated the urinary bag should be hang on the bed frame and not on the floor. On 1/29/25 at 0932 hours, an interview and a concurrent record review was conducted with RN 1. RN 1 verified Resident 1 was on antibiotic for the treatment of UTI. RN 1 verified there was no care plan developed for the antibiotic medications to treat Resident 1's UTI. RN 1 stated there should be a care plan for Resident 1's antibiotic use. On 1/28/25 at 1005 hours, an interview was conducted with the DON. The DON stated she expected the nurses to provide the indwelling urinary catheter care to the resident ensuring the tubing of the indwelling urinary catheter was not obstructed and the urinary drainage bag was hanging on the bed frame and not laying on the floor. The DON was informed and acknowledged the abovefindings. 2. Review of the facility's P&P titled Condition Change of Resident revised 11/2021 showed it is the policy of the facility to observe, record, and report change in condition to the attending physician. A change of condition can be anything that deviates from the resident's baseline status that requires physician notification for further assessment and/ or change in treatment plan. The resident's condition shall determine what and how the nurse assesses the resident. A change of condition is solely based on the professional judgement of the nurse in charge in accordance with recognizable standards of care in the community. Medical record review for Resident 2 was initiated on 1/28/25. Resident 2 was admitted to the facility on [DATE] and readmitted on [DATE]. (continued on next page)

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F 0690 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of Resident 2's H&P examination dated 12/12/24,showed Resident 2had the capacity to make medical decisions. Review of Resident 2's MDS dated [DATE], showed the BIMS score of 14 (cognitively intact). Review of Resident 2's Order Summary Report as of 1/29/25, showed the following physician's orderdated 12/13/24, for an indwelling urinary Foley catheter sizeFr 16/10 ml attached to the urinary drainage bag, to provide the indwelling urinary catheter care every shift, and change the indwelling urinary catheter attached drainage bag PRN if dislodged, clogged, hematuria, or burning sensation every 12 hours as needed. Review of Resident 2's Nurses Progress Note dated 1/23/25 (late entry), showed Resident 2's indwelling urinary catheter was dislodged three times a day. Review of Resident 2's TAR for January 2025 showed Resident 2's indwelling urinary catheter was changed on 1/9/25 at 1259 hours and 1/28/25 at 1222 hours. Further review of Resident 2's TAR for January 2025 showed Resident 2's indwelling urinary catheter was changed on 1/29/25 at 0126 hours. On 1/28/25 at 1430 hours, an interview was conducted with Resident 2. Resident 2 stated she had an indwelling urinary catheter for years because she had a big bladder which resulted to frequent UTI and had surgery when she was younger. Resident further stated for the past two to three weeks she had problem with the indwelling urinary catheter leaking frequently at least three times a week, and the staff member would change the indwelling urinary catheter. Resident 2 stated she understood she was at risk for infection. Resident 2 stated the nurse offered her to remove the indwelling urinary catheter and to use an incontinent pad, however, Resident 2 did not want to remove the indwelling urinary catheter because she was in pain due to arthritis. Resident 2 cannot reposition frequently and was concerned to have pressure ulcers. Resident 2 further stated she did not know if the nurses had informed her physician about the frequent indwelling urinary catheter leakage. On 1/28/25 at 1449 hours, an observation and concurrent interview was conducted with the DSD. Resident was observed lying in bed with the indwelling urinaryFoley catheter size 18 Fr/30 ml attached to a drainage bag. The DSD verified the above findings. On 1/28/25 at 1451 hours, an interview was conducted with Resident 2. Resident 2 stated she had always used indwelling urinary Foley catheter size 18 Fr/30 ml. On 1/29/25 at 0748 hours, an interview and concurrent record review was conducted with LVN 1. LVN 1 verified Resident 2's Order Summary Report dated 1/29/25, showed an order dated 12/13/24, for an indwelling urinary Foley catheter sizeFr 16/10 ml attached to a drainage bag. LVN 1 acknowledged Resident 2 had frequent leakage of the indwelling urinary catheter which required to be changed more often. LVN 1 stated she inserted the indwelling urinary catheter and used Fr 18/30 ml because the Resident 2had always used the Fr 18/30 ml size. LVN 1 stated the physician neededto be notified of Resident 2's frequent leakageof the indwelling urinary catheter and to be informed of the size of the indwelling urinary catheter to be inserted to the resident. (continued on next page)

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F 0690 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 1/28/25 at 1005 hours, an interview was conducted with the DON. The DON was made aware of the above findings and acknowledged the physician needed to be notified of the resident's frequent leakage of the indwelling urinary catheter. On 1/28/25 at 1250 hours, an interview was conducted with the DON. The DON acknowledged the physician should be notified of Resident 2's change of condition.