

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055153	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/22/2025
NAME OF PROVIDER OR SUPPLIER Montebello Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1035 W Beverly Blvd Montebello, CA 90640	

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)
<p>F 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45456</p> <p>Based on observation, interview, and record review, the facility failed to provide the appropriate care and services for one (1) of two (2) sampled residents (Resident 1) who was admitted with indwelling catheter (a tube that helps drain urine from the bladder [organ inside the body that stores urine] through a drainage tube [indwelling catheter tube] into a drainage collection bag) by failing to monitor Resident 1 for signs and symptoms of urinary tract infection (UTI, an infection in the bladder/urinary tract) in accordance with the care plan and facility policy on catheter care.</p> <p>This deficient practice had the potential to result in the delay of treatment and care in the event Resident 1 develops a catheter associated urinary tract infection (germs enter the urinary tract through the urinary catheter and cause infection) which could result in harm, hospitalization, and death.</p> <p>Findings:</p> <p>During a review of Resident 1's Admission Record, the Admission Record indicated Resident 1 was originally admitted to the facility on [DATE] with diagnoses which included urine retention (a condition in which you cannot empty all the urine from your bladder), hemiplegia (paralysis of one side of the body) and hemiparesis (weakness on one side of the body) on the right side, and muscle weakness.</p> <p>During a review of Resident 1's Minimum Data Set (MDS, resident assessment tool), dated 1/31/2025, the MDS indicated Resident 1 had intact cognitive skills (ability to think, understand, and reason) for daily decision making. The MDS indicated Resident 1 dependent (helper does all of the effort, resident does none of the effort to complete the activity) in toileting hygiene, lower body dressing, and putting on/ taking off footwear. The MDS also indicated Resident 1 needed substantial/ maximal assistance (helper does more than half the effort. helper lifts, holds trunk or limbs, and provides more than half the effort) in shower/ bathe self, upper body dressing, roll left and right, sit to lying, lying to sitting on side of the bed and tub/ shower transfer. The MDS indicated Resident 1 was admitted to the facility with Indwelling catheter.</p> <p>During a review of Resident 1's the Physician's Order (PO), dated 1/28/2025, the PO indicated indwelling catheter: Foley catheter (type of urinary indwelling catheter) Size: 16 French unit (Fr, a unit of measurement for the catheter's diameter) Balloon Size: 10 cubic centimeters (cc- unit of measurement). Change for blockage leaking, pulled out, excessive sedimentation. Change catheter drainage bag as needed and with every change of indwelling catheter, as needed for urinary retention.</p> <p>(continued on next page)</p>

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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<p>F 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a review of Resident 1's Care Plan (CP) for Indwelling Catheter due to urinary retention and diagnosis of benign prostatic hyperplasia (BPH, also known as an enlarged prostate, is a noncancerous condition in which the prostate gland becomes larger than normal), dated 2/1/2025, the staff interventions indicated were to:</p> <p>Monitor for signs and symptoms of infection and report to physician</p> <p>Monitor urine for sediment, cloudy, odor, blood and amount</p> <p>Report to physician promptly if the urine contains any sediment, or blood, is cloudy or odorous, or if the resident has a fever</p> <p>During a review of Resident 1's Care Plan (CP) for Indwelling Catheter dated 2/3/2025, the staff interventions indicated were to:</p> <p>Monitor and document intake and output as per facility policy.</p> <p>Monitor for signs and symptoms (s/s) of discomfort on urination and frequency.</p> <p>Monitor/document for pain/discomfort due to catheter.</p> <p>Monitor/record/report to MD (doctor) for s/s of urinary tract infection (UTI- an infection in the bladder/urinary tract): pain, burning, blood-tinged urine, cloudiness, no output, deepening of urine color, increased pulse, increased temperature, urinary frequency, foul smelling urine, fever, chills, and altered mental status, change in behavior, change in eating patterns.</p> <p>During a review of Resident 1's Care Plan (CP) for sediments in resident's urine dated 4/1/2025, the e staff interventions indicated were to:</p> <p>Foley catheter care daily as or [NAME].</p> <p>Irrigate Foley catheter with NS 100 ml as needed if heavy sedimentation.</p> <p>MD and family notified.</p> <p>Observation for S/S of UTI: fever, chills, hematuria (blood in the urine), dysuria (difficulty of urinating) and notify MD if noted.</p> <p>Observation for urinary retention every shift.</p> <p>During a concurrent observation and interview on 4/22/2025 at 9:16 AM with the Director of Nursing (DON) inside the Rehabilitation Room, Resident 1 was observed sitting on his wheelchair. Resident 1 had white colored sediments in half of the length of his indwelling catheter tubing. The DON stated Resident 1 had moderate amount of white colored sediments his indwelling catheter tubing. The DON stated the sediments will need to be flushed to prevent clogging in the indwelling catheter tubing.</p> <p>(continued on next page)</p>		

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<p>F 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 4/22/2025 at 10:23 AM with Certified Nursing Assistant 1 (CNA 1), CNA 1 stated Resident 1 was very alert and complains about his indwelling catheter all the time. CNA 1 stated Resident 1 complains of pain in the bladder area.</p> <p>During a concurrent interview and record review on 4/22/2025 at 10:58AM with Director of Staff Development (DSD), the Nurses' Progress Notes dated 4/1/2025 to 4/22/2025 were reviewed. DSD stated, she did not document anything in Resident 1's progress notes on 4/7/2025 because there was nothing wrong with Resident 1's indwelling catheter. DSD stated she did not document anything because Resident 1's urine was clear and had no sediments. DSD added Resident 1 did not complain of any pain during her shift. DSD also stated, she should have documented that Resident's indwelling catheter was monitored.</p> <p>During an interview on 4/22/2025 at 11:18 AM with Licensed Vocational Nurse (LVN 1), LVN 1 stated, I did not look if his (Resident 1) indwelling catheter tubing had sediments. LVN 1 stated Resident 1 had bladder discomfort sometimes.</p> <p>During an interview on 4/22/2025 at 11:33AM with LVN 2, LVN 2 stated the licensed nurse needs to monitor signs and symptoms of UTI for a resident with a foley catheter. LVN 2 stated the licensed nurse needs to document in the nurses' notes whether the resident has signs and symptoms of UTI or not. LVN stated if it was not documented, that means the resident was not monitored for it.</p> <p>During a concurrent interview and record review on 4/22/2025 at 1:33PM with the DON, the Change of Condition (COC) Evaluation, dated 4/1/2025, was reviewed. COC Evaluation indicated Resident 1 had sediments in his urine. The DON stated the licensed staff should have documentation for Resident 1's urine clarity for the sediments in his urine for 72 hours every shift.</p> <p>During a concurrent interview and record review on 4/22/2025 at 1:39 PM with the DON, the Daily Documentation, dated 4/1/2025 to 4/4/2025, was reviewed. The DON stated the Daily Documentation did not reflect any monitoring of Resident 1's urine for sediments on 4/2/2025 (7am -3pm) shift, 4/3/2025 (7am -3pm) shift, and 4/4/2025 (3pm-11pm) shift.</p> <p>During a concurrent interview and record review on 4/22/2025 at 1:52PM with the DON, the Change of Condition (COC) Evaluation, dated 4/8/2025 was reviewed. The DON stated COC Evaluation indicated Resident 1 had pinkish colored urine and lower abdominal pain. The DON stated the licensed staff should have a documentation for Resident 1's pinkish colored urine and lower abdominal pain in the 3pm-11pm shift because this was a COC.</p> <p>During a concurrent interview and record review on 4/22/2025 at 1:54 PM with the DON, the Daily Documentation, dated 4/9/2025 to 4/11/2025 and COC policy were reviewed. The DON stated the Daily Documentation did not reflect any monitoring of the following:</p> <ol style="list-style-type: none"> 1. Resident 1's pinkish colored urine and lower abdominal pain on 4/9/2025 (7am -3pm shift), 4/10/2025 (7am -3pm shift) shift and 4/11/2025 all shifts. 2. Resident 1's sediments and hematuria. <p>(continued on next page)</p>		

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