| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 055341 | A. Building<br>B. Wing | 05/07/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Gem Transitional | 716 South Fair Oaks Ave<br>Pasadena, CA 91105 |

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<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>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.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44636<br><br>Based on interview and record review, the facility failed to ensure one of three sampled residents' (Resident 1) indwelling urinary catheter (tube that drains urine from the bladder into a drainage bag) was changed monthly as indicated in the physician's order.<br><br>This deficient practice resulted in Resident 1 experiencing extreme pain when the indwelling catheter was changed on 3/15/24, five and half months after an order to change monthly was placed.<br><br>Findings:<br><br>A review of Resident 1's Admission Record indicated Resident 1 was initially admitted to the facility on [DATE], with diagnoses of benign prostatic hyperplasia (age-associated prostate gland enlargement that can cause urination difficulty) with lower urinary tract symptoms (include voiding obstructive symptoms such as hesitance, poor and/or intermittent stream, straining, feeling of incomplete bladder emptying, dribbling, and storage or irritative symptoms such as frequency, urgency, urge incontinence [inability to control], and nocturia [waking up at night to void]), hypertensive (high blood pressure) chronic kidney disease (gradual loss of kidney damage where kidneys cannot filter the blood as it should), and peripheral vascular disease (slow and progressive circulation disorder caused by narrowing, blockage or spasms in a blood vessel).<br><br>A review of Resident 1's Physician Order Sheet, dated 9/28/2023, indicated to change indwelling catheter one time monthly.<br><br>A review of Resident 1's History and Physical (H&P, the initial clinical evaluation and examination of the resident), dated 10/1/2023, indicated Resident 1 had the capacity to understand and make decisions.<br><br>A review of the Resident 1's Physician's Order, dated 3/15/2024, indicated to reinsert the indwelling catheter due to discomfort.<br><br>A review of Resident 1's Nursing Notes, dated 3/15/2024, indicated Resident 1 stated he had mild pain at the tip of his penis. The Nursing Note indicated the indwelling catheter was changed as ordered and tolerated but noted with some streak of blood on indwelling catheter tube and spot of blood on the brief (a disposable garment worn instead of underwear to help alleviate leaks from urinary or fecal incontinence).<br><br>(continued on next page) |



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

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| F 0690<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | A review of Resident 1's Nursing Notes by Registered Nurse 2 (RN 2), dated 3/21/2024 at 2:12 PM, indicated Resident 1 was complaining of pain on the tip of the penis which may be due to pulling of indwelling catheter during repositioning of Resident 1.<br><br>A review of Resident 1's Nursing Notes by RN 1, dated 3/21/2024 at 4 PM, indicated Resident 1 had small skin abrasion (a wearing away of the upper layer of skin as a result of applied friction force) on tip of penile area.<br><br>A review of Resident 1's Non-Pressure Sore Skin Problem Report, dated 3/21/2024, indicated noted with abrasion with complaint of mild pain, no dysuria (difficulty urinating), no bleeding, and no foul smell. The measurement of the abrasion was 0.3 x 0.3 x 0.1 centimeters (cm, unit of measurement).<br><br>A review of Resident 1's Minimum Data Set (MDS, a standardized assessment and care planning tool), dated 3/28/2024, indicated active diagnoses included were renal insufficiency (poor function of the kidney hat may be due to a reduction in blood flow to the kidneys), renal failure (when kidneys stop working), or end stage renal disease (failure of the kidney to filter out extra fluids and toxins from the body) and obstructive uropathy (a disorder of the urinary tract that occurs due to obstructed urinary flow caused by structural or functional hindrance). The MDS indicated Resident 1 had an indwelling catheter.<br><br>A review of Resident 1's Urologist (a medical doctor who specialized in the diagnosis and treatment of diseases and conditions of the urinary tract and the reproductive system) Progress Notes, dated 5/2/2024, indicated Resident 1 had a catheter placed in September 2023 and has only had one catheter change on 3/15/2024. The Progress Notes indicated Resident 1 was concerned that damage was done while removing and replacing the catheter. The genital examination showed normal meatus (opening) with signs of early penile erosion (breakdown of the outer layers of the skin) and an indwelling catheter.<br><br>During an interview on 5/7/2024 at 8:36 AM with Resident 1's Family Member (FM), FM stated Resident 1 had the indwelling catheter placed around September 2023 in the General Acute Care Hospital (GACH). FM stated the facility did not change Resident 1's indwelling catheter for six months. FM stated he had asked the nursing staff if the indwelling catheter needed to be changed, however it was not changed until March 2024. FM stated when FM visited Resident 1 three days after 3/15/2024, Resident 1 was still bleeding. FM stated FM was concerned the nurse tore his urethra (tube through which urine leaves the body) and the end of his penis was extremely painful.<br><br>During an interview on 5/7/2024 at 12:51 PM with the Licensed Vocational Nurse (LVN), LVN stated she worked as a floor nurse and a Treatment Nurse. LVN stated there was no routine when to change indwelling catheters. LVN stated indwelling catheters were changed as needed. LVN also stated indwelling catheters were changed based on the physician's orders. LVN stated once the indwelling catheter was changed, the LVN would then document in the TAR the indwelling catheter was changed. LVN stated she had not changed Resident 1's indwelling catheter since his admission to the facility. LVN stated Resident 1 was admitted to the facility with his indwelling catheter.<br><br>(continued on next page) |

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| F 0690<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | During an interview on 5/7/2024 at 2:38 PM with Resident 1, Resident 1 stated his indwelling catheter was first placed in the GACH. Resident 1 stated he had the same indwelling catheter from GACH, until it was removed about a month ago. Resident 1 stated it was very painful when they removed the catheter. Resident 1 stated he screamed, and he never screamed like that before. Resident 1 stated the catheter got very crusty and irritated the inside of his urethra.<br><br>During a follow up interview on 5/7/2024 at 2:58 PM with LVN, LVN stated Resident 1 was alert and oriented. LVN stated Resident 1 was not confused but was a little hard of hearing. A concurrent record review of Resident 1's TAR with LVN, LVN stated she had signed the TAR for the monthly indwelling catheter change, but she did not change Resident 1's indwelling catheter.<br><br>During an interview on 5/7/2024 at 4:24 PM with the Director of Nursing (DON), the DON stated when the resident's physician placed an order for the indwelling catheter to be changed every month, the nurses should be changing it every month. The DON stated if an indwelling catheter was not changed and left in for six months, an obstruction could occur. The DON stated the obstruction could cause the resident to feel pain and complain of a lot of pain. The DON stated TXN 1 said it had been a while (not able to indicate how long was a while but stated Resident 1 was admitted on [DATE]) since the indwelling catheter was changed and TXN 1 needed to inform the physician. The DON stated the facility's policy was to change the indwelling catheters every month, as needed, and per physician's order. The DON stated she was unable to find the facility's policy and procedure regarding changing indwelling catheters every month, as needed, and per physician's order. A concurrent record review of Resident 1's physician's order with the DON, the DON stated Resident 1's foley catheter should be changed one time monthly.<br><br>A review of the facility's Policy and Procedure titled, Indwelling (Foley) Catheter Removal, revised 8/2022, indicated the purpose of this procedure is to provide guidelines for the approved method for removing an indwelling catheter. To prepare for the removal of the indwelling catheter verify there is physician's order for this procedure. Slowly remove the catheter. Do not pull or force the catheter. If there is resistance, notify the supervisor. Document the date and time the procedure was performed.<br><br>A review of the facility's Policy and Procedure titled, Urinary Catheter Care, revised 8/2022, indicated residents who form encrustations that can quickly lead to an obstruction need more frequent catheter changes at intervals specific to the individual resident. The catheter should be changed before blockage is likely to occur. |