

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 105421	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/28/2025
NAME OF PROVIDER OR SUPPLIER Woodside Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 3601 Lakewood Blvd Naples, FL 34112	

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 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41905</p> <p>Based on interview and record review, the facility failed to ensure a physician's order was documented for insertion of a size 20 French urinary catheter for 1 (Resident #3) of 3 residents reviewed for urinary catheters (tube inserted in the bladder to drain urine).</p> <p>The findings included:</p> <p>Review of the facility policy for Standards and Guidelines: Physician Orders, revised 1/2024: 5.) Verbal orders should be recorded in the resident's chart by the authorized person receiving the order and should include the prescriber's name, credentials, the date and the time of the order.</p> <p>Review of the Admission Minimum Data Set (MDS) assessment with a target date of 3/12/25 revealed Resident #3 was admitted on [DATE]. Diagnoses included neurogenic bladder (Bladder dysfunction).</p> <p>Resident #3 had an indwelling urinary catheter</p> <p>Review of the hospital discharge record form 3008 dated 3/5/25 revealed Resident #3 had an indwelling urinary catheter size 16 French (fr).</p> <p>Review of the progress notes revealed on 3/14/25 at 8:58 a.m., a Change in Condition note revealed Resident #3 had new abdominal pain and bleeding. The attending physician was notified and ordered a STAT (immediate) KUB (Kidney, ureter, and bladder X-ray), flushing, irrigation of the urinary catheter, and an ultrasound of the abdomen.</p> <p>Review of the nursing progress note effective 3/14/25 at 10:11 a.m., revealed Resident #3 presented this morning with a gross amount of clots in his urinary catheter drainage bag and severe spasm at his supra pubic area. The resident stated he was experiencing pain (10 out of 10). The progress note documented, A 16 fr. Foley (urinary catheter) was replaced with a size 20 fr.</p> <p>On 5/28/25, a review of the physician's orders failed to reveal an order to replace the 16 fr. urinary catheter with the 20 fr. urinary catheter.</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 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 5/28/25 at 4:27 p.m., in an interview Registered Nurse (RN) Staff A said on 3/14/25 he replaced the 16 fr. catheter with the 20 fr. catheter. He said he thought he texted or called the physician to request the order for the 20 fr. urinary catheter. RN Staff A verified there was no order for the 20 fr. urinary catheter he inserted on 3/14/25.</p> <p>On 5/28/25 at 5:46 p.m., in an interview the Director of Nursing said there should be an order from the physician for the 20 fr. catheter. The DON verified there was no order for the 20 fr. catheter.</p>