

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 105629	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/13/2025
NAME OF PROVIDER OR SUPPLIER Surrey Place Healthcare and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 5525 21st Ave W Bradenton, FL 34209	

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** 20536</p> <p>Based on observations, interviews, and record review, the facility failed to provide catheter care and services to prevent injuries and infections for two residents (#123 and #124) of nine sampled residents who utilized indwelling catheters, during two of four days observed (3/10/2025 and 3/12/2025).</p> <p>Findings included:</p> <p>1.</p> <p>On 3/10/2025 at 10:25 a.m., Resident #123's room door was observed open from the main hallway. She was observed in her room seated in her wheelchair and being visited by a family member. Resident #123 was utilizing an indwelling catheter. From the hallway, the resident was observed with the catheter bag and tubing hanging directly below the seat of the wheelchair and with the bag and approximately two inches of catheter tubing on the floor. Resident #123 was observed scooting back and forth slowly while seated in her wheelchair with the catheter tubing and bag dragging on the floor.</p> <p>Review of Resident #123's medical record revealed she was admitted to the facility on [DATE] and readmitted from the hospital on 2/27/2025. Review of the diagnosis sheet revealed diagnoses to include but not limited to retention of urine and neuromuscular dysfunction of bladder.</p> <p>Review of the current Order Summary Report for the month 3/2025, revealed the following orders for Resident #123:</p> <p>- Urinary Catheter Indwelling catheter size 14FR (French) with balloon size 30cc (cubic centimeters) to beside drainage bag for dx. (diagnosis) Urinary Retention - every shift related to Retention of the urine, order date 3/3/2025.</p> <p>A review of the current care plans with a next review date of 6/9/2025, revealed the following areas:</p> <p>1. Impaired cognitive function/dementia or impaired thought process r/t (related to) BIMS (Brief Interview for Mental Status) score of 11, periods of confusion, with interventions in place as reviewed.</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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 105629	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/13/2025
NAME OF PROVIDER OR SUPPLIER Surrey Place Healthcare and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 5525 21st Ave W Bradenton, FL 34209	
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>2. Incontinent of Urine. She has a catheter due to urinary retention and is at risk for UTI (urinary tract infection), 3/11/2025 bladder toning as ordered, with interventions to include: Observe for signs and symptoms of discomfort on urination and frequency, Catheter care as ordered, Cover drainage bag for privacy.</p> <p>On 3/13/2025 at 8:05 a.m., an interview was conducted with Resident #123's nurse, Staff E, Registered Nurse (RN). Staff E, RN confirmed she knew of Resident #123 and had her on her assignment since her admission. Staff E, RN also confirmed Resident #123 utilized an indwelling catheter and Resident #123 was discontinued with it yesterday on 3/12/2025. Staff E, RN said prior to the catheter being discontinued, Resident #123 utilized it at all times to include when in bed and when she is seated in her wheelchair. Staff E, RN stated when Resident #123, or any resident who utilizes an indwelling catheter, the catheter bag should be placed in a position that is off the floor and the tubing leading from the bag to the resident should be off the floor.</p> <p>Staff E, RN further revealed nursing staff who observe catheter bags positioned on the floor are to reposition the bag. Therapy staff can also reposition the bag and any other non-nursing staff can report the observation to nursing staff immediately. Staff E, RN confirmed catheter bag and tubing lying on the floor can present with an accident/tripping hazard, can present a risk for pulling out the tubing, and can present as an infection risk. Staff E, RN also confirmed Resident #123 does at times slowly self-propel by herself while seated in her wheelchair and she was unaware Resident #123 had her catheter bag on the floor and had tubing on the floor from excessive tension.</p> <p>2.</p> <p>On 3/10/2025 at 12:01 p.m., Resident #124's room was approached and the door was open. From the hallway, Resident #124 was seen in her room while seated next to her bed and in a wheelchair. Resident #124 was utilizing a an indwelling catheter. The bag for the catheter was observed hanging below the seat of the wheelchair with a portion of the bag touching the floor. There were liquid contents in the bag during this observed time. The tubing to the catheter, leading from the bag to the resident, was also observed touching the floor with approximately three inches on the floor. The tubing on the floor in excess tension was observed touching the front right wheel of the wheelchair. Resident #124 was observed moving back and forth slowly with either her foot or the front wheelchair tire touching the tubing. The resident was observed with two visitors and one of the visitors repositioned the wheelchair so the resident could be facing towards them. When the visitor was repositioning the resident in the wheelchair, the tires were observed to touch and partially ran over the catheter tubing. The resident's visitor was not aware of the catheter bag and tubing on the floor when repositioning Resident #124.</p> <p>On 3/12/2025 at 7:20 a.m. Resident #124's room was approached and she was noted in her room, dressed for the day, and seated in her wheelchair. The residents catheter bag was touching the floor and about three inches of the catheter tubing was positioned on the floor.</p> <p>On 3/12/2025 at 12:00 p.m. Resident #124 was observed seated in her wheelchair next to her bed, resting with her eyes closed. The resident's catheter tubing was in excess tension with approximately two inches of the tubing on the floor. The tubing had yellow liquid contents.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 105629	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/13/2025
NAME OF PROVIDER OR SUPPLIER Surrey Place Healthcare and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 5525 21st Ave W Bradenton, FL 34209	
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>Review of Resident #124's medical record revealed she was admitted on [DATE]. Review of the diagnosis sheet revealed diagnoses to include chronic kidney disease, history of urinary tract infection, and obstructive and reflux uropathy.</p> <p>Review of Resident #124's current Order Summary Report for the month 3/2025 revealed the following orders:</p> <ul style="list-style-type: none"> - Urinary Catheter Indwelling catheter size 14 fr. with balloon size 30cc for dx. urinary retention, x (every) shift related to Chronic kidney disease, order date 2/15/2025). - Check placement of catheter leg strap every shift for anchoring of catheter and tubing. <p>Review of Resident #124's current care plans with a next review date of 5/26/2025 revealed the following areas:</p> <ol style="list-style-type: none"> 1. Has history of urinary retention. Was being straight catheter intermittently and upon readmission now has an indwelling catheter. She is at risk for UTI, with interventions in place to include: Check placement of catheter leg strap every shift for anchoring of catheter and tubing, Cover drainage bag for privacy. <p>On 3/13/2025 at 8:05 a.m., an interview was conducted with Resident #124's nurse, Staff E, RN. Staff E, RN confirmed she knew of Resident #124 and had her on her assignment since her admission. Staff E, RN also confirmed Resident #124 utilized an indwelling catheter, and that Resident #124 utilizes it at all times to include when in bed and when she is seated in her wheelchair, which is most of the day. Staff E, RN confirmed Resident #124 does at times slowly self-propel by herself while seated in her wheelchair and she was unaware there were times Resident #124 had her catheter bag on the floor with the tubing on the floor from in excess tension.</p> <p>On 3/13/2025 at 8:35 a.m., an interview with Staff F, Certified Nursing Assistants (CNA) and Staff G, CNA. Both confirmed they had Residents #123 and #124 on their routine work assignments. Both confirmed Resident #124 currently utilized an indwelling catheter and Resident #123 was utilizing an indwelling catheter until 3/12/2024, where it was discontinued. Staff F, CNA and Staff G, CNA both confirmed they observed both residents with portions of the catheter bag and tubing on the floor, especially when seated in a wheelchair.</p> <p>Staff F, CNA and Staff G, CNA also both confirmed if they see the tubing or bag on the floor, they can either reposition the bag and tubing up off the floor or they can get a nurse to reposition it, depending on the situation and how far the tubing was out and in excess tension.</p> <p>Staff F, CNA and Staff G, CNA revealed they find at times when either of the residents return from therapy, they find portions of the tubing on the floor and sometimes a portion of the bag on the floor. Staff F, CNA and Staff G, CNA also revealed Therapy staff are able to reposition the tubing and bag up off the floor, but sometimes they don't. Staff F, CNA sated she has reported to her nurse of instances where she found residents returned from therapy and with portions of the tubing and bag on the bare floor. Staff F, CNA and Staff G, CNA revealed Resident #124 has confusion and will sometimes try to stand up when she is seated in her wheelchair, and the tubing will become in excess tension.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 105629	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/13/2025
NAME OF PROVIDER OR SUPPLIER Surrey Place Healthcare and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 5525 21st Ave W Bradenton, FL 34209	
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>On 3/13/2025 at 1:20 p.m., an interview with the Physical Therapy Director revealed she and her staff, when assisting with residents and who utilize indwelling catheters, will first ensure the catheter bag and tubing are properly positioned up off the floor and with tubing free from excessive tension. She revealed they monitor the placement of the tubing and catheter bag when conducting a therapy session and if the catheter and tubing need to be repositioned, she and her staff will reposition immediately. The Physical Therapy Director also revealed she and her therapy staff will ensure the catheter and tubing are positioned appropriately and safety upon assisting the resident back to their room. She was not aware Resident #123 and #124 had catheter bags and tubing that were touching and laying on the floor.</p> <p>On 3/13/2025 at 10:30 a.m., the Director of Nursing (DON) provided the Catheters, Suprapubic-care of policy and procedure for review. The policy did not have a review date and revealed the following:</p> <p>Purpose; To provide safe and proper care of the resident with an indwelling urinary catheter, and to minimize the risk of bladder infection.</p> <p>Procedure:</p> <ol style="list-style-type: none"> 1. Verify physician's order for catheter care. 2. Identify resident, explain procedure, and provide privacy. 7. Secure catheter tubing with a catheter strap to the inner aspect of the female thigh. 8. Position the drainage bag below the level of the resident's bladder. Secure to the bed or wheelchair in such a manner that neither the bag nor the spigot touches the floor. Coil excess tubing on bed verifying that there are no obstructions or kinks in tubing. 		