

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  145387	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/04/2025
NAME OF PROVIDER OR SUPPLIER  St Anthony's Nsg & Rehab Ctr		STREET ADDRESS, CITY, STATE, ZIP CODE 767 30th Street Rock Island, IL 61201	

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>33970</p> <p>Based on record review and interview the facility failed to change an indwelling catheter as ordered and failed to monitor urinary output for one resident (R6) of three residents reviewed for indwelling catheter in a total sample of seven.</p> <p>Findings Include:</p> <p>R6's Physician Order Sheet dated October 2024 documents 16 fr (french) (indwelling) catheter for neurogenic bladder. Change every month and PRN (As needed).</p> <p>On 1/31/25 at 10:00 AM V2 (Registered Nurse/Director of Nursing) stated that all residents with catheters should have I &amp; O (Intakes and Outputs) done every shift. V2 stated that she was not aware of any issues with R6's catheter.</p> <p>R6's Electronic Medical Record did not contain any documentation of R6's urinary output from the time of his admission (10/24/24) until transfer to the hospital (1/23/25).</p> <p>V1 (Administrator) provided hand written day sheet notes that did have urinary outputs documented on 10/27/24, 10/31/24, 11/25/24, 11/26/24, 11/29/24, 11/30/24, 12/1/24, 12/5/24, 12/9/24 and 12/11/24. V1 had multiple other day sheet notes but the dates listed on those day sheets were duplicates of the days already listed.</p> <p>R6's Treatment Administration Records for October, November and December 2024 and January 2025 document 16 fr (indwelling catheter. Change every month and PRN (as needed). All months had an x through every date. None of the Treatment Administration Records documented that R6 ever got his catheter changed while at the facility.</p> <p>On 2/4/25 at 10:00 AM V2 (Registered Nurse/Director of Nursing) confirmed that there was no documentation of R6 getting his catheter changed while at the facility. V2 stated she believed that R6 got his catheter changed at some point at the hospital but was unable to provide any documentation or further details about that possible catheter change.</p> <p>R6's Nurse's Notes dated 11/13/24 document that R6 had increased confusion and aggression so a urinalysis was obtained and R6 had a urinary tract infection that was treated with antibiotics.</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:  145387	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/04/2025
NAME OF PROVIDER OR SUPPLIER  St Anthony's Nsg & Rehab Ctr		STREET ADDRESS, CITY, STATE, ZIP CODE  767 30th Street Rock Island, IL 61201	

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>R6's Nurse's Notes dated 1/23/25 at 1:25 PM document that R6 was sent to the emergency room due to no bowel movement in his colostomy bag.</p> <p>On 2/4/25 at 3:00 PM V15 (Registered Nurse) stated I am the nurse that sent (R6) to the hospital on (1/23/25). He was not acting right and he usually had some bowel movement every shift and his colostomy bag was empty. His catheter did have output but I do not recall how much or what it looked like.</p> <p>R6's emergency room Note dated 1/23/25 written by V2 (emergency room Doctor) documents that R6 was being admitted to the hospital for IV (Intravenous) Antibiotics and further diagnostics with diagnosis of hypoxia, Pneumonia of the right lower lobe due to infectious organism and urinary tract infection associated with indwelling urethral catheter.</p> <p>On 2/4/25 at 1:30 V17 (R6's Doctor) stated People with catheters are already a higher risk for urinary tract infections because the catheter is in place. Changing the catheter every month is essential or urinary tract infections will certainly start happening like they did with (R6).</p>