STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145958	A. Building B. Wing	05/28/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Bethany Rehab & Hcc	3298 Resource Parkway Dekalb, IL 60115

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 Level of Harm - Actual harm 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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45540 Based on observation, interview, and record review the facility failed to thoroughly assess a resident's malfunctioning catheter. This failure resulted in the resident (R3) experiencing bleeding, catheter pain and needing to be admitted to the local hospital. The facility also failed to prevent a suprapubic catheter from being displaced during care. This applies to 2 of 3 residents (R3 and R1) reviewed for catheters in the sample of 4. The findings include: 1. On 5/28/2024 at 12:50PM, R3 stated staff tried to put a catheter in and wasn't sure what happened. R3 stated his p**** started bleeding and wouldn't stop. R3 stated blood was all over the place. R3 stated he was sent to the hospital and ended up in the intensive care unit. On 5/28/2024 at 1:25PM, V7 Licensed Practical Nurse (LPN) stated she was caring for [R3] on 5/20/2024 during the day shift (7:00AM - 3:00PM). V7 said between 1:00PM - 2:00PM [R3] said this damn thing is hurting referring to his p****. V7 said [R3] told her the tip of his p**** was hurting and burning. V7 said she told [R3] she could flush the catheter to see if that helps. V7 said she looked at [R1's] p**** and didn't see any visible trauma. V7 said she did see some sediment in the tubing, but no blood or bleeding noted. V7 said [R3] has a behavior of pulling on his catheter and wrapping it around his wheelchair too tight. V7 said she had re-educated [R3] that because he had been pulling on his catheter. V7 said she did not flush [R3's] catheter before her shift ended that day. V7 said she did not notify a physician regarding [R3's] complaint that the head of his p**** was burning. V7 said if it would have been something more than just the head if his p**** burning, she would have investigated it further. V7 said she did not obtain vitals on [R3]. V7 said she did notice he had a little urine in the bag but not sure how much. (continued on next page)

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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F 0690 Level of Harm - Actual harm Residents Affected - Few	On 5/28/2024 at 12:55PM, V4 LPN said she was working on 5/20/2024 and was caring for [R3]. V4 said she worked the 3PM to 11PM shift that day. V4 said after she received report from the day shift nurse she saw [R3] it was for something. V4 said when she saw [R3] he had a large towel around his catheter because it was leaking. V4 said [R1] was having a lot of pain. V4 said she gave [R3] pain medication per resident's request and came back to see him later after the pain medication had time to work. V4 said [R3] had about 200mLs of urine in the Foley drainage bag, no blood in urine noted at that time. V4 said she didn't come back to see [R3] until sometime after dinner. V4 said she deflated [R3's] balloon because he was complaining of pain 10 out of 10. V4 said when she deflated the catheter balloon the resident expressed immediate relief and decreased pain. V4 said the resident began urinating and then blood started coming out. V4 said she estimates the blood loss to be 100-200mL. V4 said when the catheter was removed [R3] started urinating and it was spraying all over and looked like the resident had been retaining urine. V4 said [R3] does play with his p**** and has scaring at the head of his p**** from years of having catheters in place. V4 said she obtained vitals on [R3]. V4 said she contacted the [V9 Physician] regarding [R3's] continued bleeding from his p**** and received orders to send him to the hospital. V4 said [R3] was admitted to the hospital for UTI, displaced foley and hypotension. V4 said [R3] was supposed to come back to the facility but ended up in the ICU. V4 said when the resident left for the hospital, he was alert and oriented talking about seeing her when he gets back. On 5/28/2024 at 1:46PM, V2 Director of Nursing (DON) said signs and symptoms of a UTI/urinary tract infection would be complaints of pain or burning while urinating. V2 said a UA is normally ordered when a resident complains of burning in their genital area or with urination. V2 said complaints of burning should be assessed right away and the physician notified as soon as possible. V2 said a leaking catheter could be a sign of a malfunctioning catheter. V2 said the catheter may need to be removed, repositioned, or flushed. V2 said a leaking catheter should be addressed right away because the resident is at risk for retaining fluid and UTI. V2 said catheters can be uncomfortable but shouldn't cause 10/10 pain that is abnormal. V2 said something is wrong if its leaking, pain is present, and blood is present upon urination. On 5/28/2024 at 2:48PM, V9 Physician said we sent out [R3] because of the blood being displayed. V9 said catheter problems do occur. V9 said he can't say the UTI is what caused his admission. V9 said he was admitted for a host of issues. V9 said it's not unusual for residents having bladder issues to have hypotension due to a vasovagal response. V9 said sepsis is more of a general term these days and doesn't have the strict requirements it once did to be considered sepsis. V9 said without seeing his labs he wouldn't be able to say he was actually septic or not. R3's Catheter Output documentation shows no documented output on 5/20/2024 for the AM or PM shift. R3's total output trend for per day on 5/14/2024 1400mL, 5/15/2024 1100mL, 5/16/2024 2040mL, 5/17/2024 1400mL, 5/18/2024 600mL, 5/19/2024 600mL. The only set of vitals found on 5/20/2024 were from 6:22-6:23PM, B/P 122/67, HR 64, T 97.6, R18, 97% on RA. Pain Scale documentation from 5/20/2024 shows pain values of 1 at 12:00PM, 7 at 4:12PM, and 8 at 6:11PM. (continued on next page)

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F 0690 Level of Harm - Actual harm Residents Affected - Few	Hospital records indicate [R3] arrived at the hospital on 5/20/2024 in the ER/emergency room at 9:31PM for acute UTI, hypotension, and displacement of foley catheter. [R3] was started on Norepinephrine (vasopressor used to increase blood pressure) on 5/21/2024 at 6:30AM. Hospital H&P (History and Physical) completed on 5/21/2024 states reason for consult septic shock. Patient was seen in ED/emergency department after hematuria (blood in urine) when exchanging Foley catheter. Patient was noted to tachypneic febrile rigorous mildy hypoxia on nasal cannula. Patient became hypotensive was given IV/intravenous fluids started on norepinephrine admit to the ICU and critical care was consulted. Appears to have received 2L fluids in the ED . Foley catheter chronic for years per patient. drips/pressors: norepinephrine at 5 normal [NAME] at 83. LABS . chemistry shows creatinine likely consistent with acute kidney injury given baseline somewhere between 0.4 0.5 and now 0.69 . urine could be consistent with UTI 3+ blood red cell. HGB 10-11 . potential problems hypotension septic shock probably hypovolemia. R3's Admission Record shows he was admitted on [DATE], original admitted [DATE]. 2. On 5/28/2024 at 8:50AM, R1 said he does have a catheter but it's a suprapubic catheter. R1 said last week during care a CNA pulled down his brief and pulled out his suprapubic catheter. R1 said the CNA was in a hurry. R1 said his nurse was unable to put in another catheter and he had to go to the hospital to get one placed again. On 5/28/2024 at 11:58AM, V6 CNA said she was working with [R1] the day his catheter came out (5/20/2024). V6 said she had assisted [R1] to the bathroom and [R1] wanted his pull up off because he had already started going to the bathroom. V6 said she tore the left side of the brief off and the brief shifted, and the catheter came out. On 5/28/2024 at 11:33AM, V4 LPN said she was caring for [R1] on 5/20/2024. V4 said [V6] had reported to her [R1's] catheter had come out during care. V4 said she attempted to reinsert the catheter but was unsuccessful. V4 said she reached out to [V8 - Physician] and [R1] was sent out to the hospital for catheter placement. V4 said [R1] returned later that day. V4 said suprapubic catheters shouldn't come out. V4 said they are secured with a balloon inflated inside of the bladder. On 5/28/2024 at 9:27AM, V2 Director of Nursing (DON) said the goal is for catheters not to be dislodged during care. R1's MDS (Minimum Data Set) section C dated 5/1/2024 lists R1's BIMs score at 15, cognitively intact. R1's Progress Notes dated 5/20/2024 state at 4:28PM CNA came to [V4] stating that his suprapubic catheter came out . resident picked up by ambulance service at 4:40PM . resident returned to the facility at 7:30PM.