

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 146139	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/14/2025
NAME OF PROVIDER OR SUPPLIER Regency Care		STREET ADDRESS, CITY, STATE, ZIP CODE 2120 West Washington Springfield, IL 62702	

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** 33112</p> <p>Based on interview and record review, the facility failed to follow Physician orders for 1 of 4 (R4) reviewed for indwelling catheter care in the sample of 8.</p> <p>Findings include:</p> <p>On 1/8/25 at 4:03 PM, R4 stated her catheter bag is always emptied so it never gets to full. R4 stated she is not sure how often they actually change the actual urinary catheter. R4 stated that she has a leg bag on right now and that there is barely any urine in it. R4 requested that the indwelling urinary catheter is not observed.</p> <p>On 1/8/25 at 4:09 PM, V5, Registered Nurse, stated that (indwelling urinary) catheters are changed every 30 days and as needed.</p> <p>On 1/13/25 at 1:20 PM, V2, Director of Nurses, stated that indwelling urinary catheters are changed every thirty days or as needed.</p> <p>On 1/13/25 at 4:35 PM, V2 stated, On November 18 is when it (R4's indwelling urinary catheter) was supposed to be changed. The nurse that night discontinued the order and then told a night nurse on the 21st to change it which it was done. For some reason, the order was changed to have the indwelling urinary catheter changed the next time on 12/31/24. Which made it 10 days late.</p> <p>R4's Face Sheet, print date of 1/13/25, documents that R4 was admitted on [DATE] and has a diagnosis of Hydronephrosis with renal and ureteral calculous obstruction.</p> <p>R4's Minimum Data Set, dated dated [DATE], documents that R4 is cognitively intact and has an indwelling urinary catheter.</p> <p>R4's Physician Orders, dated 12/1/2024, documents, Change (indwelling urinary) catheter monthly and as needed every night shift every 30 day(s.)</p> <p>R4's Nurses Note, dated 11/21/2024 01:33, documents, New (indwelling urinary) catheter Fr (french) 18 inserted aseptically. Clear yellow urine in return. Procedure well tolerated.</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 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>R4's December 2024 Treatment Record documents that R4's indwelling urinary catheter was changed on 12/31/24.</p> <p>The policy Catheter Protocol, dated 2/10, documents, Catheters shall be changed per MD (Medical Doctor) order. Change of catheter is recorded on the Treatment Sheets and may also be placed in the Nurse's Notes if needed.</p>		