STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	165227	A. Building B. Wing	10/30/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Birkwood Village of Fort Madison	1702 41st Street Fort Madison, IA 52627

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 47336

Based on record review and staff interviews, the facility failed to evaluate the placement of the urinary catheter after a routine catheter change with little to no urine output along with bloody urine for 2 days and then continued to have bloody urine for an additional 2 days before sending the resident to the hospital 4 days where it was found the balloon inserted in the urethra causing trauma and the resident diagnosed with a UTI (Urinary Tract Infection) for 1 of 3 residents reviewed for urinary catheters (Resident #1). The facility reported a census of 59 residents.

Findings include:

The Minimum Data Set (MDS) assessment dated [DATE] revealed Resident #1 scored a 15 out of 15 on the Brief Interview for Mental Status (BIMS) exam, which indicated cognition intact. The MDS revealed the resident had impairment in both lower extremities and used a wheelchair. The MDS revealed the resident was dependent on staff with toileting hygiene, and transferring to the toilet was not applicable due to not attempted and the resident did not perform this activity prior to the current illness, exacerbation, or injury. The MDS revealed resident used an indwelling catheter. The MDS revealed medical diagnoses of heart failure, benign prostatic hyperplasia (BPH), and diabetes mellitus (DM).

The Care Plan revealed a focus area dated 10/2/23 for an indwelling catheter related to urinary retention. The interventions dated 10/2/23 revealed monitored and documented intake and output as per facility policy; monitored/documented for pain/discomfort due to the catheter; monitored/recorded/reported to the MD (Medical Director) for s/sx (signs/symptoms) of UTI (Urinary Tract Infection) such as pain, burning, blood tinged urine, cloudiness, no output, deepening of urine color, increased pulse, increased temperature, urinary frequency, foul smelling urine, fever, chills, altered mental status, change in behavior, change in eating patterns; and catheter size and type per order. Position catheter bag and tubing below the level of the bladder and in dignity bag.

The Electronic Medical Record (EMR) revealed the following diagnosis:

a. Benign prostatic hyperplasia (BPH) with lower urinary tract symptoms

The EMR revealed the following Physician Orders:

a. Lasix oral tablet 20 mg- give 1 tablet by mouth one time a day

(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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 165227	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/30/2024

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F 0690

Level of Harm - Actual harm

Residents Affected - Few

b. sodium chloride irrigation solution- use 60 cc (milliliters) via irrigation two times a day for maintain patent Foley catheter flush

c. 18 fr (french) 10 cc Foley change monthly and PRN (as needed)- every shift starting on the 19th and ending on the 19th every month for failing voiding trial, follow up with urology and as needed

d. hydrocodone-acetaminophen oral tablet 5-325 mg (milligrams)- give one tablet three times a day

The Indwelling Catheter Reassessment for Resident #1 signed by the provider on 7/3/24 revealed:

a. diagnosis: BPH

b. attempts at removal in the past resulted in: failed voiding trial, to follow up with urology

c. This resident is not a candidate for surgical correction at this time. I feel that it is in the resident's interest to continue the catheter. I will reassess the need in 3 months and if any medical changes haven't taken place which would allow us to make any changes, I will consider discontinuing the catheter at that time.

The Health Status Note dated 9/19/24 at 9:45 PM, revealed routine Foley catheter change. Removed 18 FR/10 mL catheter. Inserted new 18 FR/10 mL Foley catheter per sterile technique with immediate return of light amber urine. Res (resident) tolerated procedure well.

The Nutrition/Dietary Note dated 10/19/24 at 6:46 PM, revealed Meal/Fluid Intake Fair or Poor or Refused for 2 or more meals in the day-Staff continue to encourage and assist as needed at meals. Snacks in room at times. Provide set-up assist with meals.

The Health Status Note dated 10/19/24 at 10:00 PM, revealed Routine catheter change due. Removed 18 FR 10 mL catheter with large amount of sediment around catheter when removed. Inserted new 18 FR 10 mL catheter with immediate return of bloody urine. Res tolerated procedure well.

The Health Status Note dated 10/20/24 at 5:10 AM, revealed continued to have hematuria. No c/o (complaints) pain or discomfort. Fluids offered and encouraged throughout night.

The Nutrition/Dietary Note dated 10/20/24 at 6:34 PM, revealed Meal/Fluid Intake Fair or Poor or Refused for 2 or more meals in the day-Staff continue to encourage and assist as needed at meals. Snacks in room at times. Provide set-up assist with meals.

The Health Status Note dated 10/20/24 at 7:35 PM, revealed T (temperature) 99.9, P (pulse) 100, R (respirations) 18, SPO2 (oxygen saturation) 95% room air, BP 121/75. Continues to have hematuria. Fluids offered and encouraged. No c/o pain or discomfort. Catheter flushes freely with Sodium chloride as ordered.

The Encounter Note dated 10/21/24 at 00:00 revealed visit type: acute/follow-up

Chief Complaint / Nature of Presenting Problem:

Gross hematuria

(continued on next page)

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F 0690

Level of Harm - Actual harm

Residents Affected - Few

History Of Present Illness:

[AGE] year old Caucasian male seen this day at [facility name redacted]. Patient awaiting shower at time of assessment. Staff report to this provider that catheter change was performed. Noted sediment around catheter removed. Inserted 18 Fr 10 mL with ease that patient tolerated well per [name redacted] electronic medical record. Noted gross hematuria on 10/20. Patient afebrile, asymptomatic. Denies pain or discomfort. Staff report catheter flushes with ease and patency. On call notified over the weekend of gross hematuria. Ordered UA with reflex to C&S. Staff utilized infectious disease processes protocol and did not obtain related to afebrile status and history of catheter change at time of onset. Poor appetite noted with refusal of more than one meal in one day and rejection of alternatives.

GU: 18 French 10 cc Foley catheter present with gross hematuria ~50 cc.

Plan:

Gross hematuria:

Initial evaluation. Large amount of bright red blood noted to cath bag. No clots noted. Suspected urethral trauma related to routine catheter changes. Continue to monitor.

Benign prostatic hyperplasia with lower urinary tract symptoms, symptom details unspecified:

Contributing to the above. Continue tamsulosin 0.4 mg daily. Continue finasteride 5 mg daily.

Poor appetite:

Encouraged oral intake as tolerated. Monitor hydration status. Continue weekly weights and report any changes as indicated. Offer alternatives as indicated at meals based on availability.

Adult failure to thrive:

Contributing to the above. May hinder infectious disease processes. Weight stable at this time. Continue current dietary recommendations.

The Health Status Note dated 10/21/24 at 8:00 PM, revealed T 99.0, P 80, R 16, SPO2 96% room air, BP 110/64. Continues to have hematuria. Fluids offered and encouraged. No c/o pain or discomfort. Catheter flushes freely with Sodium chloride as ordered.

The Nutrition/Dietary Note dated 10/22/24 at 6:30 PM, revealed Meal/Fluid Intake Fair or Poor or Refused for 2 or more meals in the day-Staff continue to encourage and assist as needed at meals. Snacks in room at times. Provide set-up assist with meals.

The Health Status Note dated 10/22/24 at 8:30 PM, revealed T 98.6, P 110, R 18, BP 146/65, SPO2 95% on room air. Offered and encouraged fluids. Resident resting with no c/o pain or discomfort. Continues to have hematuria.

The Encounter Note dated 10/23/24 at 00:00 PM, revealed visit type: acute/follow up

(continued on next page)

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(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	Chief Complaint / Nature of Presenting Problem: Arterial wounds, gross hematuria History Of Present Illness: [AGE] year-old Caucasian male seen this day at [name of facility redacted]. Patient awaiting breakfast at time of assessment. Staff report to this provider that hematuria continues. At time of assessment bright red blood present to catheter bag with no improvement compared to Monday. Arterial wounds to third and fourth right toes have been stable for some time with Betadine to affected areas. Affected areas fluctuate from week to week. No gauze treatment noted at time of assessment. Patient denies pain or discomfort. Patient denies chest pain dizziness shortness of breath. Patient denies GI upset such as nausea or vomiting. Appetite per patient baseline per [name redacted] documentation. GU: 18 French 10 cc Foley catheter present with gross hematuria ~100 cc. Plan: Gross hematuria: Gross hematuria continues with no improvement compared to Monday. Large amount of bright red blood noted to catheter bag. No clots noted. Suspected urethral trauma related to routine catheter changes. CBC and CMP at next routine lab day. Benign prostatic hyperplasia with lower urinary tract symptoms, symptom details unspecified: Contributing to the above. Continue tamsulosin 0.4 mg daily. Continue finasteride 5 mg daily. Long-term use of aspirin therapy: Contributing to the above. Neuro improvement in hematuria. Discontinue aspirin 81 mg. Adult failure to thrive: Contribute to the above. Hinders infectious disease processes. Weight stable at time of assessment. Continue current dietary recommendations. Contributing to the above. May hinder infectious disease processes. Weight stable at this time. Continue current dietary recommendations. The Health Status Note dated 10/23/24 at 10:26 AM, revealed [name redacted] medical provider in for rounds with new orders for CBC (complete blood count) and CMP (comprehensive metabolic panel) r/t (related to) hematuria and to D/C Aspirin r/t hematuria. Resident aware of orders. The Health Status Note dated 10/23/24 at 3:24 PM, revealed CBC and CMP results sent to [name redacted]. Infection screen assessment completed and triggered for suspected UTI. BP 135/77, HR 118. Resident reports suprapubic pain/tenderness. [name redacted] Medical provider notified of lab results and infection screen assessment. Pending response for any new orders. The Health Status Note dated 10/23/24 at 3:24 PM, revealed new orders from [name redacted] (medical provider) for a UA (urinalysis) reflex to culture. Resident aware of orders. (continued on next page)

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Level of Harm - Actual harm

Residents Affected - Few

The Health Status Note dated 10/23/24 at 5:27 PM, revealed decrease in appetite and fluid intake, gross hematuria with decreased output, pale in color, elevated pulse rate [name redacted] medical provider 10/23/2024 3:00 PM [name redacted] emergency contact 10/23/2024 6:35 PM

The Health Status Note dated 10/23/24 at 5:42 PM, revealed catheter clamped to obtain urine specimen. Resident pale and drowsy.

The Health Status Note dated 10/23/24 at 6:15 PM, revealed unclamped catheter to obtain urine sample. Scant amount of bright red blood noted when sample obtained. Resident states he would like to go to the hospital and doesn't feel well. [name redacted], DON notified and began process to send resident to ER (emergency room).

The Health Status Note dated 10/23/24 at 6:30 PM, Resident requesting to go to ER, urine bright red blood with minimal output, tachycardia noted, poor appetite and fluid intake.

The Health Status Note dated 10/23/24 at 6:45 PM, EMS (Emergency Medical Services) called for transport, report called to [name redacted] nurse at [name redacted] (local hospital) ER, [name redacted] (emergency contact) notified and [name redacted] provider called.

The POC (Plan of Care) Response History for Catheter Output revealed the following urinary outputs:

a. 10/18/24: 5:55 AM- 400 ml (milliliters); 11:44 AM- 500 ml; 9:59 PM- 350 ml

b. 10/19/24: 5:59 AM- 325 ml; 12:58 PM; 650 ml; 8:56 PM- 850 ml

c. 10/20/24: 5:45 AM- 150 ml; 9:59 PM- 100 ml

d. 10/21/24: 5:28 AM- 50 ml; 1:36 PM- 300 ml; 9:27 PM- not applicable

e. 10/22/24: 5:37 AM- 250 ml; 1:43 PM- 575 ml; 9:41 PM- 650 ml

f. 10/23/24: 5:18 AM- 800 ml; 1:33 PM- 700 ml

The Change of Condition Evaluation V4.2 dated 10/23/24 at 5:27 PM revealed the following:

a. situation: change in condition, symptoms or signs I am calling about are

1. abnormal vital signs (low/high BP (blood pressure), heart rate, respiratory rate, weight change)

2. bleeding (other than GI (gastrointestinal))

3. food and/or fluid intake (decreased or unable to eat and/or drink adequate amounts)

4. functional decline (worsening function and/or mobility

5. started on 10/20/24 at night

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F 0690 Level of Harm - Actual harm Residents Affected - Few	b. background general information: 1. resident long term in the facility 2. additional pertinent diagnoses: chronic obstructive pulmonary disease (COPD), congestive heart failure (CHF), diabetes 3. additional information as required: recent catheter change 10/19/24 4. specify other directives: indwelling catheter c. background (evaluation) 1. most recent vitals: BP (blood pressure) 135/77 on 10/23/24 at 3:20 PM lying left arm; pulse 118 beats per minute (BPM) on 10/23/24 at 3:20 PM; apical heart rate: 123 bpm; respirations 16 breaths/minute on 10/23/24 at 5:29 PM; temperature 97.9 Fahrenheit on 10/23/24 at 3:20 PM; most recent O2 (oxygen) saturation 98% on 10/3/24 at 5:43 PM 2. functional status change: general weakness 3. describe the change in weakness: general weakness without fever, change in level of consciousness, or other acute symptoms 4. describe the functional status signs or symptoms: non appetite, sleeping more 5. describe cardiovascular changes: resting pulse >100 or <50; tachycardia 6. describe abdominal/GI changes: decreased appetite/fluid intake 7. describe decreased appetite: significant decline in food and fluid intake in resident with marginal hydration and nutritional status 8. describe genitourinary changes: decreased urine output blood in urine 9. describe decreased output: decreased urinary output over 1-2 days, or new onset of post-void residual > 400 cc 10. describe hematuria: gross hematuria with pain, fever or other signs of bleeding at other sites 11. Laboratory tests/diagnostic procedures: abnormal results: chemistry 12. other chemistry values: creatinine, BUN (blood urea nitrogen), and GFR (glomerular filtration rate) dated 10/23/24 13. since the change of condition occurred have the symptoms or signs gotten: worse summarize observations and evaluation: decreased in appetite and fluid intake, gross hematuria with decreased output, pale in color, elevated pulse rate (continued on next page)

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F 0690 Level of Harm - Actual harm Residents Affected - Few	d. review and notify 1. reviewed and acknowledged the notifications: yes 2. reported to primary care clinician [name redacted] 3. date and time of clinician notification: 10/23/24 at 3:00 PM 4. recommendation of primary condition: UA with reflux 5. testing: urinalysis or culture The eInteract Transfer Form V4.1 dated 10/23/24 at 6:36 PM revealed the following: a. transfer/discharge details 1. sent to [name redacted] local hospital on 9/29/23 at 9:34 PM for abnormal kidney function for unplanned transfer b. conditions of return: nursing home would be able to accept resident back under the following conditions: 2. ED (emergency department) determines diagnoses, treatment can be done in nursing home c. devices and treatments: bladder (Foley) catheter- chronic d. additional relevant information: routine catheter change on 10/19/24, has had bloody urine since 10/20/24 that has progressively gotten worse. Increased heart rate, not eating or drinking, change in pallor, decline in kidney labs. The ED (Emergency Department) Physician Note dated 10/23/24 at 7:32 PM from [name redacted] local hospital revealed the following: a. Chief Complaint: 1. Patient arrives via EMS from [name redacted], complaints of bloody urine draining from Foley, complains of abdominal pain, EMS gave 50 mcg (micrograms) of Fentanyl in route and 4 mg of Zofran, Hx (history) of stroke b. history of present illness: 1. [AGE] year-old male brought from the nursing home with increasing abdominal pain over the past 4 days. Today he is having dark red bloody urine in his catheter. Patient is paraplegic due to stroke. c. Review of symptoms: 1. constitutional: denies fever, chills, or recent illness (continued on next page)

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Level of Harm - Actual harm

Residents Affected - Few

2. Respiratory: Increased shortness of breath today no cough.

3. Cardiovascular: No chest pain, no palpitations.

4. Abdominal: Abdominal pain without nausea or vomiting.

d. Physical exam:

1. vitals and measurements: T: 36.4 C (Temporal Artery) HR: 79 (Monitored) RR: 10 BP: 94/59 SpO2: 100% HT (height): 170 cm WT (weight): 56.30 kg (Dosing) BMI (body mass index): 19.00 kg/m2 BSA (body surface area): 1.650 m2

e. General: Alert, no acute distress.

f. ENT (ear, nose, throat): Oral mucosa moist, no LAD

g. Cardiovascular: Regular rate and rhythm, Normal peripheral perfusion.

h. Respiratory: Lungs are clear to auscultation, respirations are non-labored.

i. Gastrointestinal: Abdomen distended, mildly firm, bowel sounds normal.

j. Extremities: Contractions of bilateral lower extremities. No evidence of trauma

k. Neurological: Soft but normal speech. Upper extremities show no motor or sensory

l. deficits. Lower extremities are contracted but sensory is intact.

m. Medical Decision Making

1. [AGE] year-old male presents with abdominal pain and frankly bloody urine. Differential diagnosis includes but is not limited to renal carcinoma, bladder carcinoma, intestinal-Bladder fistula, kidney stones, bladder stones, UTI, etc.

2. Review of laboratory work CBC (complete blood count) shows normal white count 9.4 H&H (hematocrit & hemoglobin) 10.5 and 31 platelets normal at 1.3. There is left shift of 84% neutrophils. Metabolic panel shows a slightly low sodium of 134 normal potassium at 4.1 CO2 is decreased at 17.5. There is an anion gap of 17.6 glucose of 223 BUN and creatinine elevated at 90 and 3.24, Most recent comparison 2 months ago shows BUN of 46 and creatinine of 1.95. Calcium slightly low at 8.2, albumin low at 2.3. Lipase normal at 48, lactic acid normal at 1.1. Urinalysis is red and cloudy with 250 glucose large amount of bilirubin 1+ ketones 3+ blood positive nitrites and large amount of leukocyte esterase, microscopic shows greater than 50 white blood cells greater than 50 red blood cells and 3+ bacteria.

n. Review of radiology dated 10/23/2024 8:40 PM CT (Computed Tomography) Abdomen Pelvis WO (without) Contrast) with the following impression:

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Level of Harm - Actual harm

Residents Affected - Few

1. massively distended urinary bladder with air within the bladder lumen and extensive emphysematous changes to the wall of the bladder highly suspicious for emphysematous cystitis. Urology consultation is recommended.

2. Foley catheter has its balloon inflated in the urethra. recommend immediate removal and urology consultation.

3. right lower lobe pneumonia

4. other findings discussed

o. The previous urinary catheter was removed and we were able to get a 16 French coude in and patient did quickly empty 1500 mL of dark bloody.

p. We do not have urology on-call in our system and for the next 4 days. I (Provider) called (tertiary hospital, name redacted) and they do not have any bed availability.

q. After the bladder was completely drained patient's blood pressure did drop down to a MAP (mean arterial pressure) between 60 and 65. Patient was given 2 L (liters) normal saline IV (intravenous) and his MAP

stayed above 70.

r. We contacted [hospital name redacted] and I (provider) spoke with [doctor's name redacted] in urology. He felt that the patient would simply need to be treated as a severe UTI and did not need any specialty care. I (provider) spoke with [doctor's name redacted] Super (supervisor) triage and they do not have any beds available. With [doctor's name redacted] stating that the patient does not need specialty care, I (provider) talked with our Hospitalist here tonight [name redacted] and she agrees to accept the patient for admission at this facility. There was a slight delay in the patient getting over to the MedSurg unit as a nurse needed to be called in. Patient remained stable with heart rate of 75 blood pressure of 99/58 with a MAP of 72, O2 sats (saturation) of 100% on room air with a respiratory rate of 13-15.

s. Assessment/Plan:

1. Emphysematous cystitis

2. AKI (acute kidney injury)

3. Right lower lobe pneumonia

The Chemistry Report from the [name redacted] local hospital revealed the following lab results collected on 10/23/24 at 7:40 PM and resulted on 10/23/24 at 8:12 PM:

a. BUN- 90 mg/dl (milligrams per deciliter) with reference range of (7-18)

b. Creatinine Level- 3.24 mg/dl with reference range of (0.70-1.30)

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F 0690 Level of Harm - Actual harm Residents Affected - Few	d. Impression: 1. massively distended urinary bladder with air within the bladder lumen and extensive emphysematous changes to the wall of the bladder highly suspicious for emphysematous cystitis. Urology consultation is recommended. 2. Foley catheter has its balloon inflated in the urethra. recommend immediate removal and urology consultation. 3. right lower lobe pneumonia 4. other findings discussed The Chemistry Report from the [name redacted] local hospital revealed the following lab results collected on 10/24/24 at 5:20 AM and resulted on 10/24/24 at 6:33 AM: a. BUN- 89 mg/dl with a reference range of (7-18) b. Creatinine Level- 2.99 mg/dl with a reference range of (0.70-1.30) c. BUN/Creatinine ratio- 29.8 with a reference range of (9.0-21.6) The Bacteriology Report from the [name redacted] local hospital revealed the final report dated 10/26/24 at 7:46 AM: a. Staphylococcus aureus isolated from both bottles b. Enterococcus faecalis isolated from 1 bottle Beta Lactamase test is negative The Gram Stain Report from the [name redacted] local hospital dated 10/24/24 at 2:06 PM revealed the following: a. gram positive Cocci in clusters Seen On Smear From Both Bottles b. Gram Positive Cocci in chains Seen on smear from anaerobic bottle The Infectious Disease Consultation dated 10/24/24 at 3:18 PM from [name redacted] local hospital revealed a. chief complaint: Pt is from [facility name redacted] and staff noticed the urine in his Foley was red so they called EMS. b. Pt (patient) arrived to the ED where they discovered that the balloon in the Foley was lodged in his urethra c. reason for consultation: bacteremia (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 165227	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/30/2024
NAME OF PROVIDER OR SUPPLIER Birkwood Village of Fort Madison		STREET ADDRESS, CITY, STATE, ZIP CODE 1702 41st Street Fort Madison, IA 52627	

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F 0690 Level of Harm - Actual harm Residents Affected - Few	d. history of present illness: infectious disease consultation was done via telemetry from my remote office location here in [place redacted] using two-way audiovisual technology and assistance from bedside RN (Registered Nurse). Patient is located in [name of hospital and room number redacted] while I am located in my remote office here in [place redacted]. Consultation involved but not limited to chart review, history taking, physical examination, recommendation for workup as well as treatment. Treatment recommendation was communicated to the primary team. I personally examined patient using telemedicine video with assistance from bedside RN. Patient is a [AGE] year-old gentleman with multiple medical problems including CVA (cerebrovascular accident) with paraplegia, BPH with chronic urinary retention for which patient has chronic indwelling Foley catheter. Patient also has diabetes, osteoarthritis, hypertension and hyperlipidemia. Patient was brought to the emergency room from the nursing home of his residence because of hematuria. There was blood in his urine bag and by imaging it was discovered that the Foley catheter balloon is in the urethra resulting in the bleeding. It has been replaced but patient did have significant urine retention with massively distended urinary bladder seen on CT scan with extensive emphysematous changes to the wall of the bladder suspicious for emphysematous cystitis. Patient now has continuous bladder drainage which is quite bloody. Patient is very frail, and unable to give history and very somnolent. His blood culture is growing gram-positive cocci in clusters as well as gram-negative rod in one of the 2 blood culture bottles. Infectious disease service consulted for antimicrobial management. He has been having cough and chest imaging did show right lower lobe pneumonia e. Assessment 1. bacteremia with gram-positive cocci in clusters indicating staphylococcal bacteremia. There is also gram-negative rod isolated in one of the blood culture bottles. We will await identification of these organisms to opine on the other sources however with patient being admitted with acute urinary retention and hematuria, urinary source is worth considering. Patient also has right lower lobe pneumonia which could be a source of bacteremia depending on which 2. Right lower lobe pneumonia 3. Acute urinary retention with hematuria due to malpositioned Foley catheter. Catheter balloon was in the urethra f. Plan 1. Repeat blood culture x 2 2. Obtain transthoracic echocardiogram 3. Start IV vancomycin, target trough between 15 and 20 4. Continue IV Zosyn dosed per creatinine clearance 5. Will follow-up on the ID and sensitivity of the blood culture isolate; Will de-escalate antibiotics based on culture data and clinical course; Obtain sputum culture if patient can expectorate (continued on next page)

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F 0690 Level of Harm - Actual harm Residents Affected - Few	The Discharge Summary dated 10/24/24 at 5:12 PM from [name redacted] local hospital revealed the following information a. admitted : 10/23/24 b. discharge date : 10/24/24 c. reason for hospitalization : blood in catheter d. diagnoses: discharge diagnoses: AKI (acute kidney injury); emphysematous cystitis; right lower lobe pneumonia. e. Summary of Events leading to admission: f. [name redacted] Resident #1 is a [AGE] year-old gentleman with past medical history of CVA with paraplegia, BPH and urinary retention with chronic indwelling Foley, hypertension, hyperlipidemia, type 2 diabetes mellitus, osteoarthritis, allergic rhinitis who presented to [name redacted] emergency room from [name redacted] nursing home when staff noticed urine in his Foley was red so they called EMS. When the patient arrived in the ED it was noted that the balloon and the Foley was lodged in his urethra and he had abdominal pain for last 4 days. Given that his Foley was noted to be in the urethra it was later removed in the ED. CBI (continuous bladder irrigation) catheter was attempted however could not be passed. Foley was replaced and 1.5 L (liters) of urine was drained with improvement of abdominal pain. Patient does also report a nonproductive cough and chills but denies any nausea, vomiting, shortness of breath, chest pain, fevers, chills. Patient's wife also present at bedside and patient also reports having abdominal pain and hematuria ongoing for 4 days. However he reports after Foley was replaced in the ED no further episodes of abdominal pain. g. Lab work on admission noted for WBC 10.3 with neutrophilic shift, hemoglobin 12.5, hematocrit 38, platelets 157, sodium 133, potassium 5.1, chloride 98, bicarb 19.8, anion gap 20.3, glucose 266, BUN 86, creatinine 3.43, calcium 9.1, total protein 6.9, albumin 2.8, total bilirubin 0.6, alkaline phosphatase 78, AST 10, ALT 20, lipase within normal limits at 48, lactic acid 1.1, UA is red and cloudy with 250 glucose large amount of bilirubin 1+ ketones 3+ blood positive nitrites and large amount of leukocyte esterase, microscopic shows greater than 50 white blood cells greater than 50 red blood cells and 3+ bacteria. h. CT abdomen pelvis without contrast noted for impression : 1. massively distended urinary bladder with air within the bladder lumen and extensive emphysematous changes to the wall of the bladder highly suspicious for emphysematous cystitis. Urology consultation is recommended. 2. Foley catheter has its balloon inflated in the urethra. recommend immediate removal and urology consultation. 3. right lower lobe pneumonia (continued on next page)

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	165227	A. Building B. Wing	10/30/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Birkwood Village of Fort Madison	1702 41st Street Fort Madison, IA 52627

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