

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 165580	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/07/2024
NAME OF PROVIDER OR SUPPLIER Urbandale Health Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 4614 NW 84th Street Urbandale, IA 50322	

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** 50471</p> <p>Based on clinical record review, observation, staff interview, and facility policy review, the facility failed to follow physician orders for 2 of 3 residents reviewed for catheter order (Residents #2 and #5). The facility reported a census of 83 residents.</p> <p>Findings include:</p> <p>1. The Quarterly Minimum Data Sheet (MDS) assessment dated [DATE] identified a BIMS score of 15 which indicated cognition intact. The MDS revealed the resident required maximum assistance of 2 for toileting hygiene and showering. The MDS revealed the resident totally dependent upon 2 person physical assistance for bed mobility and transfers. The MDS coded the presence of an indwelling catheter. The MDS reflected the resident always incontinent of bowel. The MDS documented diagnoses that included: Renal insufficiency, Neurogenic bladder, Diabetes Mellitus, Hypertension, Lymphedema, Polyosteoarthritis, Anxiety, and Depression. The MDS revealed Insulin, Antidepressant, Anticoagulant, Antibiotic, Diuretic, and Opioid.</p> <p>The Care Plan revised 6/3/24 directed staff as follows; catheter change as ordered.</p> <p>The Electronic Medication Administration Record (eMAR) on 9/6/24 identified physician order indwelling Foley catheter 16-18 French (FR) 10 cc (no initiated date documented for order). No documentation found to direct staff when the catheter was to be changed.</p> <p>On 9/7/24 at 11:02 AM Staff A obtained permission from the Resident #2 to observe indwelling catheter Foley size and cc. The Resident #2 granted permission. Staff A performed hand sanitized, donned gloves, removed blankets, located the lumen, showed the catheter information: 22 FR 10cc. The Staff A checked the Foley for securement, covered the Resident #2 with blankets, removed soiled gloves, and hand washed. The Staff A stated indwelling catheters are changed every 28 to 30 days unless the doctor orders differently.</p> <p>On 9/7/24 at 2:15 PM Interm Director of Nursing (DON) stated spoke with the nurse on duty and the nurse did not document, the indwelling catheter was changed on 8/31/24 related to leakage. The DON reported she did not know why the catheter was not documented correctly when it was changed, or why the catheter is 22Fr 10cc. The DON stated she was not in house during that time of occurrence.</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>2.) The Quarterly Minimum Data Sheet (MDS) assessment dated [DATE] identified a BIMS score of 14 which indicated cognition intact. The MDS revealed the resident required maximum assistance of 2 for toileting hygiene, showering, bed mobility, and transfers. The MDS coded the presence of an indwelling catheter. The MDS reflected the resident occasionally incontinent of bowel. The MDS documented diagnoses that included: Heart Failure, Neurogenic bladder, Diabetes Mellitus, Hypertension, Chronic Obstructive Pulmonary Disease, Anxiety, Fibromyalgia (a chronic condition that causes widespread pain and tenderness in the body), Pulmonary Fibrosis, and Rheumatoid Arthritis. The MDS revealed Insulin, Antidepressant, Antianxiety, Diuretic, and Opioid.</p> <p>The Care Plan revised 5/13/24 identified catheter change as ordered.</p> <p>The eMAR on 9/6/24 identified physician order indwelling foley catheter 16FR 10cc: to be changed on the 19th, monthly with start date of 5/23/24. Documentation revealed catheter last changed 7/19/24 per the Medication Administration Record.</p> <p>On 9/7/24 at 11:00 AM Staff A obtained permission from the Resident #5 to observe indwelling catheter Foley size and cc. Resident #5 granted permission. Staff A performed hand sanitized, donned gloves, removed blankets, located the lumen, showed the catheter information: 18FR 10cc. Staff A checked the foley for securement, covered the Resident #5 with blankets, removed soiled gloves, and hand washed. Staff A stated indwelling catheters are changed every 28 to 30 days unless the doctor orders differently.</p> <p>On 9/7/24 at 1:03 PM Interm DON stated she just came to the facility Tuesday. The DON does not know why the nursing staff have not changed the indwelling catheter since 7/19/24. The DON does not know why the catheter is not the correct size.</p> <p>The facility policy titled Administering Medications revised 12/2012 instructed staff Medications must be administered in accordance with the orders, including any required time frame.</p> <p>The facility policy titled Catheter Care implemented 12/2023 instructed staff it is the policy of this facility to ensure that residents with indwelling catheters receive appropriate catheter care and maintain their dignity and privacy when indwellin catheters are in use.</p> <p>The facility policy titled Physician Services revised 4/2013 instructed staff physician orders and progress notes shall be maintained in accordance wiht current Omnibus Budget Reconciliation Act (OBRA) regulations and facility policy</p>		