STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175410	A. Building B. Wing	06/16/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Catholic Care Center, Inc	6700 E 45th Street North Bel Aire, KS 67226

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 - Minimal harm or potential for 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** The facility reported a census of 147 residents with four residents in the sample for indwelling catheter care. Based on observation, interviews, and record review the facility failed to ensure Resident (R) 1 received appropriate catheter care when staff inserted the wrong-sized suprapubic catheter (a tube inserted through the abdomen into the bladder to drain urine into a collection bag). This deficient practice placed the resident at risk for pain and catheter-related complications. Findings included: - R1's Physicians Orders dated 10/24/24 documented a diagnosis of neuromuscular dysfunction of the bladder (dysfunction of the urinary bladder caused by a lesion of the nervous system). R1's admission Minimum Data Set (MDS) dated [DATE] indicated a Brief Interview for Mental Status (BIMS) score of 15 indicating intact cognition. The MDS noted R1 was independent with activities of daily living (ADL). The MDS did not indicate R1 had an indwelling catheter. R1's Quarterly MDS dated 05/28/25 recorded a BIMS score of 15. The MDS noted R1 had an indwelling catheter. R1's Care Plan dated 05/07/25 documented he had a suprapubic catheter, 20 French (external diameter of the catheter) with 10 cubic centimeters (cc) [NAME] and directed staff to change the catheter monthly on the fifth and as needed (PRN) for neurogenic bladder. On 05/07/25 at 02:04 PM, R1's Progress Notes documented the facility nurse attempted to replace R1's suprapubic catheter because staff had placed the wrong size catheter (12 French). The note documented the nurse attempted to place a 20 French catheter but was unable to place it after several attempts using descending diameter sizes. The note recorded the nurse was finally able to place the 12 French. On 05/09/25 at 03:46 PM, R1's Progress Notes documented R1 returned from a urology (specializing in the urinary system) appointment with a 16 French suprapubic catheter; R1's next scheduled appointment was 06/13/25. R1's Physician's Order dated 05/09/25 indicated R1 had a suprapubic catheter due to obstructive uropathy (urine flow is restricted due to an obstruction) and required a 16 French catheter. (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:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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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 - Minimal harm or potential for actual harm Residents Affected - Few	Observation on 06/16/25 at 12:35 PM revealed Licensed Nurse (LN) G provided suprapubic catheter care for R1. Observation further revealed no concerns with the catheter. R1 denied complaints of pain or discomfort during the procedure. On 06/16/25 at 03:45 PM, Administrative Nurse E said a facility nurse tried to replace the 12 French catheter that was placed in error with the 20 French catheter as ordered. Administrative Nurse E said that as soon as the 12 French catheter was removed, the site started closing quickly and the staff nurse was barely able to get the 12 French back in place. Administrative Nurse E said staff called the physician and the physician was stretching R1's catheter opening out again slowly. On 06/16/25 at 04:30 PM, Administrative Nurse D stated she expected staff to use the proper indwelling catheter size as ordered. The facility policy Catheter Care dated 2022 directed staff to report any complications the resident may have with burning, tenderness, or pain; and report other information in accordance with facility policy and professional standard of practice.

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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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. The facility reported a census of 147 residents; four residents were sampled. Based on observation, interviews, and record review the facility failed to maintain an effective infection control program related to Enhanced Barrier Precautions (EBP-infection control interventions designed to reduce transmission of resistant organisms which employ targeted gown and glove use during high contact care) when providing indwelling suprapubic catheter care (a tube inserted through the abdomen into the bladder to drain urine into a collection bag). Additionally, staff failed to disinfect the Hoyer lift (full-body mechanical lift) after use. This placed the residents at risk for infections. Findings included: - Observation on 06/16/25 12:35 PM Licensed Nurse (LN) G providing suprapubic catheter care for Resident (R)1. LN G donned gloves but no gown and proceeded with the catheter care. Observation on 06/16/25 at 11:20 AM revealed LN H assisted Certified Nurse Aide (CNA) M with transferring R2 from her bed to the shower chair using the Hoyer lift. Upon leaving R2's room LN H took the Hoyer lift and placed it in the hallway cubby without wiping down the lift. On 06/16/25 at 03:40 PM, Administrative Nurse E stated the staff were supposed to follow the instructions on EBP. Administrative Nurse E further stated staff should clean the lifts after use and in between residents. On 06/16/25 at 4:30 PM, Administrative Nurse D stated she expected the staff to verify the EBP correctly and she expected the staff to wipe down the lifts between each resident. The facility's policy Enhanced Barrier Precautions dated 10/07/24 recorded EBP precautions in addition to standard and contact precautions will be implemented during high-contact care activities when caring for residents that have an increase to acquiring a multidrug-resident organism (MDRO) such as a resident with wounds, indwelling medical devices or residents with infection or colonized with MDRO. The facility's policy Cleaning and Disinfection of Resident-Care Items and Equipment dated 2018 directed that resident care equipment, including reusable items and durable medical equipment, will be cleaned and disinfected according to CDC recommendations for disinfection and the OSHA Bloodborne Pathogens Standard. Reuseable resident care equipment will be decontaminated and /or sterilized between residents.