STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245344	A. Building B. Wing	09/11/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Fairview Care Center	702 10th Avenue Northwest Dodge Center, MN 55927

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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	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** 49616 Based on observation, interview, and record review the facility failed to place an indwelling urinary catheter correctly in 1 of 3 residents (R1) which resulted in discomfort, bleeding, and emergent services. Finding include: R1's face sheet dated 9/11/24, identified had diagnoses of infection and inflammatory reaction due to indwelling urethral catheter (occurs because urethral catheters inoculate organisms into the bladder and promote colonization by providing a surface for bacterial adhesion and causing mucosal irritation), chronic kidney disease (gradual loss of kidney function), benign prostatic hyperplasia (enlarged prostate), obstructive and reflux uropathy (when urine is unable to flow normally through the urinary tract from blockage), and history or urinary tract infections (UTI). R1's quarterly Minimum Data Set (MDS) dated [DATE], identified R1 had moderate cognitive impairment. R1 required maximum assistance with toileting hygiene and had an indwelling urinary catheter. R1's care plan dated 7/3/24, identified R1 had an alteration in elimination related to the presence of an indwelling catheter, and will have no complications related to indwelling catheter. Interventions included to change the 16 French foley catheter as ordered, use of a leg strap secured to R1's leg to keep the foley from tugging, drainage bag below bladder to avoid reflux, maintain a closed drainage system. Observe for signs and symptoms of UTI included blood in urine. R1's progress note dated 9/4/24 at 5:37 p.m., identified registered nurse (RN)-A had difficulties flushing R1's catheter. RN-A removed catheter and replaced with a 16 French, 10 milliliter (mL) balloon with clear urine upon return. At 7:10 p.m., RN-A called the on-call provider due to bright red blood in catheter and was awaiting response. R1's progress note dated 9/4/24 at 10:13 p.m., identified on-call provider ordered to flush catheter with 60 mL's of normal saline. If this did not resolve the issue, nurse was to send R1 to the hospital. Blood and blood clots continued to occur and R1 was transferred to the hospital at 10:30 p.m. R1's progress note dated 9/5/24 at 6:36 a.m., identified the hospital called and provided update that R1 had a computed tomography (CT) which revealed the foley catheter had been placed in the posterior urethra. Catheter was removed and a new one placed with yellow amber urine draining. (continued on next page)

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

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F 0690 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	R1's hospital summary dated 9/10/24, identified R1 workup revealed urine analysis concerning for infection and CT demonstrated malpositioned foley catheter. Urology replaced foley catheter and intermittent catheter irrigation resolved hematuria (blood in urine). R1 developed fever and tachycardia (rapid heart rate) concerning for sepsis (life threatening condition that occurs when the body responds to an infection). R1 continued to decline and was discharged to facility with the intention of hospice services to begin from decline of Parkinsons and dementia. During an interview on 9/11/24 at 1:02 p.m., RN-A stated 9/4/24 she began by attempting to flush R1's catheter and that did not work. RN-A stated she emptied the balloon, there was only 5.0 mL's of normal saline. There was no blood in R1's urine when RN-A removed the catheter. RN-A put iodine and KY Jelly (lubricant) on the 16 French catheter and inserted into the urethra. RN-A remembered inserting the catheter to the point of urine return and inflated the balloon with 10 mls of normal saline but did not advance the catheter beyond the point of urine return. RN-A stated it was uncomfortable for R1 during the catheter change but did not think much of it, it is always traumatic for him [R1] RN-A stated she thought she had the catheter in the correct position because there was return of urine and thought that was how placement was confirmed. During an observation on 9/11/24 at 3:11 p.m., R1 was laying in bed, catheter drainage bag was hanging on the side of bed. R1's bathroom had pink container on the floor with a leg drainage bag (smaller urine collection bag that is secured to the leg) with dark brown substance inside. R1 was not verbal at this time. During an interview on 9/11/24 at 3:23 p.m., clinical manager (CM)-A examined the urinary drainage bag that was dirty and stated she would not expect the leg bag to look like that and have old urine in it I think this one was from before he was hospitalized and did not get thrown away. CM-A stated the drainage bag should be disposed of properly and the urine removed and the bag cleaned if it were still in use. During an interview on 9/11/24 at 2:59 p.m., nurse practitioner (NP)-A stated it would be painful to have a catheter inserted and the balloon inflated in the urethra. NP-A stated it would be damaging to the urethra tissues if it happened repeatedly. During an interview on 9/11/24 at 5:36 p.m. administrator and director of nursing (DON), the DON stated it is the expectation that when a catheter bag is removed it is rinsed out and placed in a bin. DON stated foley catheter placement is checked by urine return and then advancing another inch or two but to tread carefully if resistance is felt and watch for discomfort in the resident. The DON stated the staff competencies are expected to match the Facility Wide Assessment. The facility policy Catheter (Indwelling), insertion and removal of (female and male) revised 10/18/23, identified 1.To provide continuous drainage of the urinary bladder. 2. To prevent contact of urine with open areas on the body. 3. To obtain accurate measurement of urinary output. 4. To obtain sterile specimen for diagnostic purposes. (continued on next page)

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F 0690 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	5. To instill medication into the bladder 9. Advance catheter one to one and one-half inches beyond the point of free flow of urine. 12. DO NOT FORCE WATER INTO BALLOON. IF RESISTANCE IS ENCOUNTERED OR THE RESIDENT COMPLAINS OF PAIN, DEFLATE BALLOON, ADVANCE FARTHER INTO BLADDER ANDINFLATE.

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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 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist. 49616 Based on observation, interview, and record review the facility failed to appropriately and timely disposition 95 prescribed medications (over 2000 pills) that had been discontinued to prevent potential diversion that were observed in 1 of 1 medication rooms. Findings include: During an observation and interview on 9/11/24 at 9:48 a.m., of narcotic count with licensed practical nurse (LPN)-A went to locked medication room. There were medications in bubble packs, liquid medications, medications in vials, and inhalant medications on both counters. These medications were in plastic bins, loose on the counters, and in ziplocked bags. During a count of the narcotics in the medication cart eight narcotics were discontinued mixed in with with the medications in use. LPN-A stated narcotics are kept in the medication cart until the Director of Nursing (DON) or assistant DON (ADON) remove them from the cart. Until that point, nursing staff continue to count and keep them with the active narcotics. LPN-A stated nurses would verbally tell the DON or ADON of medications that needed to be destroyed. During an interview on 9/11/24 at 10:57 a.m., registered nurse (RN)-A stated narcotic medications stay in the medication cart until they can be destroyed by two nurses. DON kept track of the medication disposition. I used to keep an eye on medications to return when they were a full card, but I am not always here when pharmacy is to send them back. During an interview on 9/11/24 at 12:47 p.m., DON stated the medication return policy was very complex on what could be returned for credit and what was to be destroyed. DON verified that she oversaw the process of medication destruction and returns. Nurses were responsible for the destruction or disposition of the medications that were not narcotics and the destruction that were narcotics needed to be completed with two nurses. An email dated 9/13/24, from the DON included a listing of the medications that had been observed in the medication room on 9/11/24, had been destroyed which was over 1650 pills and the medication returned to pharmacy which was just over 2000 pills for a combined total of over 3000 pills that were not disposition timely. The email also included the listing of narcotics that had been in the medication cart that were destroyed. The listing included the following: Tylenol (pain medication) 143 tabs Famotidine (ulcer medication) 14 tabs Docusate/senna (bowel medication) 199 tabs Torsemide (diuretic medication) 94 tabs Ibuprofen (pain) 29 tabs (continued on next page)

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F 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ciprofloxacin (antibiotic) 12 tabs Ketoconazole (antifungal cream) 1 tube Calcipotriene cream (psoriasis medication) 1 tube Gabapentin (neuropathy medication) 66 tabs Primidone (seizure medication) 23 tabs Certavite (vitamins) 27 tabs Warfarin (anticoagulant medication) 25.5 tabs Tab-a-vite (vitamin) 62 tabs Vitron-c (vitamin C) 19 tabs Melatonin (sleep medication) 18 Sertraline (antidepressant) 23 tabs Atorvastatin (cholesterol lowering medication) 19 tabs B-12 (vitamin) 38 tabs Flaxseed (nutritional supplement) 19 tabs Enoxaparin (anticoagulant medication) 2 doses Amlodipine (blood pressure medication) 22 tabs Furosemide (diuretic medication) 1 tab Metoprolol (blood pressure) 71 tabs Bupropion (antidepressant) 60 tabs Aspirin (blood thinner) 28 tabs Duloxetine (antidepressant) 55 tabs Ropinirole (restless legs medication) 6 tabs Methocarbamol (muscle relaxer medication) 27 tabs Pantoprazole (stomach acid medication) 27 tabs (continued on next page)

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F 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Potassium chloride (mineral supplement) 27 tabs Levothyroxine (hypothyroid medication) 17 tabs Gabapentin (anticonvulsant medication) 85 tabs Atorvastatin (cholesterol lowering medication) 27 tabs Ferrous gluconate (iron) 27 tabs Onelax suppository (bowels medication) 24 suppositories Albuterol inhaler (bronchodilator) I inhaler Polyethylene glycol (laxative) 1 bottle Ipratropium/albuterol solution (bronchodilators) 55 vials Naloxone (opioid reversal agent) 2 tabs Epinephrine (anaphylactic reactions medication) 2 needles Albuterol solution (bronchodilator) 25 vials Ondansetron (anti-nausea medication) 43 tabs Haloperidol (antipsychotics) 15 (milliliter) mL Bumetanide (diuretic medication) 52 tabs Amlodipine (high blood pressure) 16 tabs Oyster shell calcium (mineral supplement medication) 21 tabs Potassium chloride (potassium supplement) 30 tabs Amoxicillin (antibiotic) 2 tabs Senna (bowels) 12 tabs Ketoconazide shampoo 1 bottle Heparin (blood thinner) 13 vials Fluticasone (steroid) 2 aerosols Asperflex topical patch (pain) 5 patches (continued on next page)

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F 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Magnesium oxide (mineral supplement) 49 tabs Lisinopril (high blood pressure) 30 tabs Medications returned to the pharmacy Mirtazapine (depression) 56 tabs Sertraline (depression) 56 tabs Certavite (vitamin supplement) 46 tabs metoprolol (heart) 71 tabs melatonin (sleep aid) 94 tabs vitamin B1 (vitamin supplement) 28 tabs rosuvastatin (cholesterol) 28 tabs calcium citrate (mineral supplement) 112 tabs Tylenol (pain) 620 tabs Tums (calcium) 30 chewables senna (bowels) 84 tabs carbidopa-levidopa (parkinsons) 252 tabs miralax (bowels) 2 full bottles omeprazole (stomach acid) 28 capsules vitamin gummies (vitamin supplement) unknown amount 1 bottle simvastatin (cholesterol) 28 tabs cal-gest (calcium supplement) 28 tabs torsemide (diuretic) 60 tabs loperamide (anti-diarrhea) 30 pills metolazone (diuretic) 14 tabs hyoscyamine (anticholinergic) 30 tabs (continued on next page)

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F 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Cefacroxil (antibiotic) 14 Tamsulosin (enlarged prostate) 29 tabs Docusate/senna (bowels) 30 tabs Primidone (seizures) 28 tabs Warfarin (anticoagulant) 25.5 tabs Lactulose (bowels) 1 bottle Tabavite (vitamin supplement) 28 tabs Oystershell (mineral supplement) 28 tabs Potassium chloride (mineral supplement) 28 tabs Cycloperazine (muscle spasms) 15 tabs Meclizine (antinausea) 25 tabs Ropinorole (restless legs) 27 tabs Amitriptyline (depression) 28 tabs Furosemide (diuretic) 56 tabs Torsemide (diuretic) 20 tabs Discontinued narcotic medication that had been discontinued and were destroyed included Oxycodone (pain) 69 tabs Pregabalin (pain) 22 tabs Morphine sulfate (pain) 52 milliliters (ml) Lorazepam (anxiety) 15 tabs During a phone interview on 9/11/24 at 2:04 p.m., pharmacy manager (PM)-A stated pharmacy would take returns within 30 days if the medication was the full quantity dispensed. The pharmacy did not accept controlled medication returns. Pharmacy and facility have a medsafe box in place at the facility for destroyed medications. The facility and the pharamcy had a key to the med safe. When the box was full the facility would notify the pharmacy, a pharmacy representative would come to the facility with their key. The box would be opened and sealed for destruction. The tamper proof seal was given to UPS and taken to an incinerator. The facility maintains the records of chain of command and signatures from facility, pharmacy, UPS to ensure medications are not tampered with. (continued on next page)

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F 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	In a follow-up email from the DON dated 9/13/24, informed that the 59 medications noted above were disposed of in the medsafe and the 36 medications were returned to pharmacy. The Medication Administration policy dated 11/28/2010, identified if a medication is a controlled substance, the controlled medication disposal should be done by two licensed nurses and co-signed in the Narcotics Log Book. The non-narcotic inventory and destruction policy revised 5/15/24, identified it is the facilities policy to ensure residents medications are logged and destroyed properly. 1. When a resident discharges from Medicare A, medication will be logged on the Medicare A Credit Form with prescription number, medication name, and quantity destroyed or quantity sent home. 2. Any unused prescription drugs remaining in the facility after the death or discharge of a resident, or permanently discontinued, must be destroyed or returned to the Pharmacy. 3. If medications are unable to be returned to the pharmacy, or unable to be sent with the resident, notation of the destruction listing the date, prescription number, name of medication, quanitiy, signature of person, anda witness will be logged on the inventory and Destruction of non-controlled medication sheet. 4. Medications can be returned to the pharmacy if the fully dispensed amount is attainable by facility. 5. Once medications are logged on the non-narcotic inventory list, medications will be disposed of in the MedSafe, rendering them non-retrievable. 6. Once MedSafe liner is full, DON will contact pharmacy representative to assist with changing of liner 7. The full, tamper-resistant liner will be shipped per MedSafe guidelines for incineration.