

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265500	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/20/2025
NAME OF PROVIDER OR SUPPLIER Bernard Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 4335 West Pine Blvd Saint Louis, MO 63108	

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>50366</p> <p>Based on interview and record review, the facility failed to provide catheter care consistent with physician orders when staff flushed the suprapubic catheter (a flexible tube inserted into the bladder used to drain urine continuously) of one of six sampled residents. The sample was 6. The census was 127.</p> <p>Review of facility's Admission Checklist for new/readmits in Point Click Care (PCC, an electronic healthcare software program that maintains resident assessments, care planning, scheduling, medication and treatment administration, medical records), no date, showed:</p> <ul style="list-style-type: none"> -If Foley catheter or suprapubic catheter is present, all orders must include: <ul style="list-style-type: none"> -Size of catheter; -Flush order with sterile water, 60 cubic centimeters (cc), as needed (PRN); -Diagnosis for Foley; -Catheter care every shift, to include daily dressing changes if a suprapubic catheter; -Change catheter monthly and as needed; -Skin assessment at Foley insertion site daily. <p>Review of facility's Suprapubic Catheter Care Policy, revised 6/26/24, showed:</p> <ul style="list-style-type: none"> -The care and maintenance of suprapubic catheters shall be in accordance with physician orders. The orders shall specify the type and size of catheter, and frequency of catheter changes. -Urinary catheters may be irrigated to provide for and maintain constant urinary drainage or to administer medication. -Urinary catheters shall be irrigated by licensed nurse using sterile technique, under the orders of the physician. Routine irrigation is not recommended. Orders shall include the type and amount of irrigating solution or medication. <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>Review of facility's policy and procedure for Transcription of Orders/Following Physician's Orders, revised 5/18/24:</p> <ul style="list-style-type: none"> -Upon receiving a physician's order via telephone, fax, written order, verbal order, transcribed order or other, it will be documented in the resident's electronic medical records in orders section. <p>Review of Resident #6's medical record, showed:</p> <ul style="list-style-type: none"> -Diagnoses included quadriplegia, segmental and somatic dysfunction of lumbar region (altered function of lower back bone), dysphagia (difficulty swallowing), cystostomy (a surgical procedure that creates an opening in the bladder forming a stoma (an artificial opening created on the body's surface) to drain urine directly into a collection bag), neuromuscular dysfunction of bladder, urinary tract infection, hematuria (blood in urine), major depressive disorder with severe psychotic symptoms; -Resident's orders showed no physician order to flush resident's suprapubic catheter; -Resident's Treatment Administration Record (TAR) for November and December 2024, showed no scheduled treatment to flush suprapubic catheter; -Resident's progress notes showed no nursing notes for November and December 2024, documenting flushing of resident's suprapubic catheter; -Resident's care plan, last updated 9/22/24, showed; -Problem: Resident is at risk for infection and pain related to use of 20 French (Fr), suprapubic catheter. He/She has a diagnosis of painless hematuria; -Desired Outcome: Resident will be/remain free from catheter-related trauma. Resident will show no signs or symptoms of infection; -Interventions: -Monitor and document intake/output as per facility policy, by nursing; -Monitor for signs and symptoms of discomfort on urination and frequency, by nursing; -Monitor, record, and report to physician for signs and symptoms of urinary tract infection, pain, burning, blood-tinged urine, cloudiness, no output, deepening of urine color, increase pulse, increase temperature, urinary frequency, foul smelling urine, fever, chills, altered mental status, change in behavior, change in eating patterns, by nursing. <p>Review of the resident's hospital record, from admission 12/3/24 through discharge 12/9/24, showed:</p> <ul style="list-style-type: none"> -Resident presented to emergency room (ER) 12/3/24 for pain with suprapubic catheter flush at skilled nursing facility; <p>(continued on next page)</p>		

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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>-Patient reported pain immediately began following suprapubic catheter manipulation at SNF (skilled nursing facility);</p> <p>-Based on presenting history, pain localized to suprapubic insertion site that worsens with palpitation near site and movement, lack of improvement with antibiotic treatment, and timing of pain immediately after manipulation suspect pain may actually be 2/2 (due to or caused by) trauma/mechanical pain, rather than true UTI (urinary tract infection).</p> <p>During an interview on 2/20/25 at 11:05 A.M., Registered Nurse (RN) C said the resident reported Licensed Practical Nurse (LPN) B flushed his/her catheter and did it incorrectly by pushing dirty urine back in. He/She did not know what day it happened for sure. It is not part of the standing orders for Foley and suprapubic catheters to flush or irrigate them. This order comes from the physician.</p> <p>During an interview on 2/20/25 at 12:33 P.M., LPN B said he/she flushed the resident's suprapubic catheter when it had clotting issues. He/She also said the resident must have an order from the physician to flush a Foley catheter or suprapubic catheter.</p> <p>During an interview on 2/20/25 at 12:40 P.M., Director of Nursing (DON), said there are standing orders for residents with Foley catheters and suprapubic catheters. The DON provided a check off list for new residents and resident readmits. She said flushing a Foley catheter with 60 cc of sterile water is part of the standing orders and should be entered into PCC with every Foley and suprapubic catheter resident. She also said nurses should not flush a Foley catheter without a physician order and expected them to document Foley catheter care in the progress notes. Staff should never complete a treatment on a resident without a physician order. It should also be documented under the TAR. In addition, if a resident is having issues with clotting and needs flushing, this should also be documented in the resident's plan of care.</p> <p>MO00246509</p>		