

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265754	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/27/2025
NAME OF PROVIDER OR SUPPLIER Advanced Care of St Joseph		STREET ADDRESS, CITY, STATE, ZIP CODE 3002 North 18th St Saint Joseph, MO 64505	

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. (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

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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>Based on observation, interview, and record review, the facility failed to ensure staff provided catheter care (a sterile tube inserted into the urinary bladder to drain urine) in a manner to prevent urinary tract infection (UTI) or the possibility of a UTI, when staff cleaned the catheter tubing towards rather than away from the resident's insertion site and when staff failed to empty the urinary collection bag when full. This affected one of the six sampled residents (Resident #39). The facility census was 149. Review of the facility policy titled Catheter Care, dated 9/1/21, showed: - 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 indwelling catheters are in use;- Catheter care will be performed every shift and as needed by nursing personnel; Clean catheter tubing away from urinary opening;- Empty drainage bag when bag is half-full or every three to six hours;- Compliance Guidelines: Knock and gain permission to enter the resident's room, explain the procedure, provide privacy, gather supplies, assist resident to a lying position or most comfortable, drape resident to expose only the perineal area, perform hand hygiene, apply gloves;- Female Steps: gently separate the labia to expose the urinary meatus, wipe from front to back with a clean moistened with water cloth and perineal cleaner (soap), use a new part of the cloth or different cloth for each side, with a new moistened cloth starting at the urinary meatus moving out wipe the catheter making sure to hold the catheter in place so as to not pull on the catheter, dry area with towel, gather all supplies used and discard items in the trash can. - The policy did not address how to clean or maintain the catheter tubing.1.Review of Resident #39's Quarterly Minimum Data Set (MDS), a federally mandated assessment instrument completed by facility staff, dated 5/13/25, showed:- Cognitive skills intact;- Dependent on the staff for catheter care, personal care, hygiene and mobility needs;- Diagnoses included: paraplegia (partial or complete inability to move and/or feel in the lower half of the body, including the legs and feet, resulting from damage to the spinal cord or peripheral nerves), neurogenic bladder (condition where the nerves that control the bladder do not function properly, leading to difficulty with urination), anxiety, and a suprapubic urinary catheter.Review of the resident's care plan, revised 8/14/25, showed:- The resident had a indwelling suprapubic catheter (long-term urinary drainage device that is inserted directly into the bladder through a small incision in the lower abdomen);- The resident was on diuretic therapy (medications that increase urine output by promoting the excretion of sodium, water, and other electrolytes from the kidneys);- The resident was totally dependent on staff for all cares; including the care and maintenance of the suprapubic catheter and urinary collection bag; -The care plan did not address emptying of the urine collection bag more frequently to prevent back flow.Review of the resident's physician order sheet (POS) dated August 2025 showed:- Start date: 5/8/25 - suprapubic catheter care every shift and as needed;- Start date: 8/20/25 - certified nursing assistant (CNA) to empty catheter drainage bag every morning or as needed;- Start date and complete date 8/25/25 - Fluconazole (an antifungal medication) 150 milligrams give one time for UTI. Record review of the resident's catheter output collection time, each time it was emptied, for the month August 2025., showed:-8/1/25 at 1:59 P.M., 3200 cubic centimeter (cc- 1 milliliter is equal to 1 cc) output;-8/2/25 at 1:59 P.M., 1800 cc output;-8/3/25 at 9:59 P. M., 1250 cc output;-8/4/25 at 1:23 P.M., 3000 cc output;-8/10/25 at 1:56 P.M., 4800 cc output;-8/15/25 at 8:08 P.M., 5000 cc output;-8/17/25 at 12:10 P.M., 4500 cc output;Review showed larges amounts were emptied from the catheter and the catheter was only emptied once a day on each of these days. During an interview on 8/26/25 at 10:15 A.M., the resident said:- He/She used the call light at 12:00 P.M. on 8/16/25 so staff could empty his/her catheter bag;- He/She called the reception desk number for the facility thirteen times over a 75-minute period to alert staff of his/her distress;- Licensed Practical Nurse (LPN) A answered the call light at 1:15 P.M. and drained 3200 cc of urine from the bag; - He/She was in extreme discomfort due to the volume in the bag and having to wait for over an hour;- He/She said on 8/19/25 the same type of issue occurred again;- The catheter bag was not being emptied three times a day as required; and he/she is on antibiotics again. During an interview on 8/26/25 at 11:00 A.M., LPN A said:- He/she was on duty on Sunday 8/16/25 and they were shorthanded that day;- He/she was working away from the desk with two Certified Nurse Aides (CNAs) attending to residents and did not see the resident's call light go off;- LPN A received a call from a local hospital notifying him/her the police were contacted by the resident asking for assistance;- LPN A immediately went to the resident's room and emptied the catheter bag which contained approximately 2000 cc of urine; - A full bag is 1500 cc, so 2000 cc is a lot of volume for the bag. - Any nursing staff member can empty the catheter bag. During an interview on 8/26/25 at 11:20 A.M. the Assistant Director of Nursing</p>		