

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265826	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/26/2024
NAME OF PROVIDER OR SUPPLIER Putnam County Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1814 Oak Street Unionville, MO 63565	

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 0684</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 35615</p> <p>Based on interview and record, review the facility failed to ensure one resident (Resident #4), in a review of nine sampled residents, who staff identified required an indwelling urinary catheter (a sterile tube inserted into the urethra to drain urine from the body related to urinary retention and enlarged prostate (gland around the urethra), and history of urinary tract infection, received treatment and care in accordance with professional standards of practice to meet the resident's physical, mental and psychosocial needs. Staff failed to notify the physician and assess and document the resident's urinary status following an episode of urinary retention that required changing the indwelling urinary catheter (removing and inserting a new urinary catheter) with tea colored urine and foul urine odor noted. The resident was admitted to the hospital seven days later with urosepsis (a type of sepsis, systemic life-threatening infection, when a urinary tract infection spreads to the kidneys and bloodstream). The facility census was 54.</p> <p>Review of the facility policy Urinary Tract Infection Clinical Protocol, dated April 2018 showed the following:</p> <ul style="list-style-type: none"> -The physician and staff identify individuals with a history of symptomatic urinary tract infections, and those who had risk factors (for example, an indwelling urinary catheter, urinary outflow obstruction) for urinary tract infections (UTIs); -The staff and practitioner would identify individuals with possible signs and symptoms of UTI. Signs and symptoms of a UTI may be specific to the urinary tract and/or generalized. The presentation of symptomatic UTIs varied; -Nurses should observe, document and report signs and symptoms (for example, fever or blood in the urine) in detail and avoid premature diagnostic conclusions; -New onset of nonspecific or general symptoms alone (change in mental status, decline in appetite) was not enough to diagnose a UTI. Urine odor, color and clarity also were not adequate to indicate a UTI; -Acute deterioration in previously stable chronic urinary symptoms may indicate an acute infection. Multiple concurrent findings such as fever with blood in the urine or catheter obstruction were more likely to be due to a urinary source. <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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265826	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/26/2024
NAME OF PROVIDER OR SUPPLIER Putnam County Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1814 Oak Street Unionville, MO 63565	
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 0684</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>Review of the facility policy Change in a Resident's Condition or Status, dated February 2021, showed the following:</p> <ul style="list-style-type: none"> -The facility promptly notified the resident, attending physician and the resident's representative of changes in the resident's medical/mental condition and/or status; -The nurse would notify the resident's attending physician or physician on call when there was a significant change in the resident's physical/emotional/mental condition, need to alter the resident's medical treatment significantly, or need to transfer the resident to a hospital/treatment center; -A significant change of condition was a major decline or improvement in the resident's status that would not normally resolve itself without intervention by staff or by implementing standard disease-related clinical interventions; -Prior to notifying the physician or healthcare provider, the nurse would make detailed observations and gather relevant pertinent information for the provider, including information prompted by the Interact SBAR (Situation, Background, Assessment, Request for orders form) Communication Form; -Except in medical emergencies, notifications would be made within twenty-four hours of a change occurring in the resident's medical/mental condition or status; -The nurse would record in the resident's medical record information relative to changes in the resident's medical/mental condition or status. <p>Review of the facility policy Output, Measuring and Recording, dated October 2010, showed the following:</p> <ul style="list-style-type: none"> -The purpose was to accurately determine the amount of urine that a resident excreted in a 24-hour period; -Document the date and time urine output was measured and recorded, the amount of output and character; -Report other information in accordance with professional standards of practice. <p>Review of the facility policy Catheter Care, Urinary, dated August 2022, showed the following:</p> <ul style="list-style-type: none"> -The purpose was to prevent urinary catheter-associated complications, including urinary tract infections; -Observe the resident's urine level for noticeable increases or decreases. If the level stays the same, or increases rapidly, report to the physician or supervisor; follow the facility procedure for measuring and documenting input and output; -Change catheters and drainage bags based on clinical indications such as infection, obstruction, or when the closed system was compromised; <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265826	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/26/2024
NAME OF PROVIDER OR SUPPLIER Putnam County Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1814 Oak Street Unionville, MO 63565	
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 0684</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>-Residents who formed encrustations could quickly lead to an obstruction and needed more frequent catheter changes at intervals specific to the individual resident. The catheter should be changed before blockage was likely to occur;</p> <p>-Observe the resident for complications associated with urinary catheters. Report unusual findings to the physician or supervisor immediately if the resident indicated his/her bladder was full or needed to urinate, if the urine had an unusual appearance (such as blood, color), if the resident complained of burning, tenderness or pain in the urethral area or if signs and symptoms of urinary tract infection or urinary retention occurred;</p> <p>-Document in the resident's medical record all assessment data obtained when giving catheter care, character of urine such as color, clarity, and odor. Document any problems noted such as drainage, redness, bleeding, irritation, crusting or pain.</p> <p>1. Review of Resident #4's quarterly Minimum Data Set (MDS) a federally mandated assessment instrument, completed by facility staff, dated 4/26/24 showed the following:</p> <p>-Severe cognitive impairment;</p> <p>-Required substantial/maximal assistance (staff provided more than half the effort) with toileting and personal hygiene;</p> <p>-Dependent on staff with showers, bed mobility, and transfers;</p> <p>-Required an indwelling urinary catheter;</p> <p>-Frequently incontinent of bowel.</p> <p>Review of the resident's care plan, dated 5/30/24, showed the following:</p> <p>-Diagnoses of swollen prostate (swelling of the prostate gland causing inability to empty the bladder) with lower urinary tract symptoms, retention of urine (inability to empty the bladder), urinary tract infection, pain, stroke, adult failure to thrive, muscle weakness, and acute kidney failure;</p> <p>-The resident required an indwelling urinary catheter. Goal was appropriate management of the urinary catheter without signs of urinary tract infection or urethral trauma. Staff should maintain the urinary catheter tubing and drainage bag off the floor, and below the level of the bladder. Keep the catheter system a closed system as much as possible. Observe for leakage, and provide catheter care every shift and as needed. Report signs of urinary tract infection (UTI), acute confusion, urgency, frequency, bladder spasms, pain/difficulty urinating, chills, fever, malaise, foul odor, concentrated urine, or blood in urine.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265826	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/26/2024
NAME OF PROVIDER OR SUPPLIER Putnam County Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1814 Oak Street Unionville, MO 63565	
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 0684</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>Review of the resident's nurse's note, dated 6/2/24 at 8:55 P.M., showed Licensed Practical Nurse (LPN) H documented the resident's indwelling urinary catheter was plugged (not draining). LPN H was unable to flush the urinary catheter with normal saline (attempted to push sterile fluid through the catheter tubing with a syringe and clear the tubing allowing urine to drain). LPN H removed the indwelling urinary catheter with sediment noted on the tubing. There was no urine in the urinary drainage bag. LPN H inserted a new urinary catheter, the resident pushed down and urinated while the urinary catheter was inserted. Two small blood clots, tea colored urine with sediment, and a strong odor was noted; 700 milliliters (ml) (normal bladder stores up to approximately 700 ml of urine with need to urinate at approximately 500 ml) of urine drained from the bladder along with soaked bed protectant pads.</p> <p>Review of the resident's nurse's note dated 6/2/24 at 9:20 P.M., showed LPN H documented he/she rechecked the urinary catheter, the resident denied pain, 1100 ml of dark yellow urine drained from the urinary catheter drainage bag.</p> <p>Review of the resident's record dated 6/2/24 showed no documentation LPN H notified the physician of the resident's tea colored urine with sediment, blood clots and strong odor.</p> <p>During an interview on 6/26/24 at 8:23 P.M., LPN H said he/she usually worked the night shift (6:00 P.M. to 6:00 A.M.) and was the charge nurse on 6/2/24 night shift. LPN H remembered the resident's urinary problem, he/she changed the catheter and thought staff should push fluids to see if the urinary issue cleared. LPN H did not know if any increase in fluids was offered. No SBAR was completed, he/she got busy and did not complete the SBAR. It would have been appropriate to complete the SBAR at the time, as the resident had abnormal urinary findings. The resident's bladder was full of urine. LPN H did not notify the physician and was not sure if he/she told any other staff of the resident's abnormal urinary output on 6/2/24. Urinary retention caused bladder and urine infections. Notifying the physician and following up on the resident's abnormal urinary status got put off.</p> <p>Review of the resident's nurse's note dated 6/4/24 at 3:55 P.M. showed LPN I documented the resident's urinary indwelling catheter was patent with yellow urine and no odor.</p> <p>Review of the resident's nurses' notes showed no documentation staff assessed the resident's urinary status and urinary catheter from 6/5/24 through 6/8/24.</p> <p>Review of the resident's vital signs record for 6/8/24 showed staff documented zero ml of urine output and 1080 ml of fluid intake (normal adult urine output approximately 800 to 2000 ml per day with approximately equal fluid intake).</p> <p>Review of the resident's record showed no documentation staff notified the physician the resident had no urine output on 6/8/24.</p> <p>Review of the resident's vital signs record showed on 6/9/24 staff documented 550 ml of urine output and 600 ml of fluid intake.</p> <p>Review of the resident's nurses' notes showed no documentation staff assessed the resident's urinary status and urinary catheter on 6/9/24.</p> <p>Review of the resident's nurse's note, dated 6/10/24, showed LPN I documented the following:</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265826	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/26/2024
NAME OF PROVIDER OR SUPPLIER Putnam County Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1814 Oak Street Unionville, MO 63565	
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 0684</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>-At 12:32 P.M., the resident was lethargic, skin was warm dry and pink. The resident's indwelling urinary catheter was patent, and the urinary drainage bag contained yellow cloudy urine with small amount of output for the resident. LPN I called the physician's office, waiting on a return call. Temperature 98.1 (normal 98.6 degrees), pulse 61 beats per minute (normal 60 - 80 beats per minute), respirations 16 breaths per minute (normal 10-18 breaths per minute), blood pressure 152/102 (normal 120/80);</p> <p>-At 1:00 P.M., the resident's legs were mottled (cool and discolored indicating poor circulation) at the knee, yellow, thick urine leaked around the indwelling urinary catheter;</p> <p>-At 1:15 P.M., staff received a physician order to transfer the resident to the emergency room .</p> <p>Review of the resident's hospital record, dated 6/10/24, showed the following:</p> <p>-Unresponsive, not able to respond or follow commands;</p> <p>-Foul body odor;</p> <p>-Pus (purulent drainage) coming out of the urethra, large amount of pus in the resident's incontinence brief;</p> <p>-Indwelling urinary catheter removed and replaced with sterile urinary catheter. Return of 2750 ml of milkshake consistency and mute green colored urine with very foul odor;</p> <p>-Urine was hazy, purulent, strong odor with sediment, dark yellow to tea colored;</p> <p>-Diagnoses of urinary tract infection and urosepsis.</p> <p>During an interview on 6/26/24 at 10:30 A.M. Certified Nurse Assistant (CNA) C said the resident required assistance with eating, transferred with a mechanical lift and had a urinary catheter. The resident was recently hospitalized and returned to the facility on hospice care.</p> <p>During an interview on 6/26/24 at 10:35 A.M. Certified Medication Technician (CMT) D said the resident was quiet, drank a lot of fluids and required staff assistance with cares. The resident was recently hospitalized with mucous and a large amount of pus draining from the urinary catheter. The resident acted differently the two days prior to hospitalization , he/she was more lethargic. On 6/10/24, the resident was not eating or drinking well, was not responding well and had drainage from around the catheter insertion site. It was difficult to administer the resident's medications.</p> <p>During an interview on 6/26/24 at 10:40 A.M. Nurse Assistant (NA) E said on 6/10/24 the resident did not eat breakfast and was not drinking fluids. The resident's catheter drained pus from around the insertion site and he/she moaned when his/her abdomen was touched. The abdomen was firm, hard and round like the resident was constipated. There was no urine in the urinary drainage bag that morning (at 7:00 A.M.) or at breakfast time. When the resident bore down pus ran out around the catheter onto the resident's incontinence brief. LPN I was notified.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265826	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/26/2024
NAME OF PROVIDER OR SUPPLIER Putnam County Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1814 Oak Street Unionville, MO 63565	
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 0684</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 6/26/24 at 10:42 A.M. NA J said he/she saw pus around the resident's catheter three to four days before the resident went to the hospital and NA J informed the charge nurse. The charge nurse said to keep an eye on it.</p> <p>During an interview on 6/26/24 at 10:45 A.M. CMT B said 6/9/24 (the day prior to hospitalization), the resident was in bad shape, he/she was not responding normally, and that evening would not respond to staff. The charge nurse said the resident was having behaviors and was fine.</p> <p>During an interview on 6/26/24 at 2:00 P.M. CNA G said he/she came to work about 12:00 P.M. on 6/9/24 and the resident was not his/her usual self. The resident did not eat well or drink fluids, did not respond as usual, was lethargic with little urine in the urinary catheter drainage bag. The urine in the drainage bag was dark in color. CNA G told charge nurse LPN F about the resident's condition.</p> <p>During an interview on 6/26/24 at 12:45 P.M. LPN F said on 6/8/24 day shift, the resident was sleepy and on 6/9/24 day shift, the resident was lethargic. He/She was not aware the resident was not responding well to staff and had no urine output on 6/8/24. The resident did not have behaviors, he/she was just quiet. LPN F did not assess the resident's urinary output or urinary catheter during either shift on 6/8/24 or 6/9/24. Staff should complete an assessment and notify the physician of any abnormal findings including tea colored urine with a strong odor or absence of urine. Staff should report any abnormal assessment findings in report to the next shift. Staff should follow up, assess and notify the physician if the resident's condition did not improve or worsened. He/She was not aware the resident had tea colored foul-smelling urine on 6/2/24, the resident's catheter was plugged and was changed. The physician should have been notified, fluids pushed and followed up with a urinalysis if indicated and physician ordered.</p> <p>During an interview on 6/26/24 at 1:10 P.M. Registered Nurse (RN)/Infection Preventionist said he/she was unaware of any change in condition or concerns regarding the resident's catheter and urine prior to 6/10/24 hospitalization . The charge nurse should assess the resident's urine output and catheter every shift. Any change in the resident's condition should be documented, an SBAR completed, and reported to the physician. On 6/2/24 the charge nurse should have informed the physician of the resident's abnormal urine status. No SBAR was completed and the physician was not notified of the abnormal findings. CNA staff should notify the charge nurse of any change in a resident's condition. If the resident was more lethargic, abdomen was distended, firm to touch with decreased urine output and pus coming from around the urinary catheter insertion site, CNA staff should have informed the charge nurse. Seven days should not have gone by without notifying the physician and obtaining treatment.</p> <p>During an interview on 6/26/24 at 2:10 P.M. the Director of Nursing (DON) said on 6/2/24 the charge nurse should have completed a urine dip stick (rapid urine test using a special strip dipped into urine to analyze urine for abnormality such as signs of infection) and monitored the resident's condition. The charge nurse should have informed other staff and the following shift of a change in the resident's condition for continued monitoring and assessments. The charge nurse should have called the physician and obtained a treatment plan if indicated. The DON was not aware staff documented the resident had no urine output on 6/8/24 and limited output on 6/9/24 prior to hospitalization on [DATE]. She was not aware of CNA staff concerns regarding the resident's condition. Communication should have happened starting 6/2/24. She was not sure if the resident started the UTI on 6/2/24, but the resident developed a UTI and sepsis, and was hospitalized on [DATE] with urosepsis.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265826	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/26/2024
NAME OF PROVIDER OR SUPPLIER Putnam County Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1814 Oak Street Unionville, MO 63565	
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 0684</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 6/26/24 at 1:35 P.M. and 3:45 P.M. the Administrator said staff should have handled the resident's change in urinary status quicker with no delay in communicating with the physician. Charge nurses should have assessed the resident's urinary status and documented the assessments and notified the physician for possible treatment on 6/2/24 with continued assessments completed and documented in the resident's record. He/She expected staff to notify a resident's physician of any change in condition or potential infectious process, communicate with other staff an abnormal resident condition and continue to assess the resident. Communication was needed to provide follow-up care. The resident 's physician was not notified of the resident's condition until the resident was hospitalized on [DATE].</p> <p>During interview on 6/28/24 at 11:10 A.M. the resident's Nurse Practitioner said she saw the resident on 6/3/24 and was not notified of the 6/2/24 catheter change and urine symptoms. She would have expected staff to push fluids and monitor the resident's urine output following the 6/2/24 catheter change and notify her if any additional change occurred. She would not have expected notification on 6/2/24, unless additional abnormal symptoms occurred. She was not notified the resident had no urine output on 6/8/24 and 550 ml of urine output on 6/9/24 with increased lethargy. Staff should communicate effectively between CNA and charge nurse staff. If she had known the resident had additional abnormal urinary symptoms and lethargy, she would have ordered a urinalysis and put the resident on antibiotics prophylactically to prevent progression of the UTI and sepsis until the urinalysis report was obtained. The resident ended up in the hospital with urosepsis and returned to the facility on hospice care.</p> <p>MO# 00237459</p>		