STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315259	A. Building B. Wing	07/31/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Mountainside Skilled Nursing and Rehab	1180 US Highway 22 Mountainside, NJ 07092

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 - Some	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** 50267 Complaint #: NJ172131, NJ175519 Based on observation, interview, review of the medical record, and review of other facility documentation, it was determined that the facility failed to obtain a physician's order for the care of an indwelling Foley catheter (a catheter that is inserted through the urethra to allow for bladder drainage), for Resident #2. This deficient practice was identified for 1 of 4 residents (Resident #2) reviewed for the use of an indwelling Foley catheters and was evidenced by the following: According to the Admission Record, Resident #2 had diagnoses that included, but were not limited to, Chronic Kidney Disease (CKD) (A condition characterized by a gradual loss of kidney function), Obstructive and Reflux Uropathy (flow of urine is blocked, causing urine to back up and injure one or both kidneys), and Acute Kidney Failure (kidneys suddenly can't filter waste products from the blood). Review of Resident #2's Quarterly Minimum Data Set (MDS), dated [DATE], included the resident had a Brief Interview for Mental Status (BIMS) of 12, which indicated that the resident was moderately impaired. Further review of the MDS revealed the resident had an indwelling Foley catheter and had impairment to upper and lower extremities. Review of Resident #2's Care Plan (CP) revealed a Focus initiated on 11/26/23, for the resident's use of an indwelling Foley catheter due to obstructive uropathy with Foley retention. The CP included an intervention, initiated on 11/27/23, to change catheter per physician order, every month and as needed. Review of Resident #2's Order Summary Report (OSR), for active orders as of 1/1/2024 - 3/1/2024 showed there were no orders for indwelling Foley catheter change or indwelling Foley catheter care. Review of Resident #2's Medication Administration Record (MAR) and Treatment Administration Record (TAR) for the month of 1/1/2024 through 3/12/2024 did not reveal any documentation of indwelling Foley catheter change or indwelling Foley catheter care for Resident #2. Review of Resident #2's Progress notes for January 2024 and February 2024, revealed no documentation that Resident #2's indwelling Foley catheter was changed or indwelling Foley catheter care was completed. (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 - Some	Review of Resident #2's progress note documentation dated 3/13/2024, revealed that Resident #2's indwelling Foley catheter was changed on 3/13/2024. Prior to 3/13/2024, Resident #2's indwelling Foley catheter was changed four months prior on 11/15/2023. During an interview with the Surveyor on 07/31/24 at 3:05 PM, the Unit Manager/Registered Nurse (UM, RN) stated, there should be an order if a resident has a Foley catheter. A Foley catheter should be changed every 30 days. The UM/RN further stated that there should have been an order for Foley catheter change. During an interview with the Surveyor on 7/31/24 at 2:44PM, the Director of Nursing (DON) stated that prior to the Concern Form dated 3/14/2024 from Resident #2's representative, there was no order for Foley catheter care. The DON also stated that there should have been an order for the Foley catheter and that the Foley catheter should have been changed monthly and as needed as per policy. The DON further stated, the facility's policy was not followed. Review of the facility's Foley Catheter Care and Change Policy, revised on 09/2014, indicated that indwelling Foley catheter be changed monthly and as needed to prevent infection, clogging, and catheter-associated urinary tract infections. NJAC 8:39 - 19.4 (a)(5)