

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 366071	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/03/2024
NAME OF PROVIDER OR SUPPLIER MT Alverna Home Inc		STREET ADDRESS, CITY, STATE, ZIP CODE 6765 State Road Parma, OH 44134	

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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 43063</p> <p>Based on record review and interview, the facility failed to ensure physician's orders were followed timely to change the resident's suprapubic catheter (a catheter that drains urine from the bladder through a small incision in the abdomen). This affected one (Resident #64) of three residents reviewed for urinary catheters. The facility census was 144.</p> <p>Findings include:</p> <p>Review of the medical record for Resident #64 revealed an admitted [DATE] with diagnoses including multiple sclerosis (a potentially disabling disease of the brain and spinal cord) and neuromuscular dysfunction of the bladder (a condition where the muscles in the bladder wall do not contract and relax properly causing problems with urination).</p> <p>Review of the physician's orders for Resident #64 revealed she had an order dated 03/01/24 to change the suprapubic catheter on evening shift every 30 days and as needed for blockage related to urinary retention. This order was discontinued on 06/11/24. Resident #64 also had an order dated 07/12/24 to change the suprapubic catheter on the evening shift every 30 days and as needed for blockage related to urinary retention.</p> <p>Review of the Treatment Administration Record (TAR) for Resident #64 from 05/01/24 through 07/31/24 revealed staff had changed Resident #64's catheter on 05/30/24 and 07/12/24.</p> <p>Interview on 09/03/24 at 9:54 A.M. with Licensed Practical Nurse (LPN) #200 verified she had changed Resident #64's catheter order on 06/11/24. She stated she spoke to the resident who wanted her suprapubic catheter order changed so that dayshift staff performed this as she did not want to be awoken at night and also because LPN #200 was on dayshift. She stated Resident #64 told her that staff changed her catheter on 06/10/24 so LPN #200 set the next catheter change for 07/12/24. She verified there was no documentation to verify Resident #64 had her catheter changed on 06/10/24 or that the physician was updated.</p> <p>Interview on 09/03/24 at 10:00 A.M. with Resident #64 revealed she did not ask to have her catheter change to be moved to dayshift. She stated the staff were still changing her catheter on the evening shift. She stated there were plenty of times the staff had not changed her catheter as ordered. Resident #64 stated her urologist wanted her suprapubic catheter changed every 30 days or more often as needed.</p> <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>This deficiency represents non-compliance investigated under Complaint Number OH00155948.</p>