STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	366260	A. Building B. Wing	04/22/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Claymont Health and Rehabilitation	5166 Spanson Drive SE Uhrichsville, OH 44683

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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on medical record review, observation, interview and facility policy review the facility failed to provide appropriate indwelling urinary catheter care. This deficient practice affected one resident (Resident #14) of two residents reviewed for indwelling urinary catheter. The facility census was 51.Findings Include: Review of Resident #14's medical record revealed an admission date 05/02/25 with diagnoses including but not limited to stoke, epilepsy, neuromuscular dysfunction of the bladder, and major depression.Review of Resident #14's alteration in elimination care plan dated 05/05/25 revealed foley (indwelling urinary) catheter care every shift.Review of Resident #14's physician orders revealed an order dated 05/06/25 for catheter care every shift for maintenance and an order dated 10/01/25 for a 22 French/30 milliliters (ML) Indwelling Catheter to closed drainage system every shift related to neuromuscular dysfunction of bladderReview of Resident #14's quarterly Minimum Data Set (MDS) dated [DATE] revealed Resident #14 had intact cognition with a Brief Interview Mental Status (BIMS) of 12 out of possible 15, indicating moderate cognitive impairment and required staff assistance for indwelling urinary catheter care.Review of Resident #14's Plan of Care (POC) tasks for indwelling urinary catheter care dated 03/01/26 to 04/21/26 revealed catheter care was being completed every shift as ordered.Observation on 04/20/26 from 1:11 P.M. to 1:25 P.M. revealed Certified Nursing Assistant (CNA) #311 performed catheter care for Resident #14. CNA #311 washed their hands and donned gloves and began using peri-wash and washcloths to clean Resident #14's peri-area and buttocks. CNA #311 completed cleaning Resident #14 and removed the gloves, and disposed of them in the trash can. CNA #311 retrieved another pair of gloves from the bathroom and donned the gloves without washing or sanitizing their hands. CNA #311 opened several small alcohol pad packages and began to clean the indwelling urinary catheter tubing from the insertion site to approximately 5 inches down the tubing using the alcohol pads. CNA #311 completed cleaning the indwelling urinary catheter tubing, replaced Resident #14's undergarment, covered Resident #14 with the bed sheets, removed the gloves and washed their hands prior to leaving Resident #14's room.Interview on 04/20/26 at 2:24 P.M. with CNA #311 confirmed CNA #311 did not wash their hands between glove changes and used several alcohol pads to clean the indwelling urinary catheter tubing. CNA #311 stated hands are washed before and after performing peri-care or indwelling urinary catheter care and using the alcohol pads was how indwelling catheter care was taught to CNA #311.Interview on 04/21/26 at 7:50 A.M. with the Director of Nursing (DON) revealed the facility does not teach staff to use alcohol pads to clean indwelling urinary catheter tubing and hands are to be washed or sanitized between glove changes.Review of the facility's policy titled, Catheter Care/Urinary dated 11/2025 revealed steps nine and ten - remove gloves and discard into the designated container. Wash and dry hands thoroughly. Put on new gloves. and step 14 use a clean washcloth with cleansing agent to cleanse the catheter from insertion site to approximately four inches outward.

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