

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  395309	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/17/2025
NAME OF PROVIDER OR SUPPLIER  York South Skilled Nursing and Rehabilitation Ctr		STREET ADDRESS, CITY, STATE, ZIP CODE  200 Pauline Drive York, PA 17402	

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>Based on facility policy review, clinical record review, and staff interview, it was determined that the facility failed to ensure a resident who is incontinent of bladder receives appropriate treatment and services to prevent urinary tract infections consistent with physician orders and the resident's person-centered care plan for one of three residents reviewed (Resident 1).</p> <p>Findings include:</p> <p>Review of facility policy, titled Catheter: Indwelling Urinary last revised February 1, 2023, read, in part, Provide catheter care twice a day and as needed. Explain the procedure and provide privacy. Inspect the periurethral area for signs of inflammation and infection. Document: Catheter care provided; amount of urine output if ordered; and abnormal findings to the physician, if indicated.</p> <p>Review of Resident 1's clinical record revealed diagnoses that included obstructive uropathy (when urine can't flow normally through your urinary tract due to a blockage), congestive heart failure (a chronic condition in which the heart doesn't pump blood as well as it should), and dementia (a chronic disorder of the mental processes caused by brain disease, marked by memory disorders, personality changes, and impaired reasoning).</p> <p>Review of Resident 1's clinical record revealed a foley catheter (a thin, flexible tube inserted into the urethra to drain urine from the bladder) was placed on February 18, 2025, due to issues with urinary retention.</p> <p>Review of Resident 1's care plan revealed a focus area of, Resident requires indwelling foley catheter due to: other: urinary retention, with an intervention for, Provide skin care after each incontinent episode and apply a moisture barrier, initiated on February 19, 2025.</p> <p>Review of Resident 1's physician orders revealed orders for a foley catheter, replacing the drainage system, emptying the catheter bag, and irrigating the catheter, all initiated on February 18, 2025.</p> <p>Further review of Resident 1's physician orders and clinical record failed to reveal a physician order or nurse aid task for catheter care.</p> <p>Review of Resident 1's clinical record revealed she was treated with an antibiotic medication for a urinary tract infection from February 20, 2025, through February 25, 2025.</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>Interview with the Director of Nursing on March 17, 2025, at 12:05 PM, revealed she was unable to locate documentation to indicate Resident 1 was receiving catheter care, and she would expect catheter care to be completed and documented per facility policy.</p> <p>28 Pa. Code 201.18(b)(1) Management</p> <p>28 Pa. Code 211.12(d)(1)(3)(5) Nursing services</p>		