

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395606	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/02/2024
NAME OF PROVIDER OR SUPPLIER John J Kane Regional Center-Ro		STREET ADDRESS, CITY, STATE, ZIP CODE 110 McIntyre Road Pittsburgh, PA 15237	

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 - Some</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** 46336</p> <p>Based on facility policy, clinical record review, and interview, the facility failed to ensure that appropriate treatment and services were provided for six of six residents with an indwelling urinary catheter (Residents R1, R2, R3, R4, R5, and R6).</p> <p>Findings include:</p> <p>Review of facility policy Catheter Care and Drainage Bags dated 1/3/24, indicated the facility will safely and appropriately provide hygiene, monitor urinary output, and minimize the growth and transmission of pathogens for residents with indwelling urinary catheters (tube in bladder to drain urine), and the drainage bags are to be covered with a dignity bag.</p> <p>Review of the Centers for Disease Control guidance Guidelines for Prevention of Catheter-Associated Urinary Tract Infections updated 6/6/19, indicated to keep the collecting bag below the level of the bladder at all times.</p> <p>Review of facility policy Catheter Urinary: Removal dated 1/3/24, indicated physician orders discontinuation of catheter and any follow up treatments when condition is resolved (i.e.: as needed straight catheterization following discontinuation).</p> <p>Resident R1 was admitted to the facility on [DATE]. Review of the Minimum Data Set (MDS - a periodic assessment of care needs) dated 1/29/24, indicated diagnoses of quadriplegia (a symptom of paralysis that affects all of a person's limbs and body from the neck down), bipolar (a disorder associated with episodes of mood swings ranging from depressive lows to manic highs), and neuromuscular dysfunction of the bladder (lack of bladder control due to a brain, spinal cord or nerve problem). Section H indicated an indwelling catheter was present.</p> <p>Review of physician order dated 2/2/24, indicated to change Resident R1's suprapubic (enters the body through an incision in the abdomen) catheter as needed for clogging or dislodgement, and to send to urologist every two weeks to change due to recurrent urinary tract infections.</p> <p>Review of Resident R1's care plan dated 2/1/24, indicated to store collection bag inside a protective dignity pouch.</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 - Some</p>	<p>During an observation on 4/2/24, at 10:10 a.m., Resident R1 was in bed with his urinary drainage bag uncovered and laying on the floor.</p> <p>Resident R2 was admitted to the facility on [DATE]. Review of the MDS dated [DATE], indicated diagnoses of hemiplegia (muscle weakness or partial paralysis on one side of the body that can affect arms, legs, and facial muscles), suprapubic catheter, and vascular dementia (brain damage caused by multiple strokes). Section H indicated an indwelling catheter was present.</p> <p>Review of physician order dated 3/27/24, indicated to change Resident R2's suprapubic catheter monthly on the 18th.</p> <p>Review of Resident R2's care plan dated 1/26/24, indicated do not allow tubing or any part of the drainage system to touch the floor.</p> <p>During an observation on 4/2/24, at 10:14 a.m., Resident R2 was in bed with his urinary drainage bag uncovered and laying on the floor.</p> <p>Resident R3 was admitted to the facility on [DATE]. Review of the Continuity of Care document dated 4/2/24, indicated diagnoses of spina bifida (a birth defect in which a developing baby's spinal cord fails to develop properly), heart failure (heart doesn't pump blood as well as it should), and neuromuscular dysfunction of the bladder. Section H indicated an indwelling catheter was present.</p> <p>Review of Resident R3's care plan dated 3/25/24, indicated resident requires a suprapubic catheter, chronically leaks, related to neurogenic bladder. Keep system as closed as possible.</p> <p>During an observation on 4/2/24, at 10:17 a.m., Resident R3 was in bed with his urinary drainage bag uncovered and laying on the floor.</p> <p>Review of Resident Council Minutes dated 2/29/24, and 3/28/24, indicated Resident R4 had a concern in relation to nursing staff's ability to change her foley catheter, and a concern for nail length of agency staff.</p> <p>Resident R4 admitted to the facility on [DATE]. Review of the MDS dated [DATE], indicated diagnoses of paraplegia, cervicgia (neck pain), and neuromuscular dysfunction of the bladder. Section H indicated an indwelling catheter was present.</p> <p>Review of Resident R4's care plan dated 3/22/24, indicated antibiotics to prevent urinary tract infections, and urinary catheter related to paraplegia. Provide catheter care every shift.</p> <p>During an observation on 4/2/24, at 11:20 a.m., Resident R4 was in the wheelchair with the urinary drainage bag in place and covered.</p> <p>Interview on 4/2/24, at 11:20 a.m. Resident R4 indicated They don't know how to care for my catheter. They don't know how to run the bag through my pants when they dress me. One nurse aide said she can't empty my catheter because her nails are too long, so I have to open the tube for her. I made a complaint about it.</p> <p>(continued on next page)</p>		

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<p>F 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Interview with the Nursing Home Administrator on 4/2/24, at 11:22 a.m. confirmed Resident R4 filed a grievance relating to nail length and agency aides not knowing how to take care of her catheter.</p> <p>Resident R5 was admitted to the facility on [DATE]. Review of the MDS dated [DATE], indicated diagnoses of hemiplegia (muscle weakness or partial paralysis on one side of the body that can affect arms, legs, and facial muscles), suprapubic catheter, and vascular dementia (brain damage caused by multiple strokes). Section H indicated an indwelling catheter was present.</p> <p>Review of Resident R5's care plan dated 3/2/24, indicated resident requires a urinary catheter, and will not exhibit signs of a urinary tract infection. Keep system as closed as possible.</p> <p>During an observation on 4/2/24, at 11:25 a.m., Resident R5 was in bed with the urinary drainage on the bed between her feet and above the level of the bladder.</p> <p>Interview on 4/2/24, at 11:25 a.m. Licensed Practical Nurse (LPN) Employee E1 confirmed Resident R5's bag was not placed properly on bed frame to allow proper drainage as required.</p> <p>Resident R6 was admitted to the facility on [DATE]. Review of the MDS dated [DATE], indicated diagnoses of stroke (damage to the brain from an interruption of blood supply), urinary tract infections, and repeated falls. Section H indicated an indwelling catheter was present.</p> <p>Review of Resident R5's care plan dated 3/27/24, indicated resident was positive for a urinary tract infection.</p> <p>During an observation on 4/2/24, at 11:30 a.m., Resident R6 was in bed and did not have an indwelling catheter.</p> <p>Review of progress notes dated 2/12/24, indicated indwelling catheter was discontinued at 2:52 p.m. and staff were to bladder scan (machine that uses ultrasonic reflections within the body to differentiate urinary bladder from surrounding tissues to determine the need for catheterization) every eight hours for three days.</p> <p>Review of the clinical record failed to include any documentation of bladder scan results being completed.</p> <p>Interview with the Acting Director of Nursing on 4/2/24, at 1:41 p.m. confirmed the bladder scans were never completed, and the catheter bags were not covered appropriately.</p> <p>Interview with the Nursing Home Administrator on 4/2/24, at 2:00 p.m. confirmed the facility failed to ensure that appropriate treatment and services were provided for six of six residents with an indwelling urinary catheter. (Residents R1, R2, R3, R4, R5, and R6).</p> <p>28 Pa. Code: 201.14(a) Responsibility of licensee.</p> <p>28 Pa. Code: 201.18(b)(1)(e)(1) Management.</p> <p>28 Pa. Code: 201.20(a)(b)(c)(d) Staff development.</p> <p>(continued on next page)</p>		

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F 0690 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	28 Pa. Code: 201.29(j) Resident rights. 28 Pa. Code: 211.10(c)(d) Resident care policies. 28 Pa. Code: 211.12(d)(1)(2)(3)(5) Nursing services.