| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 395661 | A. Building<br>B. Wing | 05/05/2026 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
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| Casselman Healthcare and Rehabilitation Center | 201 Hospital Drive<br>Meyersdale, PA 15552 |

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) |
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| F 0690<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>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.<br><br>Based on review of policies and clinical records, as well as staff interviews, it was determined that the facility failed to change an indwelling urinary catheter as ordered by the physician and to change an indwelling urinary catheter as recommended by the urologist for two of four residents reviewed (Residents 1, 2).Findings include:The facility policy for urinary catheter care, dated January 8, 2026, indicated that changing indwelling catheters or drainage bags at routine, fixed intervals, was not recommended. Rather it was suggested to change catheters and drainage bags based on clinical indications such as infection, obstruction, or when the closed system was compromised.A quarterly Minimum Data Set (MDS) assessment (a mandated assessment of a resident's abilities and care needs) for Resident 1, dated March 11, 2026, revealed that the resident was cognitively intact, had an indwelling urinary catheter, and had diagnoses that included neurogenic bladder (a lack of bladder control due to a brain, spinal cord, or nerve condition).Physician's orders for Resident 1, dated October 27, 2025, included an order for the resident to have her suprapubic urinary catheter (tube inserted through the lower abdomen into the bladder to drain urine) changed every six weeks. A care plan, dated January 3, 2024, revealed that the suprapubic catheter was to be changed as ordered.A review of Resident 1's Treatment Administration Records (TAR's) for January 2026 revealed that Resident 1's urinary catheter was not changed on January 27, 2026, as ordered.Interview with the Director of Nursing on May 5, 2026, at 1:25 p.m. confirmed that there was no documented evidence that Resident 1's suprapubic catheter was changed as ordered on January 27, 2026. A quarterly MDS assessment for Resident 3, dated March 31, 2026, revealed that the resident was moderately cognitively impaired and had an indwelling urinary catheter. Physician's orders, dated December 24, 2025, included orders for the resident to have a Foley catheter (a flexible tube inserted and held in the bladder to drain urine) for obstructive uropathy (blockage in the urinary system) and bladder prolapse (bladder is not supported and descends).A urology consult for Resident 2, dated March 13, 2026, indicated that they were not able to fit her with a pessary (device used to support pelvic structure) and it was recommended to change the resident's Foley catheter every four weeks.A review of Resident 2's TAR's for April 2026 revealed that her urinary catheter was not changed in April 2026, as recommended by the urologist (physician who specializes in the urinary system).Interview with the Director of Nursing on May 5, 2026, at 10:55 a.m. confirmed that there was no documented evidence that Resident 2's Foley catheter was changed as recommended by the Urologist. She indicated that the facility did not change catheters on regular intervals.28 Pa. Code 211.12(d)(3)(5) Nursing services. |

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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