

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395998	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/08/2024
NAME OF PROVIDER OR SUPPLIER Misericordia Nursing & Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 998 South Russell Street 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>48484</p> <p>Based on facility policy review, clinical record review, observations, and staff interview, it was determined that the facility failed to ensure residents receive appropriate urinary catheter care and services to prevent urinary tract infections for one of two residents reviewed for catheter care (Resident 29).</p> <p>Findings include:</p> <p>Review of facility policy, titled Catheter Care- Daily, last reviewed October 12, 2023, read, in part, Objective: To prevent infection of residents with foley catheters. Ensure foley catheter is secured to leg with leg strap or tape. Assist resident to position of comfort and cover.</p> <p>Review of Resident 29's clinical record revealed diagnoses that included chronic kidney disease, stage 4 (a condition characterized by a gradual loss of kidney function), obstructive and reflux uropathy (occurs when urine can't flow normally through your urinary tract due to a blockage), 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 29's physician orders revealed an order for Suprapubic Catheter 18Fr to bedside drainage system with dignity cover, with a start date of March 4, 2024.</p> <p>Observation of Resident 29 on August 5, 2024, at 12:22 PM, revealed he was eating lunch in the dining room. His catheter bag was on the right side of his chair and was visible without a dignity cover.</p> <p>Observation of Resident 29 on August 6, 2024, at 9:40 AM, revealed he was in a common area watching television. His catheter bag was underneath his chair, touching the floor, and was visible without a dignity cover.</p> <p>Observation of Resident 29 on August 6, 2024, at 12:35 PM, revealed he was eating lunch in the dining room. His catheter bag was underneath his chair, touching the floor, and was visible without a dignity cover.</p> <p>Interview with the Director of Nursing on August 7, 2024, at 9:53 AM, revealed she would expect Resident 29's catheter bag to have a dignity cover and not to touch the floor.</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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F 0690 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	28 Pa Code 211.12(d)(1)(2)(5) Nursing Services