

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 39A435	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/14/2024
NAME OF PROVIDER OR SUPPLIER Southeastern Pennsylvania Veteran's Center		STREET ADDRESS, CITY, STATE, ZIP CODE One Veterans Drive Spring City, PA 19475	

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>37789</p> <p>Based on review of facility policy and clinical record review, it was determined that the facility failed to timely assess the need for an indwelling urinary catheter for one of seven residents reviewed for urinary tract infections (UTI) (Resident 61).</p> <p>Findings include:</p> <p>Review of facility policy, Urinary Catheter Procedures, last revised December 30, 2022, revealed that A resident who enters the [facility] with an indwelling urinary catheter or subsequently receives one is assessed for removal of the catheter as soon as possible unless the resident ' s clinical condition demonstrates that catheterization is necessary .Residents identified with an indwelling urinary catheter will be assessed by utilizing the Indwelling Catheter Observation Form in the Electronic Health Record (EHR). This observation form will be completed when the catheter is present on admission/readmission, when a catheter is inserted, and quarterly as long as the catheter remains in place .Attempts will be made to remove the catheter as soon as possible when no indications exist for its continued use.</p> <p>Review of Resident 61's clinical record revealed the resident was hospitalized from January 3, 2024 until January 5, 2024, for a fractured left hip with surgical repair. Review of Resident 61's physician's orders at the time of hospitalization revealed the resident did not have a foley catheter at the time. Review of Resident 61's hospital discharge summary from January 5, 2024 revealed the instructions: Continue Foley catheter for urinary retention, do void trial at skilled facility as ambulation improves.</p> <p>Further review of Resident 61's clinical record failed to reveal evidence that an Indwelling Catheter Observation Form was completed upon the resident's January 5, 2024 readmission.</p> <p>Further review of Resident 61's clinical record failed to reveal evidence that a void trial was attempted.</p> <p>Review of Resident 61's January 2024 Treatment Administration Record revealed the resident was documented as receiving catheter care every shift.</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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 39A435	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/14/2024
NAME OF PROVIDER OR SUPPLIER Southeastern Pennsylvania Veteran's Center		STREET ADDRESS, CITY, STATE, ZIP CODE One Veterans Drive Spring City, PA 19475	
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>Review of Resident 61's progress note revealed a nurse's note on January 19, 2024, at 12:06 a.m. which stated: Resident's urine observed cloudy with sediment. [supervisor] notified, VSS [vital signs stable], fluids encouraged as tolerated. Nursing will continue to monitor. Further review of Resident 61 ' s January 19, 2024 progress notes revealed a nurse's note at 2:32 p.m. which stated: Resident's foley output 120cc, cloudy and with sediment. No foul odor. VSS. Fluids encouraged. Nursing will monitor. Further review of Resident 61's January 19, 2024 progress notes revealed a nurse's note at 5:11 p.m. which stated: Resident reported to have cloudy urine with some confusion. UA/CS [(urine analysis/culture & sensitivity) order obtained.</p> <p>Further review of Resident 61's clinical record revealed the resident was sent to the hospital for hyponatremia (low sodium) on January 22, 2024, until January 30, 2024 and was subsequently found to have a UTI at the hospital and treated with antibiotics.</p> <p>Review of Resident 61's progress notes revealed a note from the CRNP (certified registered nurse practitioner) on February 16, 2024, which stated: Foley catheter not chronic despite documentation of it being chronic by ED ([Emergency Department]) . Resident returned from ED visit on 1/5/24 with foley with instructions to keep in place and do void trial at facility. Resident was sent out to ED with UTI due to catheter on 1/22/24. Plan of care: remove foley catheter now.</p> <p>Interview with the Assistant Director of Nursing on June 14, 2024, at 10:40 a.m. confirmed the facility failed to assess Resident 61 for the need for the foley catheter upon readmission from the hospital.</p> <p>28 Pa. Code 211.12 (d)(3)(5) Nursing services</p> <p>28 Pa. Code 211.10 (a)(c)(d) Resident care policies</p>		