

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  525509	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/11/2024
NAME OF PROVIDER OR SUPPLIER  Good Shepherd Services Ltd		STREET ADDRESS, CITY, STATE, ZIP CODE  607 Bronson Rd Seymour, WI 54165	

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><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44862</b></p> <p>Based on observation, staff interview, and record review, the facility did not provide appropriate care and services for 1 resident (R) (R28) of 1 sampled resident with an indwelling catheter.</p> <p>On 4/10/24, Surveyor observed R28's catheter drainage bag in direct contact with a floor mat without a barrier to prevent infection.</p> <p>Findings include:</p> <p>The facility's Nursing Care of an Indwelling Urinary Catheter policy does not include a process to prevent catheter drainage bag exposure to potentially infectious settings.</p> <p>On 4/10/24, Surveyor reviewed R28's medical record. R28 was admitted to the facility on [DATE] with diagnoses including history of left hip fracture, diabetes, and urinary retention with a history of infections. R28's Minimum Data Set (MDS) assessment, dated 3/21/24, contained a Brief Interview for Mental Status (BIMS) score of 5 out of 15 which indicated R28 had severe cognitive impairment. R28 had an activated Power of Attorney for Healthcare (POAHC). R28's physician orders included an order for Hiprex give 1 gram twice daily for 30 days for prevention of urinary tract infections (UTIs).</p> <p>On 4/10/24 at 9:23 AM, Surveyor observed R28 asleep in bed with the bed in the lowest position and a floor mat alongside the bed. Surveyor noted R28's catheter bag was resting on the floor mat next to the foot of the bed. There was not a barrier of protection between the bag and the floor mat.</p> <p>On 4/11/24 at 8:52 AM, Surveyor interviewed Certified Nursing Assistant (CNA)-C who stated staff should use a cover for catheter drainage bags and uncovered bags should not be in contact with the floor.</p> <p>On 4/11/24 at 9:23 AM, Surveyor interviewed Registered Nurse (RN)-D who stated catheter bags shouldn't be on the floor. RN-D stated catheter drainage bags should contain a cloth cover to help prevent exposure of the bag for infection control as well as dignity.</p> <p>On 4/11/24 at 12:16 AM, Surveyor interviewed Nursing Home Administrator (NHA)-A who stated NHA-A expects staff to keep catheter bags covered and off the floor.</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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