

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555256	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/10/2024
NAME OF PROVIDER OR SUPPLIER The Rehabilitation Center of Bakersfield		STREET ADDRESS, CITY, STATE, ZIP CODE 2211 Mount Vernon Avenue Bakersfield, CA 93306	

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 0552</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure that residents are fully informed and understand their health status, care and treatments.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 39763</p> <p>Based on interview and record review, the facility failed to ensure three of ten sampled residents (Resident 1, Resident 2, and Resident 3) were treated with dignity and their privacy respected, when Resident 1, Resident 2, and Resident 3 were not informed in advance of laboratory (lab) orders. This failure had the potential for Resident 1, Resident 2, and Resident 3 's dignity and privacy to be violated and resulted in Resident 1 to suffer humiliation.</p> <p>Findings:</p> <p>During an interview on 10/10/24 at 11:23 a.m. with Resident 1, Resident 1 stated on 9/26/24 Resident 1 was sitting in their room when three certified nursing assistants (CNA 1, 2, 3) walk in and hand her a urine cup and told her to pee. Resident 1 stated she asked them why they all three came into her room, she asked them what doctor and what nurse told them to get a urine sample. Resident 1 stated the CNAs stated a licensed vocational nurse (LVN) 1 told the CNAs to get the urine sample. Resident 1 stated she refused to give the urine sample. Resident 1 stated later a registered nurse (RN) 1 came and explained to her the reason for the test. Resident 1 stated she gave the urine sample. Resident 1 stated, I was just humiliated all the way around. Resident 1 stated, After this happened, I don ' t feel comfortable here I almost left and got a motel.</p> <p>During a review of Resident 1's Minimum Data Set, (MDS - an assessment tool) dated 9/24/24, the MDS indicated, Resident 1's BIMS (Brief Interview for Mental Status) score was 15 (a score of 13 to 15 points indicates the resident has cognitive intactness).</p> <p>During a review of Resident 1 ' s physicians ' orders, a urinalysis (urine test) was ordered 9/26/24 at 7:20 p. m. to be completed for 9/27/24.</p> <p>During an interview on 10/10/24 at 11:53 a.m. with Resident 3, Resident 3 stated CNAs (CNA 1, 2, 3) came in the room with a urine cup and told him the physician ordered a urine sample. Resident 3 stated he did not have a physician at the facility. Resident 3 stated once he spoke to RN 1, RN 1 explained what the urine sample was for, and he provided a urine sample.</p> <p>During a review of Resident 3 ' s MDS, dated [DATE], the MDS indicated, Resident 3's BIMS score was 15.</p> <p>During a review of Resident 3 ' s physicians ' orders, a urinalysis was ordered 9/26/24 at 7:16 p.m. to be completed for 9/27/24.</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: 555256	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/10/2024
NAME OF PROVIDER OR SUPPLIER The Rehabilitation Center of Bakersfield		STREET ADDRESS, CITY, STATE, ZIP CODE 2211 Mount Vernon Avenue Bakersfield, CA 93306	
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 0552</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 10/10/24 at 12:25 p.m. Resident 2, Resident 2 stated, (CNA 1) tried get me to pee in a cup I told her I don ' t produce urine. Resident 2 stated she is dialysis patient and had not produced urine for 5 years.</p> <p>During a review of Resident 2 ' s MDS, dated [DATE], the MDS indicated, Resident 2's BIMS score was 15.</p> <p>During a review of Resident 2 ' s physicians ' orders, a urinalysis was ordered 9/26/24 at 7:21 p.m. to be completed for 9/27/24.</p> <p>During an interview on 10/10/24 at 2:47 p.m. CNA 1, CNA 1 stated the nurse told her go and collect a urine sample. CNA 1 stated she went into the room with other CNAs (CNA 1, 2, 3). CNA 1 stated the residents (Resident 1 and Resident 2) were upset.</p> <p>During an interview on 10/10/24 at 2:56 p.m. with CNA 2, CNA 2 stated LVN 1 asked her and CNA 1 and CNA 3 to go and collect a urine sample from Resident 1 and Resident 2. CNA 2 stated Resident 1 and Resident 2 were upset and refused to provide a urine sample and went outside.</p> <p>During an interview 10/10/24 at 5:10 p.m. with CNA 3, CNA 3 stated LVN 1 told us (CNA 1 and CNA 2) to collect a urine sample and to take a witness because (Resident 1) could be aggressive. CNA 3 stated they informed Resident 1 and Resident 2 they need a urine sample. CNA 3 stated both residents asked what the urine sample was for. CNA 3 stated she did not know what the urine samples were for. CNA 3 stated both residents refused and Resident 1 got upset and began yelling so they left the room.</p> <p>During an interview on 10/25/24 at 12:29 p.m. with LVN 1 stated when she gets new lab orders she will go in and explain to the resident why the lab needs to be collected. LVN 1 stated she would not ask a CNA to collect labs, she stated she would ask a CNA to assist her if the resident needs assistance with transfer.</p> <p>During an interview on 10/30/24 at 2:11 p.m. with RN 1, RN1 stated she was asked by Director of Nursing to get a urine sample for some residents. RN 1 stated she put the orders in and asked the LVNs to get the samples.</p> <p>During a review of the facility ' s policy and procedure (P&P) titled, Resident Rights, revised 1/1/12, the P&P indicated, to promote and protect the rights of all residents at the Facility. Employees are to treat residents with kindness respect, and dignity and honor the exercise of resident ' s rights. I. State and Federal laws guarantee certain basic rights to all residents of the facility. These rights include, but are not limited to, a resident ' s right to: . D. Privacy and confidentiality; .</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555256	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/10/2024
NAME OF PROVIDER OR SUPPLIER The Rehabilitation Center of Bakersfield		STREET ADDRESS, CITY, STATE, ZIP CODE 2211 Mount Vernon Avenue Bakersfield, CA 93306	
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 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure services provided by the nursing facility meet professional standards of quality.</p> <p>39763</p> <p>Based on interview and record review, the facility failed to consistently carry out physicians ' orders for three of three sampled residents (Resident 4, Resident 5, and Resident 6). These failures had the potential for infections to go unnoticed, for treatments to be ineffective, and possible adverse outcomes for Resident 4, Resident 5, and Resident 6.</p> <p>Findings:</p> <p>During a concurrent interview and record review on 10/10/24 at 2:15 p.m. with Director of Nursing (DON), the Medication Administration Record, (MAR) for Resident 4, Resident 5, and Resident 6, was reviewed and DON confirmed the following:</p> <p>Resident 4 ' s MAR, dated September 2024, the MAR indicated:</p> <p>Change iv (Intravenous-administration of fluids, medications or nutrients directly into a vein) tubing (flexible plastic tube that connects medication and or fluids to a patient iv access site) daily while on iv protonix (medication used to treat gastroesophageal reflux disease [GERD-a digestive disease in which stomach acid or bile irritates the food pipe lining]). -D/C (discontinue) Date- 10/08/2024 1615 (4:15 p.m.)</p> <p>The MAR indicated, on 9/3/24, for the 6 a.m. administration time, Resident 4 ' s protonix IV tubing was not documented as changed (blank).</p> <p>The MAR indicated, on 9/10/24, for the 6 a.m. administration time, Resident 4 ' s protonix IV tubing was not documented as changed (blank).</p> <p>The MAR indicated, on 9/18/24, for the 6 a.m. administration time, Resident 4 ' s protonix IV tubing was not documented as changed (blank).</p> <p>The MAR indicated, on 9/20/24, for the 6 a.m. administration time, Resident 4 ' s protonix IV tubing was not documented as changed (blank).</p> <p>The MAR indicated, on 9/24/24, for the 6 a.m. administration time, Resident 4 ' s protonix IV tubing was not documented as changed (blank).</p> <p>The MAR indicated, on 9/26/24, for the 6 a.m. administration time, Resident 4 ' s protonix IV tubing was not documented as changed (blank).</p> <p>The MAR indicated, on 9/27/24, for the 6 a.m. administration time, Resident 4 ' s protonix IV tubing was not documented as changed (blank).</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555256	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/10/2024
NAME OF PROVIDER OR SUPPLIER The Rehabilitation Center of Bakersfield		STREET ADDRESS, CITY, STATE, ZIP CODE 2211 Mount Vernon Avenue Bakersfield, CA 93306	
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 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Flush (fluid push though the line to ensure the line is clear) PICC (a thin, flexible tube that inserted into a vein in the upper arm and threaded into a large vein near the heart, used to administer medications, fluids, and nutrition) line 2 lumen (tube within the central line which allow for multiple medications or treatment to be administered) on upper arm with 10 ml (milliliter - unit of measure) of normal saline (NS-a saltwater solution) q (every) 12 hours. two time a day -D/C Date- 10/8/2024 1615.</p> <p>The MAR indicated, on 9/5/24, for the 9 p.m. administration time, Resident 4 ' s flush was not documented as administered (blank).</p> <p>The MAR indicated, on 9/19/24, for the 9 p.m. administration time, Resident 4 ' s flush was not documented as administered (blank).</p> <p>Pantoprazole (medication used to reduce acids in the stomach) . Use 40 mg (milligram-unit of measure) Intravenously (IV -fluids given directly into the blood stream) every 12 hours for GERD -D/C Date- 10/08/2024 1615.</p> <p>The MAR indicated, on 9/1/24, for the 6 a.m. administration time, Resident 4 ' s pantoprazole was not documented as administered (blank).</p> <p>The MAR indicated, on 9/3/24, for the 6 a.m. administration time, Resident 4 ' s pantoprazole was not documented as administered (blank).</p> <p>The MAR indicated, on 9/10/24, for the 6 a.m. administration time, Resident 4 ' s pantoprazole was not documented as administered (blank).</p> <p>The MAR indicated, on 9/18/24, for the 6 a.m. administration time, Resident 4 ' s pantoprazole was not documented as administered (blank).</p> <p>The MAR indicated, on 9/20/24, for the 6 a.m. administration time, Resident 4 ' s pantoprazole was not documented as administered (blank).</p> <p>The MAR indicated, on 9/24/24, for the 6 a.m. administration time, Resident 4 ' s pantoprazole was not documented as administered (blank).</p> <p>The MAR indicated, on 9/26/24, for the 6 a.m. administration time, Resident 4 ' s pantoprazole was not documented as administered (blank).</p> <p>The MAR indicated, on 9/27/24, for the 6 a.m. administration time, Resident 4 ' s pantoprazole was not documented as administered (blank).</p> <p>Resident 5 ' s MAR, dated September 2024, the MAR indicated:</p> <p>Change dressing and cap with stat-lock (a stabilization device use keep catheters place), biopatch (dressing that is used cover wounds caused by vascular access devices) to L (left) upper arm PICC line every day shift every 7 day(s) -D/C Date 09/06/2024 0824.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555256	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/10/2024
NAME OF PROVIDER OR SUPPLIER The Rehabilitation Center of Bakersfield		STREET ADDRESS, CITY, STATE, ZIP CODE 2211 Mount Vernon Avenue Bakersfield, CA 93306	
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 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>The MAR indicated, on 9/6/24, Resident 5 ' s dressing and cap change was not document as completed (blank).</p> <p>change iv tubing daily while on iv vancomycin (medication used to treat serious infections). in the morning until 10/31/2024 23:59.</p> <p>The MAR indicated, on 9/10/24, for the 6 a.m. administration time, Resident 5 ' s vancomycin IV tubing was not documented as changed (blank).</p> <p>The MAR indicated, on 9/18/24, for the 6 a.m. administration time, Resident 5 ' s vancomycin IV tubing was not documented as changed (blank).</p> <p>The MAR indicated, on 9/20/24, for the 6 a.m. administration time, Resident 5 ' s vancomycin IV tubing was not documented as changed (blank).</p> <p>The MAR indicated, on 9/24/24, for the 6 a.m. administration time, Resident 5 ' s vancomycin IV tubing was not documented as changed (blank).</p> <p>The MAR indicated, on 9/26/24, for the 6 a.m. administration time, Resident 5 ' s vancomycin IV tubing was not documented as changed (blank).</p> <p>The MAR indicated, on 9/27/24, for the 6 a.m. administration time, Resident 5 ' s vancomycin IV tubing was not documented as changed (blank).</p> <p>Vancomycin . Use 1 gram (unit of measure) intravenously two times a day for mrsa (methicillin-resistant staphylococcus aureus - a bacteria that does not respond to antibiotics) in wound until 10/31/2024 23:59 (11:59 p.m.) to restart iv vanco (vancomycin) on 09/14/24 @ 1800pm (6 p.m.).</p> <p>The MAR indicated, on 9/18/24, for the 6 a.m. administration time, Resident 5 ' s Vancomycin was not documented as administered (blank).</p> <p>The MAR indicated, on9/20/24, for the 6 a.m. administration time, Resident 5 ' s Vancomycin was not documented as administered (blank).</p> <p>The MAR indicated, on 9/24/24, for the 6 a.m. administration time, Resident 5 ' s Vancomycin was not documented as administered (blank).</p> <p>The MAR indicated, on 9/26/24, for the 6 a.m. administration time, Resident 5 ' s Vancomycin was not documented as administered (blank).</p> <p>The MAR indicated, on 9/27/24, for the 6 a.m. administration time, Resident 5 ' s Vancomycin was not documented as administered (blank).</p> <p>Resident 5 ' s MAR, dated October 2024, the MAR indicated:</p> <p>Vancomycin . Use 1 gram intravenously two times a day for mrsa in wound until 10/31/2024 23:59 to restart iv vanco on 09/14/24 @ 1800pm.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555256	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/10/2024
NAME OF PROVIDER OR SUPPLIER The Rehabilitation Center of Bakersfield		STREET ADDRESS, CITY, STATE, ZIP CODE 2211 Mount Vernon Avenue Bakersfield, CA 93306	
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 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>The MAR indicated, on 10/3/24, for the 6 p.m. administration time, Resident 5 ' s Vancomycin was not documented as administered (blank).</p> <p>The MAR indicated, on 10/6/24, for the 6 a.m. administration time, Resident 5 ' s Vancomycin was not documented as administered (blank).</p> <p>Flush picc line 2 lumen on right upper chest with 10 ml of NS (normal saline) before and after medication administration three time a day</p> <p>The MAR indicated, on 10/3/24, for the 6 p.m. administration time, Resident 5 ' s flush was not documented as administered (blank).</p> <p>monitor picc line 2 lumen on left arm q shift x (for) redness,swelling, [sic] bleeding or pain, [sic] to notify md (medical doctor) x any problem. every shift.</p> <p>The MAR indicated, on 10/3/24, for the evening shift monitoring, Resident 5 ' s picc line monitoring was not documented as completed (blank).</p> <p>Resident 6 ' s MAR, dated October 2024, the MAR indicated:</p> <p>flush central line (vascular access devices a thin, flexible tube inserted into a large vein to provide access to the heart used to administer medications, fluid, and nutrition) 2 lumen on right upper chest with 10 ml of normal saline q 12 hours two times a day.</p> <p>The MAR indicated, on 10/3/24, for the 9 p.m. administration time, Resident 6 ' s flush was not documented as administered (blank).</p> <p>The MAR indicated, on 10/4/24, for the 9 p.m. administration time, Resident 6 ' s flush was not documented as administered (blank).</p> <p>Monitor central line 2 lumen on right upper chest q shift x redness, swelling, bleeding [sic] or pain, [sic] to notify md x any problem. every shift.</p> <p>The MAR indicated, on 10/2/24, for the night shift monitoring time, Resident 6 ' s central line monitoring was not documented as completed (blank).</p> <p>The MAR indicated, on 10/4/24, for the evening shift monitoring time, Resident 6 ' s central line monitoring was not documented as completed (blank).</p> <p>DON confirmed the above findings. DON stated medication effectiveness has been compromised and she would not expect to see blank spaces.</p> <p>During a review of the facility ' s policy and procedure (P&P) titled, Care of Peripheral Inserted Central lines (PICC)- Dressing Change And Site Care, undated, the P&P indicated, E. Procedure: 1). Verify physician ' s order. Documentation: Document this procedure in the resident ' s medical record.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555256	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/10/2024
NAME OF PROVIDER OR SUPPLIER The Rehabilitation Center of Bakersfield		STREET ADDRESS, CITY, STATE, ZIP CODE 2211 Mount Vernon Avenue Bakersfield, CA 93306	
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 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During a review of the facility ' s policy and procedure (P&P) titled, Medication -Administration, revised 1/1/12, the P&P indicated, Purpose To ensure the accurate administration of medications for each residents in the Facility. Policy I. Medications will be administered directed by a licensed Nurse and upon the order of a physician or licensed independent practitioner. Procedure I. Administration of Medications . ii. Medications and treatments will be administered as prescribed to ensure compliance with dose guidelines. B. The Licensed Nurse will prepare medications within one hour od administration. i. Medications may be administered one hour before or one hour after the scheduled medication administration time. E. Licensed Nurse will chart drug, time administered and sign . (MAR). III. Holding Medications A. whenever a medication is held for any reason, the hour it was held must be initialed and circled in the . (MAR) by the responsible Licensed nurse. B. The licensed Nurse will document on the back of the MAR, noting the time and reason the medication was held. VIII. Refusing Medication A. If resident is refusing to take medication, time of refusal must be circled in the . (MAR) and initialed by the Licensed Nurse who is passing meds and documentation will be entered on the back of the MAR stating the reason for the refusal. The Licensed Nurse will attempt to give the medication several times, but if resident continues to refuse after one hour, . Licensed Nurse will notify M.D. and document in the medical record.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555256	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/10/2024
NAME OF PROVIDER OR SUPPLIER The Rehabilitation Center of Bakersfield		STREET ADDRESS, CITY, STATE, ZIP CODE 2211 Mount Vernon Avenue Bakersfield, CA 93306	
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>39763</p> <p>Based on observation and interview, the facility failed to ensure one of three sampled residents (Resident 7) urinary catheter (is a tube placed in the body to drain and collect urine from the bladder) collection bag was not touching the floor. This failure had the potential for Resident 7 to develop a urinary tract infection (UTI) start when bacteria get into the tube through which urine leaves the body).</p> <p>Findings:</p> <p>During a concurrent observation and interview on 10/28/24 at 2 p.m. with Certified Nursing Assistant (CNA) 4 outside Resident 7 ' s room. Resident 7 urinary catheter collection bag was noted lying on the floor not in dignity bag. CNA 4 confirmed Resident 7 urinary catheter collection bag was lying on the floor not in dignity bag.</p> <p>During a review of the facility ' s policy and procedure (P&P) titled, Catheter -Care of, revised 6/10/21, the P&P indicated, To prevent catheter -associated urinary tract infection . II. Residents with foley catheters will be cared for utilizing the most current CDC (Center for Disease Control) Guidelines to Prevent Urinary Tract Infections (UTI). V. Catheter Insertion . D. The catheter tubing, bag or spigot will be anchored to not touch the floor. XII. The resident ' s privacy and dignity will be protected by placing cover over drainage bag when the resident is out of bed.</p> <p>During a review of the CDC Guidelines for Prevention of Catheter-Associated Urinary Tract Infections (2009), last updated 6/6/2019, the CDC guidelines indicated, III. Proper Techniques for Urinary Catheter Maintenance . Maintain unobstructed urine flow. 2. Keep the collecting bag below the level of the bladder at all times. Do not rest the bag on the floor.</p>		