STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555431	A. Building B. Wing	05/28/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Country Hills Post Acute	1580 Broadway El Cajon, CA 92021

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)
F 0690 Level of Harm - Minimal harm or potential for actual harm 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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, interviews, and record review the facility failed to provide urinary catheter (a thin, flexible tube inserted into the bladder to drain and collect urine) care per facility policy for two (Resident 9 and Resident 18) of five sampled residents with urinary catheters when staff it did not:Provide meatal care (cleaning the area where a urinary catheter enters the body [the meatus] daily using mild soap and water to prevent infections) to Resident 9 for six days after readmission from the hospital.Secure Resident 18 ?s urinary catheter drainage bag to the frame of the bed, allowing drainage bag to rest on her bedroom floor. This failure had the potential for Resident 9 and Resident 18?s urinary catheters to be at a higher risk for urinary tract infections and put their overall health at risk. Findings:1. Review of admission Record indicated Resident 9 was re-admitted on [DATE], (originally first admitted on [DATE]) for diagnoses which included: Paraplegia (the partial or complete paralysis of the lower half of the body, including both legs) and Urinary Tract Infection (a bacterial infection in any part of the urinary system).Review of Minimum Data Set (MDS-standardized clinical assessment tool used in nursing homes) Section C Cognitive (thinking) Patterns indicated a Brief Interview for Mental Status (BIMS) score of 14 indicating intact cognition (thinking processes).Review of MDS Section GG-Functional Abilities indicated Resident 9 was coded as Dependent-Helper does ALL of the effort. Resident does none of the effort to complete the activity. Or the assistance of 2 or more helpers is required for the resident to complete activity for Toileting Hygiene.Review of physician orders order dated 5/15/26 indicated Indwelling urinary catheter: Cleanse catheter insertion site with warm water soap & water rinse every shift and prn as needed. Resident 9 was admitted on [DATE] at 10 P.M. indicating a discrepancy of 6 days without ordered cleansing of insertion site.Review of the TAR Treatment Administration Record (TAR) indicated, Indwelling Urinary Catheter: Cleanse Catheter insertion site with warm water soap & water, & rinse every shift. PRN (as needed) treatment was not started until 5/15/26 at 1900 (7 PM), 7 days since admission day. There was no documentation of nurses cleansing the catheter insertion sight for the dates 5/9/26 to 5/15/26 AM shift.On 5/15/26 at 10:35 A.M., an observation and interview was conducted with Resident 9. Resident 9 was observed in bed with foley catheter with clear yellow urine in the bag. Resident was alert, oriented, and agreed to be interviewed. Resident 9 stated that he has had urinary catheters for 11 years. Resident 9 stated the last time he was sent out to the hospital for his catheter was about 5/4/26 to 5/8/26. Resident 9 stated that the nurses don't check his catheter every shift and they are not very consistent. Resident 9 stated that he was not sure how often they assessed and cleaned the insertion site, and he did not remember how many times this month it was done.On 5/15/26 at 10:50 A.M., an interview was conducted with Licensed Nurse (LN 2). LN 2 stated she was Resident 9's medication nurse that day. LN 2 stated that for urinary catheters she followed the orders for flushing and patency, checked the color of the urine, calculated intake and outputs, and checked for signs and symptoms of infection such as burning or change in urination. LN 2 stated she was not sure who was responsible for assessing resident's meatus or cleaning meatus during catheter care and stated, I think the CNA. LN 2 stated that importance of someone checking (continued on next page)

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	and cleaning the meatus was to make sure catheter was working properly and to prevent infections.On 5/28/26 at 10:10 A.M., a follow-up interview with Resident 9 was conducted. Resident 9 was observed in bed. Resident 9 was alert, oriented, and agreeable for an interview. Resident stated that, A few of the nurses were doing the catheter care every shift, but not all nurses. Resident 9 stated that he feared having to have his catheter changed again in the hospital, because he had it changed so many times in the past.On 5/28/26 at 10:20 A.M., an interview with Licensed Nurse (LN) 7 and record review of Resident 9's orders was conducted. LN 7 stated she had taken care of Resident 9 twice and was currently Resident 9's medication nurse. LN 7 stated that LN's responsibility for urinary catheters was to check placement, keep track of input & output of urine, monthly catheter changes, assess catheter for any signs or symptoms of infection. LN 7 was not aware of Resident 9's order to cleanse the catheter insertion sight with warm water once a shift. Concurrent record review with LN 7 of order to cleanse sight was conducted. LN 7 stated she had misread the order and thought the order was for PRN cleansing and not per shift. LN 7 stated that she usually does her med pass and then will do the treatments for the resident after she finished her med passes, but she had not cleansed the insertion sight at time of the investigation. LN 7 stated the expectation for urinary catheters was to make sure that they were assessed and cleaned per order to maintain functionality and prevent infection.On 5/28/26 at 11:20 A.M., an interview with the Director of Nursing (DON) was conducted. The DON stated that when Resident 9 was readmitted from the hospital, staff forgot to get the order for cleansing resident's meatus every shift, so it was not documented in the Treatment Administration Record (TAR). The DON stated she entered the order the first day of investigation, 5/15/26, when this writer started the investigation. The DON stated that the expectation for LN's is to do urinary catheter care every shift which includes assessing the catheter and cleansing the meatus with warm water and soap every shift, and documenting on the TAR. The DON stated that the meatus should be assessed and cleansed by medication nurse every shift to prevent infections.Review of facility policy and procedure titled Catheter Care, Urinary dated 2001, indicated General Guidelines .4 Ensure that the catheter remains secured with a securement devices to reduce friction and movement of insertion site.Catheter Evaluation.2. Nursing and the interdisciplinary team should assess and document the ongoing need for a catheter in place.Infection Control.1. Use aseptic technique when handling or manipulating the drainage system. 2. Be sure the catheter tubing and drainage bag are kept off the floor.Routine Perineal Hygiene.12. Assess the urethral meatus. 13 For female resident: a. Use a washcloth with warm water and soap (or clean bathing wip) to cleanse labia. Use one area of washcloth (or wipe) for each downward, cleansing stroke. b. Change the position of washcloth (or wipe) and cleanse around the urethral meatus. Do not allow the washcloth/wipe to drag on the resident's skin or bed linens. C. with clean washcloth (or wipe),rinse using the above technique. 14. For a male resident: a Use a washcloth with warm water and soap (or clean bathing wipe) to cleanse around the meatus. B. Cleanse the glans using circular strokes from the meatus outward. c. Change the position of washcloth(or wipe) with each cleansing stroke. d. With a clean washcloth (or wipe), rinse using above technique. E. return foreskin to normal position. 15. Use a clean washcloth with warm water and soap (or bathing wipe) to cleanse and rinse the catheter from insertion site to approximately 4 inches outward. 2. Review of admission Record indicated Resident 18 was re- admitted on [DATE] (originally admitted on [DATE]) for diagnoses which included: Metabolic Encephalopathy (brain dysfunction caused by chemical imbalances or underlying systemic diseases in the body), Sepsis(your body's extreme, life-threatening response to an infection), and Acute Kidney Failure(a sudden decline in kidney function, developing within hours or days).Review of Minimum Data Set (MDS-standardized clinical assessment tool used in nursing homes) Section C Cognitive (thinking) Patterns for Resident 18 indicated a Brief Interview for Mental Status (BIMS) score of 11, indicating moderate cognitive (thinking processes) impairment.Review of MDS Section GG-Functional Abilities indicated Resident 18 was coded as Dependent-Helper does ALL of the effort. Residents does none of the effort to complete the activity. Or the assistance of 2 or (continued on next page)

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F 0690 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	more helpers is required for the resident to complete activity for Toileting Hygiene.Review of physician orders dated 2/19/26 indicated Monitor proper placement, no kinking, or compression that could obstruct urine flow to gravity bag during catheter care Q shift every shift.On 5/15/26 at 2:30 P.M., an observation and interview with Resident 18 was conducted. Resident 18 was observed resting in bed watching tv. Resident 18 was alert and oriented and agreeable to interview. Resident 18 stated that she had no problems with her catheter, and that staff cleaned it every shift. Resident 18's catheter bag was observed lying flat on the ground.On 5/15/26 at 2:40 P.M. a concurrent observation of Resident 18's catheter bag and interview with LN 6, (Resident 18's medication nurse) was conducted. Resident 18's catheter bag was observed lying flat on the ground. LN 6 stated the expectation was that the urinary catheter bag should be below resident's bladder, and secured to the bed frame, to prevent bacteria from the floor infecting resident's catheter.On 5/15/26 at 2:45 P.M., a concurrent observation of Resident 18's catheter bag and interview with Certified Nursing Assistant (CNA)5, Resident 18's CNA, was conducted. Resident 18's catheter bag was observed on the ground. CNA 5 stated the expectation was that the urinary catheter bag should be below resident's bladder, and secured to the bed frame, to prevent the bag from getting stepped on and prevent bacteria from the floor infecting resident's catheter.On 5/15/26 at 4:30 P.M., an interview with the Infection Preventionist (IP) and observation of picture of Resident 18's catheter bag was conducted. The IP stated the expectation is catheter bag should be secured to the bed's frame below resident's bladder and above the floor to prevent bacteria on the floor from causing a UTI and complications of UTI, such as sepsis.On 5/28/26 at 11:20 A.M., an interview with the Director of Nursing (DON) was conducted. The DON stated that catheter bags should be secured to bedside below the bladder and not on the floor to prevent unwanted infections and accidental pulling on the catheter.Review of facility policy and procedure titled Catheter Care, Urinary dated 2001, indicated General Guidelines .4 Ensure that the catheter remains secured with a securement devices to reduce friction and movement of insertion site.Catheter Evaluation.2. Nursing and the interdisciplinary team should assess and document the ongoing need for a catheter in place.Infection Control.1. Use aseptic technique when handling or manipulating the drainage system. 2. Be sure the catheter tubing and drainage bag are kept off the floor.