

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  675046	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/19/2024
NAME OF PROVIDER OR SUPPLIER  Rosenberg Health & Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE  1419 Mahlman St Rosenberg, TX 77471	

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** 47277</b></p> <p>Based on observation, interview, and record review, the facility failed to ensure residents who needed colostomy (stool or urine collection pouch that is attached to the skin) care were provided such care, consistent with professional standards of practice, the comprehensive person-centered care plan, and the resident's goals and preferences for two (CR #1, R #2) of seven residents reviewed for colostomies and catheter care.</p> <p>The facility failed to:</p> <ul style="list-style-type: none"> <li>-Ensure CR #1 and R #2's catheter was emptied per shift as ordered by physician.</li> <li>-This failure placed residents with a colostomy at risk of in delay in treatment/care, infection, discomfort, decreased quality of care.</li> </ul> <p>Findings Included:</p> <p>Record review of CR #1's undated face sheet revealed a [AGE] year-old who male who was initially admitted to the facility on [DATE] and readmitted on [DATE] and discharged [DATE]. Resident had diagnoses of Paraplegia (paralysis that affects all or part of the trunk, legs and pelvic organs), Colostomy, chronic pain, and disease of spinal cord (Curving spine).</p> <p>Record review of CR#1's quarterly MDS (assessment tool) dated 03/01/2024 revealed a BIMS Score of 15, indicating no Cognitive Impairment. Section H (Bladder and Bowel) reflected he had an Indwelling Catheter (held in the in the bladder by a water-filled balloon, which prevents it falling out) and Ostomy Bag (used to collect waste from surgical openings in the intestines or bladder).</p> <p>Record review of CR#1's physician's order dated 2/23/2024 revealed, provide Urinary Catheter (flexible tube used to empty the bladder and collect urine) care every shift, change bag along with the catheter if visible soiled, to collect a urine specimen, or if the closed system has been compromised.</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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<p>F 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Record review of CR#1's Care Plan dated 2/23/2024 revealed CR#1 has a urinary catheter (flexible tube used to empty the bladder and collect urine) and is at risk for urinary tract infections and injury related to his suprapubic catheter (A hollow flexible tube that is used to drain urine from the bladder through a cut in the abdomen); monitor and document output; Change urinary catheter per routine schedule, if leaking, or if a blockage is present as ordered by the physician, provide urinary care per facility practice and provide incontinent care as needed.</p> <p>Record review of CR#1's EMS records dated 3/13/2024 revealed, at contact CR#1 had over 2000ml of urine in the bag and told EMS staff would not help him. The report revealed colostomy and foley catheters were present.</p> <p>Record review of CR#1's hospital record dated 3/13/2024 upon admittance records revealed, CR #1 presenting with foul odor in urine for a week. This is a 44 yo M with PMH HTN, HLD, paraplegia s/p GSW, with colostomy &amp; SP catheter, here with lower abd pain, positive urine cultures. Pt with UA on 3/7, cultures came back but never got the abx from his facility - [name of facility]. Pt (Patient) with increasing abd (abdominal) pain, tremors in legs. Pt states his call light was taken away from him at his facility. A/w nausea.</p> <p>Record review of R#2's undated face sheet reveal, [AGE] year-old who male who was initially admitted to the facility on [DATE] and readmitted on [DATE]. Resident had diagnoses of Benign urinary tract symptoms (frequent or urgent need to urinate), Parkinson's Disease (central nervous system disorder), neuromuscular dysfunction of bladder (people who lack control of their bladder due to a brain, spinal cord or nerve problem), urinary tract infection (an infection in any part of your urinary system), and retention of urine.</p> <p>Record review of R#2's MDS dated [DATE] revealed a BIMS Score of 15, indicating no Cognitive Impairment. Section H (Bladder and Bowel) reflected he has an Indwelling Catheter.</p> <p>Record review of R#2's physician's order dated 5/22/2023 revealed, Catheter care should be secured in place every shift for Urinary Catheter use, change catheter if it becomes occluded, to obtain a urine specimen, or if the closed system has become compromised, every shift for urinary retention related to obstructive and reflux uropathy, Change the BSD (cover) bag along with the catheter if visibly soiled, to collect a urine specimen, or if the closed system has been compromised, as needed for care,</p> <p>Record review of R#2's Care Plan dated 5/22/2023 revealed resident has a urinary foley catheter due to Neurogenic bladder. Monitor for and report to the physician any signs or symptoms of urinary tract infections. Change urinary catheter per routine schedule, if leaking, or if a blockage is present as ordered by the physician, provide urinary care per facility practice and provide incontinent care as needed. Monitor and document output.</p> <p>Review of Nursing notes dated 3/12/2024 at 8:27am, CR#1 refused to allow staff to collect urine for C/S and also last night.</p> <p>(continued on next page)</p>		

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<p>F 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 3/14/2024 at 6:30pm - Interview with CR#1, while he was in the hospital. CR#1 stated he had been in the facility for only six months and has not received proper medical care or medications. He further stated the facility does not communicate with him. CR#1 stated he has had a Urinary Tract Infection in the past. He stated his urine bag was always left full to the capacity the bag can hold and urine was always backing up in the tubes toward entry.</p> <p>On 3/19/2024 at 11:00am Observation during rounds of the facility revealed R#2's foley bag to be full to its capacity.</p> <p>On 3/19/2024 at 11:11am-Interview with R#2 stated no one has changed his foley bag today. He stated 3rd shift hardly changes his bag and its always full. He states he cannot remember the last time the bag has been changed. He stated his foley bag may have been changed yesterday during the day shift but can't remember.</p> <p>On 3/19/2024 at 11:50am-Interview and observation with LVN A who stated she arrived on her shift this morning at 6:00am and did not observe his bag to be full. She stated the CNA usually empty the bag at the end of the shift and give the output numbers to the LVN. She stated the CNA has not emptied the bag today. LVN A was asked to look at the foley bag to see if the amount of urine in the foley bag was acceptable. LVN A stated it was not acceptable and the bag should have been emptied. She stated the results of a full foley bag can cause the resident to have a UTI. LVN A emptied the bag at this time.</p> <p>On 3/19/2024 at 12:02pm-Interview with CNA A who stated CR#1 requires staff to allow him to be independent. She states he has an electric wheelchair and does for himself. He watches himself and he empty's his own foley bag. She stated nursing staff was aware of this. She stated he will also record his output and relay the information. She stated a lot of times you come in the room just to get the output numbers for nursing staff, and he has already emptied his bag. It depends on how he's feeling if he gives you the information or not. She stated management staff was aware of this issue.</p> <p>Referenced to R#2, CNA A stated she has not emptied R#2's foley bag today. She stated she has not had a lot of time as she was responsible for another resident who has a higher level of care. However, CNA A stated it was important to empty foley bags before they were full because urine could back up and resident could get a UTI or another infection.</p> <p>On 3/19/2024 at 1:30pm-Interview with LVN B who stated CR#1 was extremely difficult. LVN B stated he refuses to cooperate with staff regarding his treatment. LVN B stated he refused wound care and other care as well.</p> <p>On 3/19/2024 at 3:50pm-Interview with CNA C who stated CR#1 refused care a lot. She stated she was very familiar with CR#1 and stated he has an electric wheelchair and would go to the bathroom and empty his own foley bag. She stated he refused to allow staff to empty his bag. Also, the foley bags were to be emptied at the end of the shift, then CNA gives the output number to nursing staff. CNA C stated a lot of the issues come because night shift does not empty the bags.</p> <p>(continued on next page)</p>		

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<p>F 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 3/19/2024 at 4:25pm-Interview with the DON who stated the CNAs were to empty the bag and give the output to the nurse to be recorded. The DON stated there should not be any full catheter bags, which can back-up and cause infections. The DON stated, while the practice was to give the output numbers at the end of the shift, the CNAs were required to constantly monitor throughout all shifts. The DON stated, A full foley bag was unacceptable.</p> <p>On 3/19/2024 at 4:34pm- during the exit interview, the Admin indicated the CNA's work 12-hour shifts. She further stated that throughout the shift all nursing staff should monitor the bags so they will not get full and suggested to the DON and ADON management staff would have to come into the facility during the night to monitor and ensure staff are attentive to residents as required.</p> <p>Record review of the facility's policy and procedure dated 5/23/2014 and reviewed 2/10/2020 on Indwelling Foley Catheter Guidelines revealed, facility shall identify and access patients with an indwelling catheter or at risk for catheterization, provide appropriate treatment and services to prevent urinary tract infections and to achieve or maintain as much normal bladder function as possible, and ensure that indwelling catheters are medically necessary. Maintain unobstructed urine flow by changing indwelling catheters or drainage bags at routine. It is suggested to change catheters and drainage bags based on clinical indications such as infection, obstruction, or when the closed system is compromised.</p>		