

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

POC ACCEPTED 06/04/25

PRINTED: 05/12/2025
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055287	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 05/01/2025
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NAME OF PROVIDER OR SUPPLIER VALLEY PALMS CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 13400 SHERMAN WAY N HOLLYWOOD, CA 91605
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
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F 000 INITIAL COMMENTS

The following reflects the findings of the California Department of Public Health during an abbreviated standard survey.

Facility Reported Incident Number: CA00958786

The inspection was limited to the specific Facility Reported Incident investigated and does not represent the findings of a full inspection of the facility.

Three deficiencies were issued for Facility Reported incident number: CA00958786 (Refer to F tags 550, 656 and 691).

F 550 Resident Rights/Exercise of Rights
SS=D CFR(s): 483.10(a)(1)(2)(b)(1)(2)

§483.10(a) Resident Rights.
The resident has a right to a dignified existence, self-determination, and communication with and access to persons and services inside and outside the facility, including those specified in this section.

§483.10(a)(1) A facility must treat each resident with respect and dignity and care for each resident in a manner and in an environment that promotes maintenance or enhancement of his or her quality of life, recognizing each resident's individuality. The facility must protect and promote the rights of the resident.

§483.10(a)(2) The facility must provide equal access to quality care regardless of diagnosis, severity of condition, or payment source. A facility must establish and maintain identical policies and practices regarding transfer, discharge, and the

F 000 "This plan of correction constitutes the facility's credible allegation of compliance."

Valley Palms Care Center makes its best effort to operate in full compliance both Federal and State law. Nothing included in this Plan of Correction is an admission otherwise. Valley Palms Care Center has submitted this Plan of Correction in order to comply with its regulatory obligation and does not waive any objections to the merits or form of any allegations contained herein. Please note that Valley Palms Care Center (hereinafter VPCC) may contest the merits and/or form of any of the deficiency findings alleged below and may take appropriate steps to appeal them

F 550 Residents rights/Exercise of Rights 5/22/25

How corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice

CNA 1, on 04/30/2025, immediately placed a dignity bag on Resident 1's urinary collection bag.

How the facility will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken

Infection Control Nurse, on 4/30/25, completed a facility audit of all residents with foley catheter with dignity bag and found no other deficiencies noted.

What measures will be put into place or what systemic changes the facility will make to ensure that the deficient practice does not recur

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Frank Delle

TITLE

Administrative

(X6) DATE

5/22/25

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.

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F 550	<p>Continued From page 1</p> <p>provision of services under the State plan for all residents regardless of payment source.</p> <p>§483.10(b) Exercise of Rights. The resident has the right to exercise his or her rights as a resident of the facility and as a citizen or resident of the United States.</p> <p>§483.10(b)(1) The facility must ensure that the resident can exercise his or her rights without interference, coercion, discrimination, or reprisal from the facility.</p> <p>§483.10(b)(2) The resident has the right to be free of interference, coercion, discrimination, and reprisal from the facility in exercising his or her rights and to be supported by the facility in the exercise of his or her rights as required under this subpart. This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review, the facility failed to provide care in a manner that maintained the resident's dignity for one of the three sampled residents (Resident 1) by failing to ensure Resident 1's urinary collection bag was covered with a privacy bag.</p> <p>This failure had the potential to negatively affect Resident 1's self-esteem and self-worth.</p> <p>Findings:</p> <p>During a review of Resident 1's Admission Record, the Admission Record indicated the facility admitted Resident 1 on 11/13/2024 with diagnoses that included multiple sclerosis (MS- a chronic, progressive disease involving damage to the nerve cells in the brain and spinal cord),</p>	F 550	<p>DON performed one to one in-service on 4/30/25 to CNA 1 and LVN 1 regarding placement of dignity bag to cover resident urine collection bag; and facility policy and procedures for Dignity and Infection Control.</p> <p>DON performed licensed staff in-service to LVN's and RN's on 4/30/25, 5/1/25, and 5/2/25 regarding placement of dignity bag over residents' urine collection bag as well as the facility policies for Infection Control and Dignity.</p> <p>How the facility plans to monitor its performance to make sure that solutions are sustained. The facility must develop a plan for ensuring that correction is achieved and sustained. This plan must be implemented, and the corrective action evaluated for its effectiveness.</p> <p>Managers and staff to perform facility room rounds using the facility tool entitled "Resident Centered Care Room Rounds Report" Monday to Friday to verify all foley catheters urine collection bags have a dignity bag in place. On weekends, the Manager of the Day or designee to perform these room rounds to verify all appropriate dignity bags in place.</p> <p>Director of Nursing to collect and review room rounds data weekly and will report audit findings to the Quality Assurance Committee Monthly X 3 months for review and evaluation. Director of Nursing and/or Administrator to determine if continued auditing and monitoring is recommended after three months.</p> <p>Completion Date 5/22/25</p>

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F 550 Continued From page 2 F 550

unspecified (unconfirmed) malignant neoplasm (also known as a cancerous tumor, is an abnormal growth of cells that can invade surrounding tissues and spread to other parts of the body) of the bladder (a hollow, spherical-shaped organ that holds urine), and acute pyelonephritis (a bacterial infection causing inflammation of the kidneys).

During a review of Resident 1's Minimum Data Set (MDS - a resident assessment tool), dated 3/23/2025, the MDS indicated Resident 1's cognitive (mental action or process of acquiring knowledge and understanding) skills for daily decisions were moderately impaired. The MDS indicated Resident 1 needed maximum assistance from staff for toileting, showering and lower body dressing. The MDS indicated Resident 1 had a urinary catheter (a hollow tube inserted into the bladder to drain or collect urine) or urinary ostomy (an opening in the belly made during surgery to re-direct urine away from the damaged bladder).

During a review of Resident 1's History and Physical (H&P-a medical examination that involves a doctor taking a patient's medical history, performing a physical exam, and documenting their findings), dated 4/4/2025, the H&P indicated Resident 1 had the capacity to understand and make decisions.

During an observation on 4/30/2025 at 8:53 a.m., in Resident 1's bedside, Resident 1's urinary collection bag was hanging on the bedside drawer handle with no dignity cover.

During a concurrent observation and interview on 4/30/2025 at 9:03 a.m., with the Assistant Director

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F 550	<p>Continued From page 3</p> <p>of Staff Development (ADSD) in Resident 1's bedside. The ADSD stated Resident 1's urinary collection bag had no dignity cover.</p> <p>During an interview on 4/30/2025 at 9:12 a.m., with Licensed Vocational Nurse 1 (LVN 1), LVN 1 stated she (LVN 1) did not notice that Resident 1's urinary collection bag dignity cover was missing. LVN 1 stated Resident 1's urinary collection bag should be covered by a dignity bag for Resident 1's privacy.</p> <p>During an interview on 4/30/2025 at 9:35 a.m., with Certified Nursing Assistant 1 (CNA 1), CNA 1 stated he (CNA 1) removed the dignity cover when he (CNA 1) emptied the urinary collection bag and planned to give Resident 1 a shower, but Resident 1 had refused to shower. CNA 1 stated he (CNA1) plans to cover the urinary collection bag after Resident 1's shower.</p> <p>During an interview on 4/30/2025 at 10:46 a.m., with the Director of Staff Development (DSD), the DSD stated Resident 1's urinary collection bag should be covered for Resident 1's dignity.</p> <p>During a concurrent interview and record review on 5/1/2025 at 8:45 a.m., with the Director of Nursing (DON), facility's policy and procedure (P&P) titled, "Dignity" dated 2/2021 and last reviewed on 7/30/2024, the P&P indicated, "Each resident shall be cared for in a manner that promotes and enhances his or her sense of well-being, level of satisfaction with life, and feelings of self-worth and self-esteem. Demeaning practices and standards of care that compromise dignity are prohibited. Staff are expected to promote dignity and assist residents; for example: a. helping the resident to keep</p>	F 550		

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F 550	Continued From page 4 urinary catheter bags covered." The DON stated the facility failed to provide dignity cover to Resident 1's urinary collection bag. The DON stated CNAs and LVNs need to do their rounds and make sure urinary collection bags have dignity cover. The DON stated Resident 1's psychosocial wellbeing can be affected.	F 550			
F 656 SS=D	Develop/Implement Comprehensive Care Plan CFR(s): 483.21(b)(1)(3) §483.21(b) Comprehensive Care Plans §483.21(b)(1) The facility must develop and implement a comprehensive person-centered care plan for each resident, consistent with the resident rights set forth at §483.10(c)(2) and §483.10(c)(3), that includes measurable objectives and timeframes to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment. The comprehensive care plan must describe the following - (i) The services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.24, §483.25 or §483.40; and (ii) Any services that would otherwise be required under §483.24, §483.25 or §483.40 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(c)(6). (iii) Any specialized services or specialized rehabilitative services the nursing facility will provide as a result of PASARR recommendations. If a facility disagrees with the findings of the PASARR, it must indicate its rationale in the resident's medical record. (iv) In consultation with the resident and the resident's representative(s)-	F 656	Develop/Implement Comprehensive Care Plan How corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice On 4/30/25 Treatment Nurse immediately replaced urostomy tubing and bag for Resident 1. The care plan was updated by LVN 1 on 4/30/25 and the physician was notified. How the facility will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken Infection Control Nurse on 4/30/25 completed a facility audit of all residents with foley catheter to check for sedimentation and cloudiness in the output. Additionally, IP Nurse verified all care plans were in place for all residents with foley catheter on 4/30/25. All residents with Foley Catheter have Care Plan in place What measures will be put into place or what systemic changes the facility will make to ensure that the deficient practice does not recur DON performed one to one in-service on 4/30/25 to CNA 1 regarding prompt reporting of any cloudy urine or sediment present in the urinary tubing and catheter bag to the LVN. DON performed one to one in-service on 4/30/25 to LVN 1 regarding prompt reporting to MD of any cloudy urine, sediment, blood in urine and/or change in condition. Additionally, DON reviewed the facility policy and procedure "Comprehensive Person-Centered Care Plans".	5/22/25	

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F 656 Continued From page 5

(A) The resident's goals for admission and desired outcomes.

(B) The resident's preference and potential for future discharge. Facilities must document whether the resident's desire to return to the community was assessed and any referrals to local contact agencies and/or other appropriate entities, for this purpose.

(C) Discharge plans in the comprehensive care plan, as appropriate, in accordance with the requirements set forth in paragraph (c) of this section.

§483.21(b)(3) The services provided or arranged by the facility, as outlined by the comprehensive care plan, must-

(iii) Be culturally-competent and trauma-informed. This REQUIREMENT is not met as evidenced by:

Based on observation, interview, and record review, the facility failed to implement a person-centered care plan for one of three sampled residents (Resident 1) by failing to monitor, record and report to the physician signs of urinary tract infection (UTI- an infection in the bladder/urinary tract) as indicated in Resident 1's Care Plan for urostomy (a surgical procedure where an opening, is created in the abdomen to allow urine to exit the body).

This failure had the potential for delayed provision of necessary care and services and had the potential for the development of UTI.

Findings:

During a review of Resident 1's Admission Record, the Admission Record indicated the facility admitted Resident 1 on 11/13/2024, with diagnoses that included multiple sclerosis (MS- a

F 656 DON performed licensed staff in-service to LVN's and RN's on 4/30/25, 5/1/25, and 5/2/25 regarding prompt reporting to MD of any cloudy urine, sediment, blood in urine and/or change in condition. Additionally, DON reviewed the facility policy and procedure "Comprehensive Person-Centered Care Plans".

How the facility plans to monitor its performance to make sure that solutions are sustained. The facility must develop a plan for ensuring that correction is achieved and sustained. This plan must be implemented, and the corrective action evaluated for its effectiveness.

Medical records department to audit care plans weekly for three months for residents with foley catheter, to ensure care plan is being followed.

Director of Nursing to collect and review data and will report audit findings to the Quality Assurance Committee Monthly X 3 months for review and evaluation. Director of Nursing and/or Administrator to determine if continued auditing and monitoring is recommended after three months.

Completion Date 5/22/25

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F 656 Continued From page 6 F 656

chronic, progressive disease involving damage to the nerve cells in the brain and spinal cord), unspecified (unconfirmed) malignant neoplasm (also known as a cancerous tumor, is an abnormal growth of cells that can invade surrounding tissues and spread to other parts of the body) of the bladder (a hollow, spherical-shaped organ that holds urine), and acute pyelonephritis (a bacterial infection causing inflammation of the kidneys).

During a review of Resident 1's Care Plan initiated on 3/19/2025, about urostomy with collection bag, the Care Plan indicated an intervention to monitor, record and report to the physician signs and symptoms of UTI -pain, burning, blood-tinged (having a slight color of blood) urine, cloudiness (appearing milky or hazy), no urine output, deepening of urine color, increased pulse rate, increased temperature, urinary frequency, foul smelling urine, fever, chills, altered mental status (a change in mental function), change in behavior or change in eating patterns.

During a review of Resident 1's Minimum Data Set (MDS - a resident assessment tool), dated 3/23/2025, the MDS indicated Resident 1's cognitive (mental action or process of acquiring knowledge and understanding) skills for daily decisions were moderately impaired. The MDS indicated Resident 1 needed maximum assistance from staff for toileting, showering and lower body dressing. The MDS indicated Resident 1 had a urinary catheter (a hollow tube inserted into the bladder to drain or collect urine) or urinary ostomy (an opening in the belly made during surgery to re-direct urine away from the damaged bladder).

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F 656	Continued From page 7 During a review of Resident 1's History and Physical (H&P-a medical examination that involves a doctor taking a patient's medical history, performing a physical exam, and documenting their findings), dated 4/4/2025, the H&P indicated Resident 1 had the capacity to understand and make decisions. During an observation on 4/30/2025, at 8:53 a.m., in Resident 1's right side of the bed. Resident 1's urinary tubing had cloudy urine with white sediments (particles that can make your urine look cloudy or have visible specks) noted. During a concurrent observation, and interview on 4/30/2025, at 9:03 a.m., with the Assistant Director of Staff Development (ADSD) in Resident 1's bedside. The ADSD stated Resident 1's urinary tubing had cloudy urine with white sediments. The ADSD stated Certified Nursing Assistant 1 (CNA 1) should have reported to Licensed Vocational Nurse 1 (LVN 1) that Resident 1's urinary tubing had cloudy urine with white sediments. During an interview on 4/30/2025, at 9:12 a.m., with LVN 1, LVN 1 stated she (LVN 1) just received a report that Resident 1's urine was cloudy and had sediments. LVN 1 stated sediments are possible signs of urinary infection, and the physician should be notified. LVN 1 stated delay in physician notification can result in infection and can clog the urinary tubing. During an interview on 4/30/2025, at 9:35 a.m., with Certified Nursing Assistant 1 (CNA 1), CNA 1 stated he (CNA 1) had emptied Resident 1's urinary bag this morning and noted Resident 1's	F 656		

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F 656 Continued From page 8
urine was a little cloudy. CNA 1 stated he (CNA 1) did not report to LVN 1.

F 656

During an interview on 4/30/2025, at 10:46 a.m., with the Director of Staff Development (DSD), the DSD stated any abnormalities with the urine output such as presence of sediments, change in color of urine and foul-smelling urine should be reported to the physician. The DSD stated CNA 1 should have reported to LVN1 and LVN 1 would have checked Resident 1 and notified the physician.

During an interview on 5/1/2025, at 8:45 a.m., with the Director of Nursing (DON), the DON stated Resident 1's urostomy bag was changed on 4/30/2025 at 5:20 a.m., because of the presence of sediments. The DON stated the facility failed to follow the care plan to notify the physician that Resident 1's urine output had sediments. The DON stated care plan should be followed. The DON stated care plan ensures care is provided appropriately to Resident 1 timely and intervention were done to prevent possible adverse reaction (unwanted undesirable effects).

During a review of facility's policy and procedure (P&P) titled, "Comprehensive Person-Centered Care Plans", dated 3/2022, and last reviewed on 7/30/2025, the P&P indicated, "A comprehensive, person-centered care plan that includes measurable objectives and timetables to meet the resident's physical, psychosocial (pertaining to the influence of social factors on an individual's mind or behavior, and to the interrelation of behavioral and social factors) and functional needs (specific limitations or disabilities that affect a person's ability to perform daily tasks or participate in activities) is developed and

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F 656 Continued From page 9
implemented for each resident ...

3. The care plan interventions are derived from a thorough analysis of the information gathered as part of the comprehensive assessment ...

7. The comprehensive, person-centered care plan:
a. includes measurable objectives and timeframes.
b. describes the services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being.
c. includes the residents' stated goals upon admission and desired outcomes.
d. builds on the resident's strengths; and
e. reflects currently recognized standards of practice for problem areas and conditions."

F 691 Colostomy, Urostomy, or Ileostomy Care
SS=E CFR(s): 483.25(f)

F 691 Colostomy, urostomy, or Ileostomy Care
5/22/25

§483.25(f) Colostomy, urostomy,, or ileostomy care.
The facility must ensure that residents who require colostomy, urostomy, or ileostomy services, receive such care consistent with professional standards of practice, the comprehensive person-centered care plan, and the resident's goals and preferences.
This REQUIREMENT is not met as evidenced by:
Based on observation, interview and record review, the facility failed to ensure that one of three sampled residents (Resident 1) who had a urostomy (a surgical procedure where an opening, is created in the abdomen to allow urine to exit the body) received proper care and

(Starts in next page)

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055287	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 05/01/2025
NAME OF PROVIDER OR SUPPLIER VALLEY PALMS CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 13400 SHERMAN WAY N HOLLYWOOD, CA 91605	
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F 691 Continued From page 10
services by:

F 691

1. Failing to notify the physician that Resident 1's urinary tubing had sediments (particles that can make your urine look cloudy or have visible specks) and cloudy urine.
2. Failing to assess, monitor and document Resident 1 for signs of urinary tract infection (UTI- an infection in the bladder/urinary tract) as indicated in Resident 1's care plan.
3. Failing to monitor and document urine output in milliliter (ml-unit of volume) as per physician order.

These failures had the potential to result in UTI and had potential to lead to urosepsis (a potentially life-threatening complication of urinary tract infection).

Findings:

a. During a review of Resident 1's Admission Record, the Admission Record indicated the facility admitted Resident 1 on 11/13/2024, with diagnoses that included multiple sclerosis (MS- a chronic, progressive disease involving damage to the nerve cells in the brain and spinal cord), unspecified (unconfirmed) malignant neoplasm (also known as a cancerous tumor, is an abnormal growth of cells that can invade surrounding tissues and spread to other parts of the body) of the bladder (a hollow, spherical-shaped organ that holds urine), and acute pyelonephritis (a bacterial infection causing inflammation of the kidneys).

During a review of Resident 1's Care Plan, dated

F 691a.

5/22/25

How corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice

On 4/30/25 LVN 1 immediately called MD to notify him of Resident 1 urinary tubing sediments and cloudy urine. ADON placed an order in PCC for monitoring of foley catheter output for Resident 1 on 05/01/25

How the facility will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken

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1/28/2025, about potential for UTI, the care plan indicated an intervention to monitor Resident 1 for signs of infection, UTI and notify physician if noted.

During a review of Resident 1's Care Plan initiated on 3/19/2025, about urostomy with collection bag, the Care Plan indicated the following interventions:
1. Monitor, record and report to the physician signs and symptoms of UTI -pain, burning, blood-tinged (having a slight color of blood) urine, cloudiness (appearing milky or hazy), no urine output, deepening of urine color, increased pulse rate, increased temperature, urinary frequency, foul smelling urine, fever, chills, altered mental status (a change in mental function), change in behavior or change in eating patterns.
2. Monitor for signs and symptoms of discomfort on urination and frequency.

During a review of Resident 1's Minimum Data Set (MDS - a resident assessment tool), dated 3/23/2025, the MDS indicated Resident 1's cognitive (mental action or process of acquiring knowledge and understanding) skills for daily decisions were moderately impaired. The MDS indicated Resident 1 needed maximum assistance from staff for toileting, showering and lower body dressing. The MDS indicated Resident 1 had a urinary catheter (a hollow tube inserted into the bladder to drain or collect urine) or urinary ostomy (an opening in the belly made during surgery to re-direct urine away from the damaged bladder).

During a review of Resident 1's History and Physical (H&P-a medical examination that involves a doctor taking a patient's medical

F 691 ADON reviewed all other residents with foley catheter on 4/30/25 and noted no change of condition indicated, therefore, no notification to MD was required.

What measures will be put into place or what systemic changes the facility will make to ensure that the deficient practice does not recur

DON performed one to one in-service on 4/30/25 to LVN 1 regarding proper documentation of urine output in milliliter (ml-unit of volume) as well as facility policy and procedure "Urinary Catheter Care".

DON performed licensed staff in-service to LVN's and RN's on 4/30/25, 5/1/25, and 5/2/25 regarding appropriate documentation of foley catheter including quality and quantity of urine output in ml (ml-unit of volume) as well as policy and procedure "Urinary Catheter Care".

How the facility plans to monitor its performance to make sure that solutions are sustained. The facility must develop a plan for ensuring that correction is achieved and sustained. This plan must be implemented, and the corrective action evaluated for its effectiveness.

DON and/or designee to conduct random reviews of residents weekly with foley catheter to verify appropriate documentation including quality (sediments/hematuria/cloudiness) and quantity of urine output in ml (ml-unit of volume) and any change of condition (s).

Director of Nursing to collect and review data and will report audit findings to the Quality Assurance Committee Monthly X 3 months for review and evaluation. Director of Nursing and/or Administrator to determine if continued auditing and monitoring is recommended after three months.

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F 691 Completion Date 5/22/25

history, performing a physical exam, and documenting their findings), dated 4/4/2025, the H&P indicated Resident 1 had the capacity to understand and make decisions.

During an observation on 4/30/2025, at 8:53 a.m., in Resident 1's right side of the bed. Resident 1's urinary tubing had cloudy urine with white sediments (particles that can make your urine look cloudy or have visible specks).

During a concurrent observation, and interview on 4/30/2025, at 9:03 a.m., with the Assistant Director of Staff Development (ADSD) in Resident 1's bedside. The ADSD stated Resident 1's urinary tubing had cloudy urine with white sediments. The ADSD stated Certified Nursing Assistant 1 (CNA 1) should have reported to Licensed Vocational Nurse 1 (LVN 1) that Resident 1's urinary tubing had cloudy urine with white sediments.

During an interview on 4/30/2025, at 9:12 a.m., with LVN 1, LVN 1 stated she (LVN 1) did not receive any report from outgoing LVN of any issues with Resident 1's urostomy tubing. LVN 1 stated approximately five minutes ago she (LVN 1) just received a report that Resident 1's urine was cloudy and had sediments. LVN 1 stated sediments are possible signs of UTI, and the physician should be notified. LVN 1 stated delay in physician notification can result in infection and can clog the urinary tubing.

During an interview on 4/30/2025, at 9:35 a.m., with Certified Nursing Assistant 1 (CNA 1), CNA 1 stated he (CNA 1) had emptied Resident 1's urinary bag this morning and noted Resident 1's urine was a little cloudy. CNA 1 stated he (CNA 1)

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did not report to LVN 1. CNA 1 stated he (CNA 1) should have reported to LVN 1 any changes in Resident 1's urine.

During a concurrent interview and record review on 4/30/2025, at 10:46 a.m., with the Director of Staff Development (DSD), Resident 1's Progress Notes, dated 4/2025, was reviewed. The DSD stated any abnormalities with the urine output such as presence of sediments, change in color of urine and foul-smelling urine should be reported to the physician. The DSD stated CNA 1 should have reported to LVN 1 and LVN 1 would have checked Resident 1 and notified the physician.

During an interview on 5/1/2025, at 8:45 a.m., with the Director of Nursing (DON), the DON stated Resident 1's urostomy bag was changed on 4/30/2025 at 5:20 a.m., because of the presence of sediments. The DON stated cloudy urine with sediments are possible signs of UTI. The DON stated the facility failed to follow the care plan to notify the physician that Resident 1's urine output had sediments. The DON stated nurses should have notified the physician that sediments persisted. The DON stated care plan ensures care is provided appropriately to Resident 1 timely and intervention were done to prevent possible adverse reaction (unwanted undesirable effects).

During a review of facility's policy and procedure (P&P) titled, "Urinary Catheter Care" dated 8/2022 and last reviewed on 7/30/2024, the P&P indicated, "Complications:
1. Observe the resident for complications associated with urinary catheters. Report unusual findings to the physician or supervisor

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F 691	Continued From page 14 immediately: a. if the resident indicates that his or her bladder is full or that he or she needs to void (urinate). b. if urine has an unusual appearance (color, blood). c. in the event of bleeding, or if the catheter is accidentally removed. d. if the resident complains of burning, tenderness, or pain in the urethral area; or e. if signs and symptoms of urinary tract infection or urinary retention occur. b. During a concurrent interview and record review on 4/30/2025, at 10:46 a.m., with the Director of Staff Development (DSD), Resident 1's Medication Administration Record (MAR- a daily documentation record used by a licensed nurse to document medications given to a resident), dated 4/2025, Treatment Administration Record (TAR a daily documentation record used by a licensed nurse to document treatments given to a resident), dated 4/2025, and Progress Notes, dated 4/2025, were reviewed. The DSD stated nurses monitor Resident 1's use of urostomy for signs and symptoms of UTI and it's documented in the Progress notes every shift. The DSD stated there were no documented monitoring for the urostomy. The DSD stated nurses did not document if Resident 1 had signs of UTI. The DSD stated nurses should assess and document Resident 1's urine color, odor (smell) and presence of sediments every shift. The DSD stated Resident 1 can potentially have UTI and sepsis (a life-threatening blood infection). During an interview on 4/30/2025, at 8:45 a.m., with the DON, the DON stated Resident 1 who had a urostomy should be assess for signs of	F 691	F 691. b&c How corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice DON performed one to one in-service to LVN 1 on 4/30/25 regarding proper documentation of monitoring urine output in milliliters as well as documentation and proper assessment of the quality of the output. DON also reviewed importance of following physician order. DON also reviewed facility policy and procedure "Urinary Catheter Care" with LVN 1 on 4/30/25. How the facility will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken ADON reviewed all other residents in the facility with foley catheter on 4/30/25 and found no other signs of UTI related to catheter care. What measures will be put into place or what systemic changes the facility will make to ensure that the deficient practice does not recur	5/22/25

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F 691	<p>Continued From page 15</p> <p>UTI. The DON stated the facility failed to document monitoring of Resident 1's signs of UTI related to catheter use. The DON stated Resident 1 could have signs of UTI and physician would not be informed because it was not documented.</p> <p>During a review of facility's P&P titled, "Urinary Catheter Care" dated 8/2022 and last reviewed on 7/30/2024, the P&P indicated, "Documentation, the following information should be recorded in the resident's medical record:</p> <ol style="list-style-type: none"> 1. The date and time that catheter care was given. 2. The name and title of the individual(s) giving the catheter care. 3. All assessment data obtained when giving catheter care. 4. Character of urine such as color (straw-colored, dark, or red), clarity (cloudy, solid particles, or blood), and odor. 5. Any problems noted at the catheter-urethral junction during perineal care such as drainage, redness, bleeding, irritation, crusting, or pain ..." <p>c. During a record review of Resident 1's Physician Order, dated 4/6/2025, the Physician Order indicated to monitor intake and output every shift for urostomy use, record in ml or cubic centimeters (cc- unit of measurement).</p> <p>During a review of Resident 1's MAR dated 4/2025, the MAR indicated the following output:</p> <ol style="list-style-type: none"> 1. From 7 a.m. to 3 p.m., on 4/7/25 to 4/12/2025 and 4/17/2025 to 4/19/2025- Resident 1 urinated two times. 2. From 3 p.m. to 11 p.m. on 4/7/2025 to 4/9/2025 and 4/11/2025- Resident 1 urinated two times. 3. From 11 p.m. to 7 a.m. on 4/6/2025 to 4/11/2025- Resident 1 urinated two times 	F 691	<p>DON performed one to one in-service on 4/30/25 to LVN 1 regarding proper documentation of urine output in milliliter (ml-unit of volume) as well as facility policy and procedure "Urinary Catheter Care".</p> <p>DON performed licensed staff in-service to LVN's and RN's on 4/30/25, 5/1/25, and 5/2/25 regarding appropriate documentation of foley catheter including quality and quantity of urine output in ml (ml-unit of volume) as well as policy and procedure "Urinary Catheter Care".</p> <p>How the facility plans to monitor its performance to make sure that solutions are sustained. The facility must develop a plan for ensuring that correction is achieved and sustained. This plan must be implemented, and the corrective action evaluated for its effectiveness.</p> <p>DON and/or designee to conduct random reviews of residents weekly with foley catheter to verify appropriate documentation including quality (sediments/hematuria/cloudiness) and quantity of urine output in ml (ml-unit of volume) and any change of condition (s).</p> <p>Director of Nursing to collect and review data and will report audit findings to the Quality Assurance Committee Monthly X 3 months for review and evaluation. Director of Nursing and/or Administrator to determine if continued auditing and monitoring is recommended after three months.</p> <p>Completion Date 5/22/25</p>	

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During a concurrent interview, and record review on 4/30/2025, at 10:46 a.m., with the DSD, Resident 1's Physician Order, dated 4/6/2025, and MAR, dated 4/2025 were reviewed. The DSD stated nurses should follow the Physician Order to document urine output in cc or ml. The DSD stated nurses did not follow the physician order and could result in Resident 1 retaining urine. The DSD stated CNAs should inform LVNs on how much urine output in ml was drained from the urinary collection bag every shift.

During an interview on 4/30/2025, at 11:08 p.m., LVN 1 stated she (LVN 1) did not see the physician order to document urine output in ml. LVN 1 stated she should have checked and followed the physician order.

During a concurrent interview, and record review on 5/1/2025, at 8:45 a.m., with the DON, facility's P&P titled, "Urinary Catheter Care", dated 8/2022, and last reviewed on 7/30/2024, the P&P indicated, "Input / Output 1. Observe the resident's urine level for noticeable increases or decreases. If the level stays the same, or increases rapidly, report it to the physician or supervisor. 2. Follow the facility procedure for measuring and documenting input and output. The DON stated the facility failed to follow the physician order to accurately document the amount of urine output in ml. The DON stated nurses should document urine output in ml. The DON stated the facility would not know if Resident 1 was retaining fluid or urine. The DON stated Resident 1 could have fluid or urine retention.