STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175250	A. BUILDING _____ B. WING _____	05/24/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WELLSVILLE MANOR	304 W 7TH ST WELLSVILLE, KS 66092

(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
F 000	INITIAL COMMENTS The following citations represent the findings of a Health Resurvey. The 2567 was electronically sent to the facility on 06/26/21.	F 000		
F 690 SS=D	Bowel/Bladder Incontinence, Catheter, UTI CFR(s): 483.25(e)(1)-(3) §483.25(e) Incontinence. §483.25(e)(1) The facility must ensure that resident who is continent of bladder and bowel on admission receives services and assistance to maintain continence unless his or her clinical condition is or becomes such that continence is not possible to maintain. §483.25(e)(2)For a resident with urinary incontinence, based on the resident's comprehensive assessment, the facility must ensure that- (i) A resident who enters the facility without an indwelling catheter is not catheterized unless the resident's clinical condition demonstrates that catheterization was necessary; (ii) A resident who enters the facility with an indwelling catheter or subsequently receives one is assessed for removal of the catheter as soon as possible unless the resident's clinical condition demonstrates that catheterization is necessary; and (iii) A resident who is incontinent of bladder receives appropriate treatment and services to prevent urinary tract infections and to restore continence to the extent possible. §483.25(e)(3) For a resident with fecal incontinence, based on the resident's	F 690		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE 05/26/2021

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 690	Continued From page 1	F 690		

comprehensive assessment, the facility must ensure that a resident who is incontinent of bowel receives appropriate treatment and services to restore as much normal bowel function as possible.
This REQUIREMENT is not met as evidenced by:
The facility reported a census of 42 residents with 16 residents sampled, including one resident reviewed for an indwelling urinary catheter (insertion of a catheter into the bladder to drain the urine into a collection bag). Based on interview, record review, and observation, the facility failed to ensure staff provided care of the catheter tubing in a sanitary manner to prevent urinary tract infections for the one Resident (R) 39, sampled.

Findings included:

- The "Physician Order Sheet" (POS), dated 03/03/21, documented R 39 had a diagnosis of neuropathic bladder (dysfunction of the urinary bladder caused by a lesion of the nervous system).

The "Annual Minimum Data Set" (MDS), dated 01/18/21, documented the resident had a Brief Interview for Mental Status (BIMS) score of 14, indicating she was cognitively intact. She required extensive assistance of one staff for toileting and used a walker and wheelchair for locomotion. She had an indwelling urinary catheter and was frequently incontinent of bowel.

The "Urinary Incontinence and Indwelling Catheter Care Area Assessment" (CAA), dated 01/18/21, documented the resident had an

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F 690	Continued From page 2	F 690		

indwelling urinary catheter due to permanent urinary retention (lack of ability to urinate and empty the bladder).

The quarterly "MDS," dated 04/29/21, documented the resident had a Brief Interview for Mental Status (BIMS) score of 14, indicating she was cognitively intact. She required extensive assistance of one staff for toileting and used a walker and wheelchair for locomotion. She had an indwelling urinary catheter and was frequently incontinent of bowel.

The "Urinary Incontinence Care Plan", updated 03/23/21, instructed staff to complete catheter care twice daily and as needed (PRN). Staff were to ensure the catheter bag was secure and suspended appropriately from the wheelchair.

Review of the resident's electronic medical record "EMR", revealed the resident re-admitted to the facility from a local hospital with an indwelling urinary catheter on 05/06/19, due to urinary retention following a back surgery.

On 05/18/21 at 10:39 AM, Activity staff Z, propelled the resident from an activity back to her room. The resident's catheter tubing noted to drag on the floor underneath the wheelchair during the transport.

On 05/18/21 at 11:47 AM, the resident sat at the dining room table in her wheelchair. The catheter tubing was in direct contact with the floor underneath her wheelchair.

On 05/19/21 at 12:04 PM, the resident sat at the dining room table in her wheelchair awaiting

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F 690	Continued From page 3	F 690		

lunch. The catheter tubing was in direct contact with the floor underneath her wheelchair.

On 05/19/21 at 01:10 PM, Certified Nurse Aides (CNA) O and N toileted the resident in the resident's bathroom. The catheter tubing was in direct contact with the bathroom floor as the resident sat on the toilet.

On 05/24/21 at 11:27 AM, CNA P was visiting with the resident in the commons area. The resident's catheter tubing rested directly on the floor underneath her wheelchair.

On 05/18/21 at 10:39 AM, Activity staff Z stated, she did not do cares with the resident's catheter. She was only bringing the resident back to her room following an activity.

On 05/19/21 at 01:10 PM, CNA O stated, he was unsure if the catheter tubing should be on the floor or not. CNA O stated the resident's catheter tubing was always on the floor.

On 05/19/21 at 01:10 PM CNA P stated, the resident's catheter tubing would normally drag on the floor beneath her wheelchair.

On 05/20/21 at 10:14 AM, CNA M stated, the resident's tubing should not come in contact with the floor.

On 05/20/21 at 10:14 AM, CNA, P stated, the resident's catheter tubing was usually on the floor due to it not staying in the dignity bag beneath the wheelchair.

On 05/20/21 at 11:47 AM, Licensed Nurse (LN) G

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F 690	Continued From page 4 stated, the catheter tubing should not be on the floor. On 05/20/21 at 02:10 PM, Administrative Nurse, D stated, the catheter tubing should not rest directly on the floor. The facility policy for "Foley Catheter Care", undated, included: Catheter tubing should be arranged so it does not hang in a dependent loop. The facility failed to ensure staff handled this dependent resident's urinary catheter tubing in a sanitary manner to prevent urinary tract infections.	F 690		