STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175122	A. BUILDING _____ B. WING _____	05/24/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DELMAR GARDENS OF LENEXA	9701 MONROVIA STREET LENEXA, KS 66215

(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 05/25/21.	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 comprehensive assessment, the facility must ensure that a resident who is incontinent of bowel	F 690		

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

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		

receives appropriate treatment and services to restore as much normal bowel function as possible.
This REQUIREMENT is not met as evidenced by:
The facility had a census of 124 residents. The sample included 24 residents with three reviewed for incontinence care and urinary tract infections (UTI - infection that occurs when bacteria enters into any part of the urinary tract). Based on observation, interview, and record review, the facility failed to provide care and services to prevent urinary tract infections for one sampled resident, Resident (R) 76 when providing incontinence care.

Findings included:

- R76's "Physician Order Sheet" (POS) dated 03/22/21, documented a diagnosis of nondisplaced comminuted (producing multiple bone splinters) fracture of shaft of right tibia (front bone in the lower leg).

The "Admission Minimum Data Set (MDS)" dated 03/29/21 documented the resident had moderately impaired cognition with a Brief Interview for Mental Status (BIMS) score of nine. The MDS documented the resident required extensive assistance of one to two staff with toileting.

The "Urinary Care Assessment" (CAA), dated 03/29/21, documented the resident admitted with a urinary catheter (a closed urinary drainage system inserted into the bladder) for difficulty with retention of urine when in the hospital. The urinary catheter would be discontinued on 03/29/21 and staff would provide toileting

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F 690	Continued From page 2	F 690		

assistance with incontinence care.

The "Urinary Incontinence Care Plan," dated 05/17/21, directed the staff to offer, remind, or assist R76 to use the bathroom in the morning, before meals, after meals, before bed, and as needed. Staff were directed to provide peri care after any incontinence episode.

The "Urinary Analysis," dated 05/06/21, documented the need for a culture and the bacteria identified was susceptible to amoxicillin (antibiotic).

The "Electronic Medical Record (EMR)" documented amoxicillin 500 milligrams (mg) three times a day for seven days started on 05/10/21

The "Nurses Note," dated 05/10/21, documented amoxicillin given for UTI and urine tea colored with no blood in the catheter bag.

The "Physician Order," dated 05/12/21, directed staff to remove the catheter tomorrow in the morning.

The "Nurses Note," dated 05/13/21, documented R76 returned from her appointment and had a large amount of output and was incontinent of urine.

On 05/19/21 at 02:15 PM, Certified Nurse Aide (CNA) M provided perineal care for R76. The resident was lying in bed and with urine soaked pants. CNA M stated the resident refused perineal care earlier that morning. CNA M washed her hands, donned gloves, and took off the resident's soiled pants and brief. CNA M

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F 690	Continued From page 3	F 690		

provided perineal care from front to back using different wipes. CNA M did not change her gloves and proceeded to apply a new brief and new pants with soiled gloves. After completion of incontinence care, CNA M threw her gloves away and washed her hands.

On 05/20/21 at 02:30 PM CNA N assisted R76 with perineal care. The resident's pants were soiled with urine in the front. CNA N stated the resident refused perineal care earlier this morning. CNA N washed her hands, donned gloves, and assisted the resident with removal of the soiled pants and brief. CNA N provided perineal care using different wipes, wiped front to back, assisted the resident with soiled gloves to turn on to her side, and cleaned the resident's buttocks. CNA N placed the clean brief under the resident using soiled gloves. She then threw the gloves away, washed her hands, and donned new gloves to assist the resident into clean pants.

On 05/19/21 at 02:15 PM, CNA M stated she did not know how often staff should provide perineal care on the resident, but should be several times a shift. The resident refused incontinence care because she just wanted to stay up in her chair and not have to get back into bed for the care. CNA M stated the resident was incontinent of urine all of the time when she provided perineal care, and she failed to change her gloves or wash her hands after cleaning the resident.

On 05/20/21 at 02:30 PM, CNA N stated that she was unsure how often perineal care should be performed, but should be several times throughout the shift.

On 05/24/21 at 01:30 PM, Administrative Nurse D

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F 690	Continued From page 4 stated that she would expect the CNAs to perform hand hygiene after providing the incontinence care and should change gloves before touching anything that was clean. The "Hand Washing" policy, revised January 2017, stated handwashing should be completed after handling any contaminated items (linens, soiled diapers, garbage, etc). The facility failed to provide incontinence care in a sanitary manner for R76, placing her at risk for development of UTIs.	F 690		