STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175410	A. BUILDING _____ B. WING _____	C 06/16/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CATHOLIC CARE CENTER, INC	6700 E 45TH STREET NORTH BEL AIRE, KS 67226

(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 A complaint survey was conducted regarding the allegations in KS00195960, KS00195916, and KS000194791. The investigation revealed noncompliance was found related to the allegations and the following deficiencies were cited. The 2567 was sent electronically on 06/18/25.	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	F 690		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE 06/17/2025

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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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 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 147 residents with four residents in the sample for indwelling catheter care. Based on observation, interviews, and record review the facility failed to ensure Resident (R) 1 received appropriate catheter care when staff inserted the wrong-sized suprapubic catheter (a tube inserted through the abdomen into the bladder to drain urine into a collection bag). This deficient practice placed the resident at risk for pain and catheter-related complications.

Findings included:

- R1's "Physicians Orders" dated 10/24/24 documented a diagnosis of neuromuscular dysfunction of the bladder (dysfunction of the urinary bladder caused by a lesion of the nervous system).

R1's "Admission Minimum Data Set" (MDS) dated 07/06/24 indicated a Brief Interview for Mental Status (BIMS) score of 15 indicating intact cognition. The MDS noted R1 was independent with activities of daily living (ADL). The MDS did not indicate R1 had an indwelling catheter.

R1's "Quarterly MDS" dated 05/28/25 recorded a BIMS score of 15. The MDS noted R1 had an

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F 690	Continued From page 2	F 690		

indwelling catheter.

R1's "Care Plan" dated 05/07/25 documented he had a suprapubic catheter, 20 French (external diameter of the catheter) with 10 cubic centimeters (cc) ballon and directed staff to change the catheter monthly on the fifth and as needed (PRN) for neurogenic bladder.

On 05/07/25 at 02:04 PM, R1's "Progress Notes" documented the facility nurse attempted to replace R1's suprapubic catheter because staff had placed the wrong size catheter (12 French). The note documented the nurse attempted to place a 20 French catheter but was unable to place it after several attempts using descending diameter sizes. The note recorded the nurse was finally able to place the 12 French.

On 05/09/25 at 03:46 PM, R1's "Progress Notes" documented R1 returned from a urology (specializing in the urinary system) appointment with a 16 French suprapubic catheter; R1's next scheduled appointment was 06/13/25.

R1's "Physician's Order" dated 05/09/25 indicated R1 had a suprapubic catheter due to obstructive uropathy (urine flow is restricted due to an obstruction) and required a 16 French catheter.

Observation on 06/16/25 at 12:35 PM revealed Licensed Nurse (LN) G provided suprapubic catheter care for R1. Observation further revealed no concerns with the catheter. R1 denied complaints of pain or discomfort during the procedure.

On 06/16/25 at 03:45 PM, Administrative Nurse E said a facility nurse tried to replace the 12 French

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F 690	Continued From page 3 catheter that was placed in error with the 20 French catheter as ordered. Administrative Nurse E said that as soon as the 12 French catheter was removed, the site started closing quickly and the staff nurse was barely able to get the 12 French back in place. Administrative Nurse E said staff called the physician and the physician was stretching R1's catheter opening out again slowly. On 06/16/25 at 04:30 PM, Administrative Nurse D stated she expected staff to use the proper indwelling catheter size as ordered. The facility policy "Catheter Care" dated 2022 directed staff to report any complications the resident may have with burning, tenderness, or pain; and report other information in accordance with facility policy and professional standard of practice.	F 690		
F 880 SS=D	Infection Prevention & Control CFR(s): 483.80(a)(1)(2)(4)(e)(f) §483.80 Infection Control The facility must establish and maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections. §483.80(a) Infection prevention and control program. The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements: §483.80(a)(1) A system for preventing, identifying,	F 880		

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reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual arrangement based upon the facility assessment conducted according to §483.71 and following accepted national standards;

§483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to:
(i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility;
(ii) When and to whom possible incidents of communicable disease or infections should be reported;
(iii) Standard and transmission-based precautions to be followed to prevent spread of infections;
(iv)When and how isolation should be used for a resident; including but not limited to:
(A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and
(B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances.
(v) The circumstances under which the facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease; and
(vi)The hand hygiene procedures to be followed by staff involved in direct resident contact.

§483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the

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corrective actions taken by the facility.

§483.80(e) Linens.
Personnel must handle, store, process, and transport linens so as to prevent the spread of infection.

§483.80(f) Annual review.
The facility will conduct an annual review of its IPCP and update their program, as necessary.
This REQUIREMENT is not met as evidenced by:
The facility reported a census of 147 residents; four residents were sampled. Based on observation, interviews, and record review the facility failed to maintain an effective infection control program related to Enhanced Barrier Precautions (EBP-infection control interventions designed to reduce transmission of resistant organisms which employ targeted gown and glove use during high contact care) when providing indwelling suprapubic catheter care (a tube inserted through the abdomen into the bladder to drain urine into a collection bag). Additionally, staff failed to disinfect the Hoyer lift (full-body mechanical lift) after use. This placed the residents at risk for infections.

Findings included:

- Observation on 06/16/25 12:35 PM Licensed Nurse (LN) G providing suprapubic catheter care for Resident (R)1. LN G donned gloves but no gown and proceeded with the catheter care.

Observation on 06/16/25 at 11:20 AM revealed LN H assisted Certified Nurse Aide (CNA) M with transferring R2 from her bed to the shower chair using the Hoyer lift. Upon leaving R2's room LN H

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took the Hoyer lift and placed it in the hallway cubby without wiping down the lift.

On 06/16/25 at 03:40 PM, Administrative Nurse E stated the staff were supposed to follow the instructions on EBP. Administrative Nurse E further stated staff should clean the lifts after use and in between residents.

On 06/16/25 at 4:30 PM, Administrative Nurse D stated she expected the staff to verify the EBP correctly and she expected the staff to wipe down the lifts between each resident.

The facility's policy "Enhanced Barrier Precautions" dated 10/07/24 recorded EBP precautions in addition to standard and contact precautions will be implemented during high-contact care activities when caring for residents that have an increase to acquiring a multidrug-resident organism (MDRO) such as a resident with wounds, indwelling medical devices or residents with infection or colonized with MDRO.

The facility's policy "Cleaning and Disinfection of Resident-Care Items and Equipment" dated 2018 directed that resident care equipment, including reusable items and durable medical equipment, will be cleaned and disinfected according to CDC recommendations for disinfection and the OSHA Bloodborne Pathogens Standard. Reuseable resident care equipment will be decontaminated and /or sterilized between residents.