STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	055559	A. BUILDING _____ B. WING _____	C 05/03/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BAY CREST CARE CENTER	3750 GARNET STREET TORRANCE, CA 90503

(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 reflects the findings of the California Department of Public Health during the investigation of a complaint. Complaint Number: CA00775605 Representing the California Department of Public Health Surveyor # 44088, Health Facilities Evaluator Nurse The inspection was limited to the specific complaints investigated and does not represent the findings of a full inspection of the facility. One deficiency was identified for the complaint number: CA00775605. (Refer to Ftag 690).	F 000	"This Plan of Correction is prepared and submitted as required by law. By submitting this Plan of Correction, Bay Crest Care Center, does not admit to the deficiency. The Center reserves the right to challenge in legal and/or legal proceedings the deficiency stating the facts and conclusions that that form the basis for the deficiency."	06/02/22
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;	F 690	Corrective Action/s: a. The registry RN is no longer working at the facility. b. On 03/14/22, the LVN#1 was in-serviced by the Director of Nursing or Designee regarding: > properly securing catheter with secure attachment device for prevention of UTI and prevention of backflow of urine, dislodgement and getting pulled out > P&P on Change of Condition and Notification How To Identify Others: On 05/10/22, Director of Nursing did audit for the foley catheters in the facility from 05/01/22- 05/13/22 and identified 10 residents who have foley catheters and no residents were affected from this finding. Systemic Changes: a. On 05/13/22-05/14/22, Director of Nursing or Designee in-serviced the licensed nurses on: > properly securing catheter with secure attachment device for prevention of UTI and prevention of backflow of urine, dislodgement and getting pulled out > P&P on Change of Condition and Notification b. Upon admission, the admitting nurse will do a body assessment on resident, any resident with	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
E. Alexander	RN	5.14.22

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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	055559	A. BUILDING _____ B. WING _____	C 05/03/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BAY CREST CARE CENTER	3750 GARNET STREET TORRANCE, CA 90503

(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 690	Continued From page 1 (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 receives appropriate treatment and services to restore as much normal bowel function as possible. This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review, the facility failed to ensure that a resident with an indwelling catheter (a flexible plastic tube inserted into the bladder that remains there to provide continuous urinary drainage) appropriately assess and document, urine color, character, output, and sign and symptoms of infection and received proper care and services that included to anchor (secure) the urinary catheter tubing on one of two sample residents (Resident 1). These deficient practices had the potential to result in recurrence of urinary tract infection ([UTI]-an infection involving any part of the urinary system, including urethra, bladder, ureters, and kidney) had a potential to lead to urosepsis (a potentially life-threatening complication of urinary tract infection), and pain and discomfort to	F 690	b. foley catheter/catheter, a secure device will be placed immediately to avoid UTI from backflow of urine and avoid the catheter on getting pulled out or dislodged. c. Any issues with catheter or s/s UTI from the catheter, a change of condition will be initiated by the licensed nurse and the MD will be notified of condition and obtain any new orders, as well as notify the responsible party. d. During Clinical meetings daily (M-F), change of conditions will be discussed, incldung any COCs related with catheters and Medical Record Designee will submit audit findings to the Director of Nursing or Designee for prompt completion and notifications. e. Director of Nursing or Designee will do random rounds 3x/week for residents identified with catheters to monitor if any cloudiness, sedimentations and bleeding from urine is observed and that all secure devices are in placed. Monitoring: a. During rounds, the Director of Nursing or Designee will do random rounds 3x/week x 4 weeks then monthly x 3 months for residents identified with catheters for appropriate placement of secured devices and any observations for s/s UTI. b. Findings from the random audits will be discussed during the monthly x 3 or until facility sustains compliance during the QAA/QAPI meetings for trendings and any need for education of staff and other interventions in preventing UTIs/infection.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	055559	A. BUILDING _____ B. WING _____	C 05/03/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BAY CREST CARE CENTER	3750 GARNET STREET TORRANCE, CA 90503

(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 690	Continued From page 2 Resident 1. Findings: During a review of the Resident's 1 Admission record (Face Sheet), the face sheet indicated Resident 1 was admitted to the facility on 12/11/2019. Resident 1 diagnoses included malignant neoplasm of lung (lung cancer), malignant neoplasm of the bone (bone cancer) malignant neoplasm of prostate (prostate cancer), obstructive and reflux uropathy (condition in which the kidneys are damaged by the backward flow of urine into the kidney). During a review of Resident 1 's Minimum Data Set (MDS), a standardized assessment and care screening tool, dated 2/10/2022, the MDS indicated Resident 1 had intact cognitive (ability to learn, remember, understand, and make decision) skills for daily decision making. Resident 1 needs extensive assistance with bed mobility, dressing, personal hygiene and bathing, and total dependence with toileting. Resident 1 had indwelling catheter and always incontinent with bowel. During an observation on 3/14/2022, at 10:43 a.m., in Resident 1 room, observed Resident 1 with urinary catheter (thin, flexible tube placed in your bladder to drain your urine). Resident 1 urinary catheter tubing observed with thick yellowish sediment (particles in the urine). During a concurrent observation and interview on 3/14/22, at 11:00 a.m., with Certified Nursing Assistant (CNA) 1, CNA 1 verified Resident 1 urine was cloudy, with dark yellowish sediments. CNA 1 stated she observed Resident 1's urine	F 690		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	055559	A. BUILDING _____ B. WING _____	C 05/03/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BAY CREST CARE CENTER	3750 GARNET STREET TORRANCE, CA 90503

(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 690	Continued From page 3 with sediments and cloudy last week and reported to the charge nurse. Resident 1 urinary catheter not secured appropriately, CNA 1 stated, urinary catheter should be secured on resident ' s leg to prevent pulling, pain and irritation. Resident 1 was observed with penile skin sore on the tip of insertion site. During a concurrent observation and interview on 3/14/22, at 11:25 a.m., with Licensed Vocational Nurse (LVN) 1, LVN 1 stated, if urinary catheter had sediments in urine, licensed staff need to notify physician, start a change of condition, and monitor for signs and symptoms and infection. LVN 1 verified, foley bag had a 1200 milliliter ([ml] a unit used to measure capacity). LVN stated, urinary catheter bag should be emptied every two hours. LVN 1 stated, urinary catheter should be secured appropriately to prevent pulling, discomfort and irritation. LVN 1 stated they had sent a urine for urinalysis on 3/9/2022 but had not gotten results. LVN 1 stated any laboratory results should had been followed up 48-72 hours after collection. During a phone interview on 4/4/22, at 4:01 p.m., with LVN 3, LVN 3 stated Resident 1 complained of pain with his urinary catheter on 2/25/2022. LVN 3 stated Resident 1 ' s daughter called 911 (emergency telephone number) and paramedics arrived in the facility. LVN 3 stated she did not assess Resident 1 because he was told to leave the room and continue passing medications. LVN 3 stated LVN 4 was the one who went to the room and change Resident 1 ' s urinary catheter. LVN 3 stated she did not document the incident on Resident ' s 1 health records. During an interview on 4/11/22, at 11:53 a.m.,	F 690		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	055559	A. BUILDING _____ B. WING _____	C 05/03/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BAY CREST CARE CENTER	3750 GARNET STREET TORRANCE, CA 90503

(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 690	Continued From page 4 with Director of Nursing (DON), DON stated, a change of condition should had been done when Resident 1 complained of pain on his urinary catheter. DON stated LVN 3 did not complete a change of condition. DON stated supervisor should had done an assessment to ensure appropriate care was given to Resident 1. During a review of Resident 1 ' s "Care Plan", Resident 1 presented with cloudy urine (initiated 3/8/2021), interventions include, monitor urine for sediment, cloudiness, odor, blood tinge and amount, notify physician. During a review of Resident 1 ' s "Care Plan", Resident 1 impaired skin integrity: penile skin erosion (initiated 3/8/2021), interventions include, place a foley securement device on the upper thigh (prevent pulling it under his thigh), monitor for sign of infection and notify physician. During a review of Resident 1 ' s "Treatment Administration Record" (TAR), for the month of February, the "TAR" had no documentation urinary catheter was changed on 2/25/2022.	F 690		

CATHETER AUDTS
DATES: 05/01/22-05/13/22

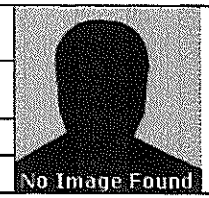
RM#	RESIDENT'S NAME	ORDER/DXS/MONITORING		CARE PLAN UPDATED		SECURE DEVICE IN PLACED	
		YES	NO	YES	NO	YES	NO
4B	MEEKS, JAMES	X		X		X	
6B	EL AMIN, LATIF	X		X		X	
9B	GRIFFIN, LEONARD	X		X		X	
24A	MAY, JEFFREY	X		X		X	
26A	SCHREINER, STEPHEN	X		X		X	
27B	RUVACALBA, ALFREDO	X		X		X	
28B	ROUCHON, ORLANDO	X		X		X	
32B	ARELLANO, EUSTOLIA	X		X		X	
34C	WILSON, GREGORY	X		X		X	
35 A	SEGUNDO HERNANDEZ, CATALINA	X		X		X	

Focus	Goal	Interventions	Position	Freq/Resolved
• Mr. May requires indwelling an indwelling Foley catheter due to: BPH with urinary retention Risk for unavoidable chronic UTI and catheter associated trauma.	• Resident will have no signs and symptoms of urinary tract infection x 90 days.	• Attach foley catheter securely with secure device to BSD to avoid getting pulled out or dislodged	LcNrs	
		• FOLEY CATHETER: Monitor for s/s UTI i.e. increased pain catheter, increased distention, increased bleeding from urine, any pus or increased sedimentations from urine, increased cloudiness and concentrations, fever Q shift and call MD. Document (+)= with symptoms, initiate CIC interact documentation or (-)= none	LcNrs	
		• Monitor for signs and symptoms of infection and report to physician	Nrsg	
		• Provide privacy and comfort	Nrsg	
		• Report to physician promptly if the urine contains any sediment, or blood, is cloudy, or odorous, or if the resident has a fever	LcNrs	
		• Catheter care twice a day and PRN	Nrsg	
		• Keep catheter off floor.	LcNrs NA	
		• Encourage resident to consume fluids on meal trays, between meals and nourishments provided	LcNrs NA F&N	

D.O.B.	09/25/1962	Physician	Rehan Muttalib		
Facility	Bay Crest Care Center (BQJV)			Print Date	5/14/2022
Resident	May, Jeffery Allen (102000894)	Admission Date	04/05/2022	Location	2 24 A

Focus	Goal	Interventions	Position	Freq/Resolved
• Mr. Griffin requires supra-pubic catheter due to: OBSTRUCTIVE AND REFLUX UROPATHY, UNSPECIFIED CHRONIC KIDNEY DISEASE, STAGE 4 (SEVERE) Urinary Retention At risk for unavoidable chronic UTI and Catheter related trauma.	• Resident will have no signs and symptoms of urinary tract infection x 90 days.	• Attach foley catheter securely with secure device to BSD to avoid getting pulled out or dislodged	LcNrs	
		• Monitor for signs and symptoms of infection and report to physician	Nrsg	
		• Provide privacy and comfort	Nrsg	
		• CATHETER: Monitor for s/s UTI i.e. increased pain catheter, increased distention, increased bleeding from urine, any pus or increased sedimentations from urine, increased cloudiness and concentrations, fever Q shift and call MD. Document (+)= with symptoms, initiate CIC interact documentation or (-)= none	LcNrs	
		• Monitor labs as ordered if ordered	LcNrs	
		• Catheter care twice a day and PRN	Nrsg	
		• Stoma care as indicated.	Nrsg	
		• Provide privacy bag	LcNrs NA	

Focus	Goal	Interventions	Position	Freq/Resolved
• Ms. Arellano requires indwelling Foley catheter due to: Urinary retention. At risk for unavoidable chronic UTI and catheter associated trauma.	• Resident will have no signs and symptoms of urinary tract infection x 90 days.	• Attach foley catheter securely with secure device to BSD to avoid getting pulled out or dislodged	Nrsg	
		• FOLEY CATHETER: Monitor for s/s UTI i.e. increased pain catheter, increased distention, increased bleeding from urine, any pus or increased sedimentations from urine, increased cloudiness and concentrations, fever Q shift and call MD. Document (+)= with symptoms, initiate CIC interact documentation or (-)= none	LcNrs	
		• Provide privacy and comfort	Nrsg	
		• Report to physician promptly if the urine contains any sediment, or blood, is cloudy, or odorous, or if the resident has a fever	LcNrs	
		• Catheter care twice a day and PRN	Nrsg	
		• Irrigate for blockage as ordered if ordered	LcNrs	
		• Keep catheter off floor.	LcNrs NA	
		• Encourage resident to consume fluids on meal trays, between meals and nourishments provided	LcNrs NA F&N	

Allergies	No Known Allergies	**D.O.B.**	11/09/1940	**Physician**	Henri Atkinson	
Diagnosis	No Medical Diagnosis Found.					
Facility	Bay Crest Care Center (BQJV)			**Print Date**	5/14/2022	
Resident	Arellano, Eustolia (102000947)	**Admission Date**	05/09/2022	**Location**	3 32 B	

Focus	Goal	Interventions	Position	Freq/Resolved
• Mr. Meeks requires Foley catheter due to: BPH w/ Urinary Retention. At risk for unavoidable chronic UTI and catheter related trauma.	• Resident will have no signs and symptoms of urinary tract infection x 30 days. • The resident will be/remain free from catheter-related trauma through review date. • The resident will show no s/sx of Urinary infection through review date.	• Attach Foley catheter securely with secure device to BSD to avoid taruma, being pulled out or dislodgement.	Nrsg	
		• urology consult when available	Nrsg	
		• Monitor for signs and symptoms of infection and report to physician	Nrsg	
		• Teach resident self-care techniques as appropriate	Nrsg	
		• FOLEY CATHETER: Monitor for s/s UTI i.e. increased pain catheter, increased distention, increased bleeding from urine, any pus or increased sedimentations from urine, increased cloudiness and concentrations, fever Q shift and call MD. Document (+)= with symptoms, initiate CIC interact documentation or (-)= none	Nrsg NA	
		• Report to physician promptly if the urine contains any sediment, or blood, is cloudy, or odorous, or if the resident has a fever	LcNrs	
		• Catheter care twice a day and PRN	Nrsg	
		• Irrigate for blockage as ordered if ordered	LcNrs	

Allergies	No Known Allergies	**D.O.B.**	04/10/1934	**Physician**	Derek Moriyama	
Diagnosis	ACUTE AND CHRONIC RESPIRATORY FAILURE WITH HYPOXIA(J96.21), DYSPHAGIA FOLLOWING OTHER CEREBROVASCULAR DISEASE(I69.891), FUNCTIONAL QUADRIPLEGIA(R53.2), CHRONIC KIDNEY DISEASE, STAGE 3 UNSPECIFIED...See last page for a complete listing of the Resident's diagnoses					
Facility	Bay Crest Care Center (BQJV)			**Print Date**	5/14/2022	
Resident	MEEKS, JAMES L (101001019)	**Admission Date**	08/13/2021	**Location**	1 4 B	
Last Care Plan Review Completed:	**04/27/2022**					

Focus	Goal	Interventions	Position	Freq/Resolved
• Mr. Price requires indwelling Foley catheter due to: Urinary Retention. At risk for unavoidable catheter associated UTI and catheter related trauma.	• Resident will have no signs and symptoms of urinary tract infection x 90 days	• Attach foley catheter securely with secure device to BSD to avoid getting pulled out or dislodged	Nrsg	
		• Catheter care twice a day and PRN	Nrsg	
		• FOLEY CATHETER: Monitor for s/s UTI i.e. increased pain catheter, increased distention, increased bleeding from urine, any pus or increased sedimentations from urine, increased cloudiness and concentrations, fever Q shift and call MD. Document (+)= with symptoms, initiate CIC interact documentation or (-)= none	Nrsg	
		• Monitor output for odor, color, consistency, and amount	Nrsg	
		• Report to physician promptly if the urine contains any sediment, or blood, is cloudy, or odorous, or if the resident has a fever	Nrsg	
		• Urology consult when available	Nrsg	
		• Encourage resident to consume fluids on meal trays, between meals and nourishments provided	LcNrs NA F&N	

Allergies	No Known Allergies	**D.O.B.**	01/19/1958	**Physician**	Richard Butlig	
Diagnosis	TYPE 2 DIABETES MELLITUS WITH DIABETIC POLYNEUROPATHY(E11.42), BENIGN PROSTATIC HYPERPLASIA WITH LOWER URINARY TRACT SYMPTOMS (N40.1), ESSENTIAL (PRIMARY) HYPERTENSION(I10), OTHER HYPERLIPIDEMIA(E...See last page for a complete listing of the Resident's diagnoses					
Facility	Bay Crest Care Center (BQJV)			**Print Date**	5/14/2022	
Resident	PRICE, EARL (101001939)	**Admission Date**	12/12/2019	**Location**	3 28 A	
Last Care Plan Review Completed:	**03/24/2022**					

Focus	Goal	Interventions	Position	Freq/Resolved
• Ms. Catalina requires indwelling (Foley) catheter due to: *Neuromuscular dysfunction of bladder *Demyelination disease of CNS *Paraplegia *Retention of Urine At risk for unavoidable chronic UTI and catheter associated trauma.	• Resident will have no signs and symptoms of urinary tract infection x 90 days.	• Attach securement attachment device to prevent, pulling, dislodgement and trauma.	Nrsg	
		• Record output	Nrsg	
		• Monitor for signs and symptoms of infection and report to physician	Nrsg	
		• Monitor output for odor, color, consistency, and amount	Nrsg	
		• Provide privacy and comfort	Nrsg	
		• Monitor urine for sediment, cloudy, odor, blood and amount	Nrsg NA	
		• Report to physician promptly if the urine contains any sediment, or blood, is cloudy, or odorous, or if the resident has a fever	LcNrs	
		• Monitor labs as ordered if ordered.	LcNrs	
		• Catheter care twice a day and PRN	Nrsg	

Allergies	No Known Allergies	**D.O.B.**	05/08/1962	**Physician**	Rehan Muttalib	
Diagnosis	DEMYELINATING DISEASE OF CENTRAL NERVOUS SYSTEM, UNSPECIFIED(G37.9), CELLULITIS OF GROIN(L03.314), PARAPLEGIA, COMPLETE(G82.21), TYPE 2 DIABETES MELLITUS WITH DIABETIC NEUROPATHY, UNSPECIFIED(E11...See last page for a complete listing of the Resident's diagnoses					
Facility	Bay Crest Care Center (BQJV)			**Print Date**	5/14/2022	
Resident	Segundo Hernandez, Catalina (102000938)	**Admission Date**	04/19/2022	**Location**	3 35 A	

Focus	Goal	Interventions	Position	Freq/Resolved
• Mr. Ruvalcaba requires indwelling Foley catheter due to: NEUROMUSCULAR DYSFUNCTION OF BLADDER, UNSPECIFIED Urinary Retention Wound management Stage IV Pressure Injury) At risk for chronic unavoidable UTI and catheter related trauma.	• Resident will have no signs and symptoms of urinary tract infection x 90 days.	• Attach foley catheter securely with secure device to BSD to avoid getting pulled out or dislodged	LcNrs	
		• Monitor for signs and symptoms of infection and report to physician	Nrsg	
		• Monitor output for odor, color, consistency, and amount	Nrsg	
		• Report to physician promptly if the urine contains any sediment, or blood, is cloudy, or odorous, or if the resident has a fever	LcNrs	
		• Catheter care twice a day and PRN	Nrsg	
		• Provide skin care after each incontinent episode	LcNrs NA	

Allergies	Sulfa Antibiotics	D.O.B.	03/03/1954	Physician	Azhar Muttalib	
Diagnosis	OTHER MUSCLE SPASM(M62.838), LONG TERM (CURRENT) USE OF ANTICOAGULANTS(Z79.01), PARAPLEGIA, COMPLETE(G82.21), MIXED HYPERLIPIDEMIA(E78.2), OTHER IRON DEFICIENCY ANEMIAS(D50.8), GASTRO-ESOPHAGEAL ...See last page for a complete listing of the Resident's diagnoses					
Facility	Bay Crest Care Center (BQJV)			Print Date	5/14/2022	
Resident	Ruvalcaba, Alfredo (102000770)	Admission Date	03/04/2022	Location	3 27 B	
Last Care Plan Review Completed:	01/17/2022					

Focus	Goal	Interventions	Position	Freq/Resolved
• Mr. Rouchon requires indwelling Foley catheter due to: BPH At risk for unavoidable chronic UTI and catheter associated trauma.	• Resident will have no signs and symptoms of urinary tract infection x 90 days.	• Attach Foley catheter securely with secure device to BSD to avoid getting pulled out or dislodged	LcNrs	
		• Urology consult with Dr. Matsunaga on June 2nd, 2022@ 1000 Location: 20911 Earl Street #140 Torrance, CA 90503 Phone: 310-542-0199 Indication: BPH	Nrsg	
		• Monitor for signs and symptoms of infection and report to physician	Nrsg	
		• Provide privacy and comfort	Nrsg	
		• Monitor urine for sediment, cloudy, odor, blood and amount	Nrsg NA	
		• Report to physician promptly if the urine contains any sediment, or blood, is cloudy, or odorous, or if the resident has a fever	LcNrs	
		• Catheter care twice a day and PRN	Nrsg	
		• Keep catheter off floor.	LcNrs NA	
		• Provide privacy bag	LcNrs NA	
		• Encourage resident to consume fluids on meal trays, between meals and nourishments provided	LcNrs NA F&N	

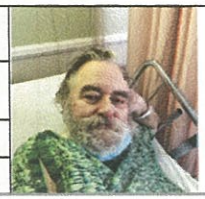
Allergies	Aspirin	**D.O.B.**	09/10/1980	**Physician**	Rehan Muttalib	
Diagnosis	ESSENTIAL (PRIMARY) HYPERTENSION(I10), IRON DEFICIENCY ANEMIA, UNSPECIFIED(D50.9), MODERATE PROTEIN-CALORIE MALNUTRITION(E44.0), OTHER SYMPTOMS AND SIGNS INVOLVING THE MUSCULOSKELETAL SYSTEM(R29....See last page for a complete listing of the Resident's diagnoses					
Facility	Bay Crest Care Center (BQJV)			**Print Date**	5/14/2022	
Resident	Rouchon, Orlando (102000911)	**Admission Date**	03/11/2022	**Location**	3 28 B	

Focus	Goal	Interventions	Position	Freq/Resolved
• Mr. El Amin requires Foley catheter due to: urinary retention with bladder cancer At risk for unavoidable chronic UTI and catheter related trauma.	• Resident will have no signs and symptoms of urinary tract infection x 90 days.	• Attach foley catheter securely with secure device to BSD to avoid getting pulled out or dislodged	Nrsg	
		• Urology consult when available	Nrsg	
		• FOLEY CATHETER: Monitor for s/s UTI i.e. increased pain catheter, increased distention, increased bleeding from urine, any pus or increased sedimentations from urine, increased cloudiness and concentrations, fever Q shift and call MD. Document (+)= with symptoms, initiate CIC interact documentation or (-)= none	Nrsg	
		• Report to physician promptly if the urine contains any sediment, or blood, is cloudy, or odorous, or if the resident has a fever	LcNrs	
		• Catheter care twice a day and PRN	Nrsg	
		• Irrigate for blockage as ordered.	LcNrs	
		• Encourage resident to consume fluids on meal trays, between meals and nourishments provided	LcNrs NA F&N	

D.O.B.	09/15/1947	**Physician**	Richard Butlig			
Facility	Bay Crest Care Center (BQJV)				**Print Date**	5/14/2022
Resident	El Amin, Latif (101001935)	**Admission Date**	12/11/2019	**Location**	1 6 B	
Last Care Plan Review Completed:	**03/16/2022**					

Focus	Goal	Interventions	Position	Freq/Resolved
• Mr. Schreiner requires indwelling Foley catheter due to: BPH w/ Urinary retention, Stage III CKD, Obstructive and reflux uropathy. At risk for unavoidable chronic UTI and catheter associated trauma.	• Resident will have no signs and symptoms of urinary tract infection x 90 days.	• Securement attachment device to prevent trauma and pulling.	LcNrs	
		• Urology consult when available.	Nrsg	
		• Monitor for signs and symptoms of infection and report to physician	Nrsg	
		• FOLEY CATHETER: Monitor for s/s UTI i.e. increased pain catheter, increased distention, increased bleeding from urine, any pus or increased sedimentations from urine, increased cloudiness and concentrations, fever Q shift and call MD. Document (+)= with symptoms, initiate CIC interact documentation or (-)= none	Nrsg	
		• Monitor urine for sediment, cloudy, odor, blood and amount	Nrsg NA	
		• Report to physician promptly if the urine contains any sediment, or blood, is cloudy, or odorous, or if the resident has a fever	LcNrs	
		• Catheter care twice a day and PRN	Nrsg	
		• Encourage resident to consume fluids on meal trays, between meals and nourishments provided	LcNrs NA F&N	

Allergies	No Known Allergies	**D.O.B.**	04/09/1949	**Physician**	Richard Butlig
Diagnosis	LONG TERM (CURRENT) USE OF ANTICOAGULANTS(Z79.01), MIXED HYPERLIPIDEMIA(E78.2), TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS (E11.9), ESSENTIAL (PRIMARY) HYPERTENSION(I10), BENIGN PROSTATIC HYPE...See last page for a complete listing of the Resident's diagnoses				
Facility	Bay Crest Care Center (BQJV)			**Print Date**	5/14/2022
Resident	Schreiner, Stephen Ernest (102000074)	**Admission Date**	04/20/2021	**Location**	2 26 B



Last Care Plan Review Completed: 02/15/2022

Facility: Bay Crest Care Center	**Date:** 03/14/22
In-service Training: Infection Control- Catheters	**Length:** 1 hour
Instructors: Erica Alexander, RN DON	

Knowledge/Skill/Practice Objectives	Course Content	Learning Modalities	Outcome Measures
Infection Catheters- F560	1. Properly securing catheters with secured device to avoid backflow which can cause UTI, any dislodgement and catheters getting pulled out. 2. Policy and Procedure on Change of Condition and notification concerning s/s UTI	> Verbal instructions	Discussion and answering of questions

Facility: Bay Crest Care Center	**Date:** 05/13/22-05/14/22
In-service Training: Infection Control- Catheters	**Length:** 1 hour
Instructors: Erica Alexander, RN DON	

Knowledge/Skill/Practice Objectives	Course Content	Learning Modalities	Outcome Measures
Infection Catheters- F560	1. Properly securing catheters with secured device to avoid backflow which can cause UTI, any dislodgement and catheters getting pulled out. 2. Policy and Procedure on Change of Condition and notification concerning s/s UTI	> Verbal instructions	Discussion and answering of questions

Section:	General Policy Guidelines	Number	
Title: Change in Condition: Notification of		Effective Date:	08/25/2021
		Revision:	
		Reviewed/No Changes	

I. PURPOSE

To ensure residents, family, legal representatives, and physicians are informed of changes in the resident's condition.

II. POLICY

A Facility must immediately inform the resident, consult with the Resident's physician and/or NP, and notify, consistent with his/her authority, Resident Representative where there is:

- An accident involving the Resident.
- A significant change in the Resident's physical, mental, or psychosocial status (that is, a deterioration in health, mental or psychosocial status in either life-threatening conditions or clinical complications).
- A need to alter treatment significantly (that is, a need to discontinue or change an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or
- A decision to transfer or discharge the Resident from the Center.

When making notification of above, the Facility must ensure that all pertinent information is available and provided upon request to the physician and/ or NP.

NSG209 Catheter: Urinary - Justification for Use

MANUAL TITLE:	Centers' Nursing Policies
POLICY TITLE:	NSG209 Catheter: Urinary - Justification for Use
APPLICATION:	Genesis HealthCare Affiliated Skilled Nursing Centers
EFFECTIVE DATE:	08/15/05
REVIEW DATE:	03/01/22
REVISION DATE:	03/01/22

These policies and procedures are not intended to replace the informed judgment and professional discretion of individual clinicians, nor are they intended to establish the standard of care applicable to the assessment or treatment of any particular condition and the unique needs of each patient/resident (hereinafter "patient").

POLICY

Patients who enter the Center without an indwelling catheter will not be catheterized unless the patient's clinical condition demonstrates that catheterization was necessary.

Patients who have urinary catheters upon admission or subsequently receive one will be assessed for removal of the catheter as soon as possible unless the patient's clinical condition demonstrates that catheterization is necessary.

Indwelling Catheter Criteria:

- Urinary retention or bladder obstruction that cannot be treated or corrected medically or surgically, for which alternate therapy is not feasible, and which is characterized by (must have all three):
  - Documented post void residual (PVR) volumes in a range over 200 mls,
  - Inability to manage the retention/incontinence with intermittent catheterization, and
  - Persistent overflow incontinence, symptomatic infections, and/or renal dysfunction;
- Contamination of Stage III or IV wounds with urine which has impeded healing despite appropriate personal care for the incontinence; or
- Terminal illness or severe impairment which makes positioning or clothing changes uncomfortable, or which is associated with intractable pain.

Intermittent Catheter Criteria:

- Treating acute or chronic urinary retention;
- Treating overflow incontinence, inoperable obstruction;
- It is the treatment of choice of physician/advanced practice provider (APP)/patient/representative based on condition (e.g., spina bifida).

External Condom Catheter Criteria:

- For short term management of incontinence;
- For nighttime management of incontinence.

If patient's situation meets any of the indwelling catheter criteria, obtain physician order, include in care plan, and follow *Catheter: Indwelling Urinary – Care of* procedure.

The patient's record must include how and when the patient/representative was involved and informed of care and treatment including the risk and benefits of use of a catheter, how long use is anticipated, and when and why a catheter must be removed. The patient/representative has the right to decline this treatment. There must be documented evidence of discussion.

In the absence of clinical indications for use, the record must contain documentation as to why a patient/representative chooses to have or chooses to continue to use a catheter. After determining the reasons, staff and the physician/APP must document the provision of counseling to assist the patient in understanding the clinical implications and risks associated with the use of a catheter without an indication for continued use. The care plan

must address the education being provided, including interventions to restore as much urinary function as possible without the use of catheter.

If patient's situation does not meet any of the criteria, notify physician/APP to obtain orders for catheter removal and follow *Catheter: Indwelling Urinary –Removal* procedure.

Indwelling catheters will not be changed on a routine basis and will only be changed if needed due to leakage or becoming dislodged or clogged.

PURPOSE

- To ensure there is a valid medical justification for use of an indwelling catheter and that the catheter is discontinued as soon as clinically warranted.
- To reduce urinary catheter associated complications.

Genesis HealthCare

Bay Crest care Center
In-Service / Training Sign-In Sheet

Program: In-Service
Date:5/13/22
Class Title: Properly securing catheters with catheter securement device(s)
Length: 30 minutes
Presenter/Instructor: Erica Alexander, RN
Brief Description of In-Service/Training:

- **Catheter Securement Devices**

Signing below indicates understanding of content provided in the above mentioned in-service.

Print Name	Signature	Unit/Dept.	Shift
C. Kimanuro		NS	7-3
Yoselin Lezcano		Nursing	7-3
Joy Dayao		Nursing	7-3
Cassandra Booth		Nursing	3-11
Manuel Ballinger		Nursing	7-3
Symone White		LVN	7-3
Alex Figueroa		LVN	3-11
Sandra Bautista		nursing	Day
Felicita Cervantes		LVN	Day
Shermil Hodges	S. Hodges	LVN	3-11
Fernanda Bacani		LVN	11-7
[illegible]		LVN	11-7
Daisy Lopez		LVN	7-3

Genesis HealthCare

Bay Crest care Center
In-Service / Training Sign-In Sheet

Program: In-Service
Date:5/13/22
Class Title: Policy and Procedure for Changes in Condition and Clinician Notification
Length: 1 hour
Presenter/Instructor: Erica Alexander, RN
Brief Description of In-Service/Training:

- **Identification of Changes in Condition**

Notification to Clinician

Signing below indicates understanding of content provided in the above mentioned in-service.

Print Name	Signature	Unit/Dept.	Shift
C. Kimsey RN		NSG	7-3
Noseline Lezcano		Nursing	7-3
Joy Dayao	jd.	Nursing	7.3
Cassandra Booth		Nursing	3-11
Manuel Reyna		Nursing	7-3
Symone White		LVN	7-3
Abel Rodriguez		LVN	3-11
Sandra Bautista		Nursing	DAY
Felicita Cardenas		LVN	DAY
Shermil Hodges	S. Hodges	LVN	3-11
Fabiola Bakari		LVN	11-7
Reyna [illegible]		LVN	11-7
Daisy Lopez		LVN	7-3

Genesis HealthCare

Bay Crest care Center
In-Service / Training Sign-In Sheet

Program: In-Service
Date:03/14/22
Class Title: Properly securing catheter with catheter securement device
Length:30 minutes
Presenter/Instructor: Erica Alexander, RN
Brief Description of In-Service/Training:

- **Catheter Securement Devices**

Signing below indicates understanding of content provided in the above mentioned in-service.

Print Name	Signature	Unit/Dept.	Shift
C. Kimani RN		Nursing	7-3
Yoseline Lezcano		nursing	7-3
Symone White		nursing	7-3
Sandra Bautista		Nursing	DAY