STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056495	A. BUILDING _____ B. WING _____	C 12/01/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CASA COLOMA HEALTH CARE CENTER	10410 COLOMA RD RANCHO CORDOVA, CA 95670

(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 an abbreviated survey for the investigation of complaint #CA00790516. Representing the Department of Public Health: Health Facilities Evaluator Nurse, 38834 The inspection was limited to the specific complaint investigated and does not represent the findings of a full inspection of the facility.	F 000	How the correction will be accomplished immediately for those residents affected by the deficient practice: The DON will check and monitor for urinary catheter facility policy compliance. How you will identify other residents potentially affected by the same deficient practice and what corrective action will you take: No other residents were affected.	
F 684 SS=G	Quality of Care CFR(s): 483.25 § 483.25 Quality of care Quality of care is a fundamental principle that applies to all treatment and care provided to facility residents. Based on the comprehensive assessment of a resident, the facility must ensure that residents receive treatment and care in accordance with professional standards of practice, the comprehensive person-centered care plan, and the residents' choices. 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 was admitted to the facility with an indwelling urinary catheter (a flexible tube inserted into the bladder to drain urine; it is held in the bladder by a water-filled balloon, which prevents it from falling out) received assessment and interventions to treat the resident's inability to excrete urine according to the facility's policy regarding urinary catheter care and as indicated in Resident 1's physician order, dated 4/23/22.	F 684	What measures have been put into place or what systemic changes you made to ensure the deficient practice does not occur: Current nursing staff were in-serviced for urinary catheter facility policy. Upon hire, nurses will be instructed on facility policy and checked for urinary catheter insertion competency. How the corrective actions are being monitored to ensure the deficient practice will not recur: DSD will monitor nurse competencies and verify new hires are aware of facility policy. Corrective action will be discussed in quarterly QAPI meetings for the next two QAPI meetings. Follow up to be conducted annually during QAPI. Corrective action will be completed by 01/08/2023	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE: Administrator | (X6) DATE: 12/22/22

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
	056495	A. BUILDING _____ B. WING _____	C 12/01/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CASA COLOMA HEALTH CARE CENTER	10410 COLOMA RD RANCHO CORDOVA, CA 95670

(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 684	Continued From page 1 This failure caused injury to Resident 1's urethra (a tube through which urine leaves the body) and resulted in Resident 1's experiencing unnecessary pain, heavy bleeding, and transfer to the hospital. Cross reference to F726. Findings: According to the admission record, Resident 1 was admitted to the facility earlier this year with multiple diagnoses which included incomplete quadriplegia (partial damage to the spinal cord resulting in paralysis of all four limbs; however, the resident had retained some physical sensation). Due to neuromuscular dysfunction of the bladder (lack of bladder control) caused by spinal cord injury, Resident 1 required a catheter to allow continuous drainage of urine into a drainage bag . A review of Resident 1's Minimum Data Set (MDS, an assessment and care screening tool), dated 3/31/22, indicated the resident was cognitively intact and required extensive staff assistance with all activities of daily living (dressing, eating toileting, etc.). A review of Resident 1's physician order, dated 3/25/22, directed licensed nurses to change the indwelling catheter as needed if the catheter was leaking or plugged. A review of Resident 1's nursing progress note, completed by Licensed Nurse 1 (LN 1) and dated 6/18/22, at 00:11 a.m., revealed the following:	F 684		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056495	A. BUILDING _____ B. WING _____	C 12/01/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CASA COLOMA HEALTH CARE CENTER	10410 COLOMA RD RANCHO CORDOVA, CA 95670

(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 684	Continued From page 2 "Around 1900 [7 p.m. on 6/17/22] I, (nurse) was called into resident 's room, and he complained that despite drinking water for hours, he didn ' t have any output ...and was leaking urine ...all over his bed. Residents' catheter was then changed by a facility nurse and me. After the catheter was placed the resident began to bleed ...A while later the resident complained of pain and said his catheter tubing was out of place ...When the catheter [balloon] was deflated, it was pushed out by a flood of blood and blood clots, at that time it began to gush and squirt out blood non-stop ...MD [Medical Doctor] was notified ...the resident 's bleeding continued, and the resident 's blood pressure increased ..." LN 1 documented that Resident 1's blood pressure (BP) reading was extremely high at 183/118 mmHG (normal BP is 120/80 mmHG a unit of measure) and he was transferred to the hospital at 8:15 p.m. on 6/17/22. A review of Resident 1's care plan, dated 6/17/22, indicated he had "Gross hematuria [bleeding] around catheter s/p [status post] catheter re-insertion." The interventions included monitoring bleeding and transfer to the emergency department [ED] for "uncontrolled bleeding." A review of the emergency department physician's progress notes, dated 6/18/22 at 9:32 p.m., indicated that Resident 1 was brought to the ED after his indwelling catheter was changed. The physician documented that Resident 1 was "concerned that the catheter was inflated and not in the correct place...he felt pain and the foley drained bloody thick urine into his catheter bag."	F 684		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056495	A. BUILDING _____ B. WING _____	C 12/01/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CASA COLOMA HEALTH CARE CENTER	10410 COLOMA RD RANCHO CORDOVA, CA 95670

(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 684	Continued From page 3 A review of the ED nursing progress notes, dated 6/17/22, indicated Resident 1 arrived at the ED with bleeding and a distended bladder. The nurse documented that after the new catheter was inserted, it drained 1450 milliliters (ml, unit of measurement) of urine. A review of the ED discharge summary indicated Resident 1 was treated for urethral injury and required to have an insertion of a special urinary catheter. In an observation in Resident 1's room on 7/8/22 commencing at 10:05 a.m., Resident 1 looked pale as he was lying in bed. Resident 1 was alert, oriented, and answered all questions appropriately. His urinary drainage bag had a small amount of yellow urine and was attached to the bed frame. During an interview on 7/8/22, commencing at 10:05 a.m., Resident 1 stated he had urinary catheter for a long time and lately he had been having frequent bladder infections. Resident 1 stated on 6/17/22, he woke up after the afternoon nap feeling pressure in his lower abdomen. The resident explained that he is quadriplegic but can still feel pain and pressure. Resident 1 stated he called his nurse, LN 1, and reported that he had abdominal pressure and no urine for the entire day. The resident stated he noted that LN 1 was not comfortable and was not sure what to do. Resident 1 continued, "She [LN 1] started pulling on stat lock [a stabilization device to prevent pulling the catheter out] and suddenly pulled it off with some of my skin." The resident pointed to red scar tissue area on his right inner thigh where the stat lock used to be. Resident 1 stated he	F 684		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056495	A. BUILDING _____ B. WING _____	C 12/01/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CASA COLOMA HEALTH CARE CENTER	10410 COLOMA RD RANCHO CORDOVA, CA 95670

(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 684	Continued From page 4 then walked the nurse step by step and explained how to disconnect the catheter tubing from the stat lock and deflate the water - filled balloon. Resident 1 stated he was not able to excrete any urine and felt pressure in his lower abdomen after LN 1 pulled the catheter out. Resident 1 added, "apparently, she didn't know how to insert [catheter] and called another nurse and they put the new catheter in. I'm not new and I know it shouldn't hurt when they replace the catheter, but it hurt so bad and I kept telling them it was painful when they started inflating the balloon ... and [I] kept saying the catheter was not in the right place, told ...the balloon [was] in my urethra. I begged them to deflate the balloon and put the catheter deeper, but they didn't listen to me." The resident stated when he saw a loop of tubing at least 4 inches long before it entered the body, he knew right away the balloon was inflated in his urethra instead of the bladder. Resident 1 stated the pain was bad and then he saw blood in the catheter tubing. The resident explained he called his nurse again to come check on his catheter. Resident 1 stated when LN 1 saw that he had blood in his bag, she immediately pulled the catheter out and "huge blood clots and blood was gushing, lots of blood. Flooded my bed ...I was scared I would bleed to death ... [it was] Friday evening and no doctors..." Resident 1 stated that after he was transferred to ED, the doctor told him he had lost at least 2 pints of blood. He added, "My blood pressure was low and is still low. Doctor told me because I lost lots of blood, I'm lucky to be alive. Feel that nurse didn't know what she was doing, and she ruptured my urethra." A review of the facility ' s policy titled, "Urinary	F 684		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056495	A. BUILDING _____ B. WING _____	C 12/01/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CASA COLOMA HEALTH CARE CENTER	10410 COLOMA RD RANCHO CORDOVA, CA 95670

(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 684	Continued From page 5 Tract Infections (Catheter-Associated), Guidelines for Preventing," revised 9/17, indicated, "Insert catheters ...as ordered ...Conduct ongoing assessment and monitoring of residents with indwelling catheters ...Do not insert or maintain a urinary catheter unless you have been properly trained and demonstrated competency in this area ...If the resident indicates that his or her bladder is full or that he or she needs to void (urinate), notify the physician or supervisor ...Observe ...for signs and symptoms of urinary ...retention (the inability to urinate). Report findings to the physician or supervisor immediately."	F 684		
F 726 SS=G	Competent Nursing Staff CFR(s): 483.35(a)(3)(4)(c) §483.35 Nursing Services The facility must have sufficient nursing staff with the appropriate competencies and skills sets to provide nursing and related services to assure resident safety and attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident, as determined by resident assessments and individual plans of care and considering the number, acuity and diagnoses of the facility's resident population in accordance with the facility assessment required at §483.70(e). §483.35(a)(3) The facility must ensure that licensed nurses have the specific competencies and skill sets necessary to care for residents' needs, as identified through resident assessments, and described in the plan of care. §483.35(a)(4) Providing care includes but is not limited to assessing, evaluating, planning and	F 726	How the correction will be accomplished immediately for those residents affected by the deficient practice: Competencies were reviewed by DON. Catheter inserted correctly. How you will identify other residents potentially affected by the same deficient practice and what corrective action will you take: All nurse competencies to be reviewed to ensure completion.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056495	A. BUILDING _____ B. WING _____	C 12/01/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CASA COLOMA HEALTH CARE CENTER	10410 COLOMA RD RANCHO CORDOVA, CA 95670

(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 726	Continued From page 6 implementing resident care plans and responding to resident's needs. §483.35(c) Proficiency of nurse aides. The facility must ensure that nurse aides are able to demonstrate competency in skills and techniques necessary to care for residents' needs, as identified through resident assessments, and described in the plan of care. This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review, the facility failed to ensure that nursing staff possessed the competencies and skills necessary to meet residents' needs safely and in a manner which enhanced health, safety, and psychological well-being for one of three sampled residents (Resident 1) when, nursing staff improperly inserted a urinary catheter (a flexible tube inserted into the bladder to drain urine; it is held in the bladder by a water-filled balloon, which prevents it falling out). This failure caused injury to Resident 1's urethra (a tube through which urine leaves the body) and resulted in Resident 1's experiencing unnecessary pain and heavy bleeding, and transfer to the Emergency Drpartment (ED). Findings: According to the admission record, Resident 1 was admitted to the facility earlier this year with multiple diagnoses which included incomplete quadriplegia (partial damage to the spinal cord resulting in paralysis of all four limbs; however, the resident had retained some physical sensation). Due to neuromuscular dysfunction of	F 726	What measures have been put into place or what systemic changes you made to ensure the deficient practice does not occur: The DON, DSD and ADON will verify all nurse competencies are completed for catheter insertion upon hire and with current clinical employees. All clinical staff competencies will be verified upon hire. Onboarding activity checklist attached. On 10/17/22, the DON conducted an inservice on urinary foley catheter insertion and maintenance. Nurse competencies regarding indwelling catheters will be complete by 12/30/22. How the corrective actions are being monitored to ensure the deficient practice will not recur: DSD will keep all records of clinical competencies. Any negative outcomes will be reviewed by the Quality Assurance Improvement Committee for review and recommendation. Date of Compliance 01/08/2023	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056495	A. BUILDING _____ B. WING _____	C 12/01/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CASA COLOMA HEALTH CARE CENTER	10410 COLOMA RD RANCHO CORDOVA, CA 95670

(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 726	Continued From page 7 the bladder (lack of bladder control) caused by a spinal cord injury, Resident 1 required a catheter to allow continuous drainage of urine into collection bag. A review of Resident 1's Minimum Data Set (MDS, an assessment and care screening tool), dated 3/31/22, indicated the resident was cognitively intact and required extensive staff assistance with all activities of daily living (dressing, eating, toileting, etc.). A review of Resident 1's nursing progress note, completed by Licensed Nurse 1 (LN 1) and dated 6/18/22, at 00:11 a.m., revealed the following: "Around 1900 [7 p.m. on 6/17/22] I (nurse) was called into resident's room, and he complained that despite drinking water for hours, he didn't have any output ...and was leaking urine ...all over his bed. Residents' catheter was then changed by a facility nurse and me. After the catheter was placed the resident began to bleed ...A while later the resident complained of pain and said his catheter tubing was out of place ...When the catheter was deflated it was pushed out by a flood of blood and blood clots, at that time it began to gush and squirt out blood non-stop...MD [Medical Doctor] was notified...the resident's bleeding continued, and the resident's blood pressure increased..." The nurse documented that Resident 1's blood pressure (BP) reading was extremely high 183/118 mmHG (normal BP is 120/80 mmHG, a unit of measure) and he was transferred to the hospital at 8:15 p.m on 6/17/22. A review of Resident 1's care plan, dated 6/17/22, indicated he had "Gross hematuria [bleeding] around catheter s/p [status post] catheter re-insertion." The interventions	F 726		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056495	A. BUILDING _____ B. WING _____	C 12/01/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CASA COLOMA HEALTH CARE CENTER	10410 COLOMA RD RANCHO CORDOVA, CA 95670

(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 726	Continued From page 8 included monitoring bleeding and transfer to emergency department [ED] for "uncontrolled bleeding." A review of the emergency department physician's progress notes, dated 6/17/22, at 9:32 p.m., indicated that Resident 1 was brought to the ED after his indwelling catheter was exchanged. The physician documented that Resident 1 was "concerned that the foley [name of the catheter] was not inflated in the correct place...he felt pain and the foley drained bloody thick urine into his catheter bag." A review of the ED nursing progress notes, dated 6/17/22, indicated Resident 1 arrived at the ED with bleeding and a distended bladder. The nurse documented that after the new urinary catheter was inserted, it drained 1450 milliliters (ml, unit of measurement) of urine. A review of the ED discharge summary indicated Resident 1 was treated for urethral injury and required to have an insertion of a special urinary catheter. In an observation in Resident 1's room on 7/8/22, commencing at 10:05 a.m., Resident 1 was alert, oriented, and answered all questions appropriately. Resident 1 was lying in his bed. His urinary catheter bag was attached to the bed frame. During an interview on 7/8/22, commencing at 10:05 a.m., Resident 1 stated he had urinary catheter for a long time and lately he had been having frequent bladder infections. Resident 1 stated on 6/17/22 he woke up after the afternoon	F 726		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056495	A. BUILDING _____ B. WING _____	C 12/01/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CASA COLOMA HEALTH CARE CENTER	10410 COLOMA RD RANCHO CORDOVA, CA 95670

(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 726	Continued From page 9 nap feeling pressure in his lower abdomen. The resident explained that he is quadriplegic but can still feel pain and pressure. Resident 1 stated he called his nurse, LN 1, and reported that he had abdominal pressure and no urine for the entire day. The resident stated he noted that LN 1 was not comfortable and was not sure what to do. Resident 1 continued, "She [LN 1] started pulling on stat lock [a stabilization device to prevent pulling the catheter out] and suddenly pulled it off with some of my skin." The resident pointed to red scar tissue area on his right inner thigh where the stat lock used to be. Resident 1 stated he then walked the nurse step by step and explained how to disconnect the catheter tubing from the stat lock and deflate the water - filled balloon. Resident 1 stated he was not able to excrete any urine and felt pressure in his lower abdomen after LN 1 pulled the catheter out. Resident 1 added, "apparently she didn't know how to insert [catheter] and called another nurse and they put the new catheter in. I'm not new and I know it shouldn't hurt when they replace the catheter, but it hurt so bad and I kept telling them it was painful when they started inflating the balloon... and [I] kept saying the catheter was not in the right place, told...the balloon [was] in my urethra. I begged them to deflate the balloon and put the catheter deeper, but they didn't listen to me." The resident stated when he saw a loop of tubing at least 4 inches long before it entered the body, he knew right away the balloon was inflated in his urethra instead of the bladder. Resident 1 stated the pain was bad and then he saw blood in the catheter tubing. The resident explained he called his nurse again to come check on his catheter. Resident 1 stated when LN 1 saw that he had blood in his bag, she	F 726		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056495	A. BUILDING _____ B. WING _____	C 12/01/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CASA COLOMA HEALTH CARE CENTER	10410 COLOMA RD RANCHO CORDOVA, CA 95670

(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 726	Continued From page 10 immediately pulled the catheter out and "huge blood clots and blood was gushing, lots of blood. Flooded my bed...I was scared I will bleed to death...[it was] Friday evening and no doctors..." Resident 1 stated that after he was transferred to ED, the doctor told him he had lost at least 2 pints of blood. He added, "My blood pressure was low and still low. Doctor told me because I lost lots of blood, I'm lucky to be alive. Feel that nurse didn't know what she was doing, and she ruptured my urethra." During a telephone interview on 7/8/22, at 11:35 a.m., LN 1 stated on 6/17/22, she assumed the care of the resident at 2:30 p.m. LN 1 stated at the time this incident happened, she used to work for staffing registry, but had been hired by the facility since then. LN 1 stated she was not aware that Resident 1's catheter did not drain any urine and that the bag was empty because she did not assess his catheter at the beginning of the shift. LN 1 stated about 5 hours after she assumed care of Resident 1, around 7 p.m., the resident called her and reported that he had no urine in his bag. LN 1 stated she did not remember if the resident complained of low abdomen pressure or pain. LN 1 acknowledged that the catheter tube might be clogged and stated she did not attempt to irrigate the catheter as indicated in the physician's order before she discontinued the catheter. LN 1 continued, "I was not comfortable to insert a new catheter...The other nurse inserted the new catheter, it went in...There was a small amount of blood in the bag after the insertion, but it cleared out...Resident called again in about 30 minutes, complained of pain and bleeding...There was blood in the tubing, a lot, a lot of blood everywhere...Once the	F 726		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056495	A. BUILDING _____ B. WING _____	C 12/01/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CASA COLOMA HEALTH CARE CENTER	10410 COLOMA RD RANCHO CORDOVA, CA 95670

(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 726	Continued From page 11 catheter was removed, blood just gushed from his penis. Lots of blood and lots of blood clots ...He said it hurt bad..." LN 1 stated she recognized it was an emergency and there was no RN [Registered Nurse] on duty to assess and help with the catheter and she called other nurses to help. LN 1 stated she called the physician to report Resident 1's bleeding and was directed to send the resident to emergency department. During an interview on 7/8/22, at 12 p.m., LN 2 stated LN 1 who was the assigned nurse for Resident 1, relayed to her that she was not comfortable with inserting the catheter and asked LN 2 to insert Resident 1 ' s catheter. LN 2 stated, "It [catheter] went in...initially was clear urine in the tube, then darker, brown started coming." When LN 2 was asked if dark urine indicated the catheter balloon was inflated in the urethra instead of the bladder and the resident was bleeding, LN 2 did not provide any answer. LN 2 stated she could not recall if the resident complained of pain or discomfort at that time. LN 2 stated after she inserted the catheter, she had told LN 1 to keep an eye on Resident 1's new catheter. LN 2 stated she was hired by the facility as a new graduate about 7 months ago. LN 2 stated she did not remember if the facility checked her competency and demonstration of skills, including urinary catheter insertion upon hire or anytime later. A review of the facility's policy titled, "Urinary Tract Infections (Catheter-Associated), Guidelines for Preventing," revised 9/17, indicated, "Insert catheters ...as ordered...Conduct ongoing assessment and	F 726		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056495	A. BUILDING _____ B. WING _____	C 12/01/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CASA COLOMA HEALTH CARE CENTER	10410 COLOMA RD RANCHO CORDOVA, CA 95670

(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 726	Continued From page 12 monitoring of residents with indwelling catheters...Do not insert or maintain a urinary catheter unless you have been properly trained and demonstrated competency in this area...If the resident indicates that his or her bladder is full or that he or she needs to void (urinate), notify the physician or supervisor ...Observe...for signs and symptoms of urinary...retention [the inability to urinate or absence of urine in a urinary catheter drainage bag]. Report findings to the physician or supervisor immediately." During a concurrent interview and record review commencing on 7/8/22, at 1:55 p.m., the Director of Staffing Development (DSD) stated LN 1 used to work for staffing agency but had been hired by the facility since. The DSD acknowledged that the facility did not request copies of competencies and/or skills checks for nurses from registry. "When we call them and ask for staff, they tell us that everything is on file." The DSD was asked how the facility assured the staff from registry were competent and had skills to take care of resident ' s needs. The DSD explained, "I personally follow a nurse the first day she/he is on the floor to make sure they are competent and have knowledge of nursing process. I followed [LN 1] and worked on med cart with her when she started coming here." The DSD stated she did not observe LN 1 inserting a urinary catheter. The DSD was not able to provide LN 1's competency and skills evaluation since she was hired by the facility in June 2022 and stated it was not done. The DSD stated the facility had not done this year's annual nursing skills competencies evaluation yet. The DSD stated it was important to perform skills evaluation competencies upon hire and annual	F 726		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056495	A. BUILDING _____ B. WING _____	C 12/01/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CASA COLOMA HEALTH CARE CENTER	10410 COLOMA RD RANCHO CORDOVA, CA 95670

(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 726	Continued From page 13 skills evaluations and validation to ensure nurses provide safe care and fulfill the needs of their residents. A review of the facility's policy titled, "Competency of Nursing Staff," revised 9/19, indicated, "Licensed nurses...employed (or contracted) by the facility will: participate in a facility-specific competency-based staff development and training program; and demonstrate specific competencies and skill sets deemed necessary to care for the needs of the residents...Competency in skills and techniques necessary to care for residents' needs includes but is not limited to competencies in areas such as...person centered care ...basic nursing skills...Facility and resident-specific competency evaluations will be conducted upon hire, annually and as deemed necessary...competency evaluations will include: Lecture with return demonstration...Demonstrated ability to use tools, devices, or equipment used to care for residents." During a continued interview and personnel file review on 7/8/22, at 1:55 p.m., the DSD stated LN 2 was hired at the end of 2021 as a new graduate. There was no documented evidence the facility performed LN 2's skills evaluation and competencies since she was hired. The DSD stated she could not remember if she observed LN 2 inserting urinary catheter. The DSD stated, "I don't know why it was not done. Usually, the skills evaluation is done on the 3rd day after the hire." The DSD acknowledged that not performing skills evaluation competencies upon the hire and annual skills evaluations placed facility's residents at risk for injury related to	F 726		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056495	A. BUILDING _____ B. WING _____	C 12/01/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CASA COLOMA HEALTH CARE CENTER	10410 COLOMA RD RANCHO CORDOVA, CA 95670

(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 726	Continued From page 14 improper care techniques.	F 726		

CASA COLOMA HEALTH CARE CENTER

Indwelling **IN SERVICE ATTENDANCE FORM**

Course Title: Urinary Foley Catheter Insertion & Maintenance

Facility Location: Casa Coloma Health Care Center Date: June 24, 2022

Duration of Class in Hours: 1.00 Start Time 2:30 End Time: 3:30

Name of Instructor: Huyen Bui / Debbie Castaneda

Signature of Instructor:

Signature of Staff Developer:

Objective of Session and Topics Discussed / Lesson Plan: **see attached**

	NAME (PLEASE PRINT)	SIGNATURE	RN / VN NUMBER
1	Aileen Panuipana	[signature]	
2	Sandra Sanchez	[signature]	
3	Monika Korolevsky	[signature]	
4	Jam Pedron	[signature]	
5	Neha Singh	[signature]	
6	Lilia Santamaria	[signature]	
7	MARIO BACONAWA	[signature]	
8	Delia Opoda	[signature]	
9	Pooja Shrestha	[signature]	LVN
10	Mae Gavang	[signature]	LVN
11	Simra	[signature]	LVN
12	Flordelina Schepanen	[signature]	LVN
13	I. Ivanaue	[signature]	LVN
14	Ivory Hillman	IH	LVN
15	Huyen Bui	[signature]	LVN.
16			
17			
18			
19			
20			
21			
22			
23			
24			
25			

Exhibit 1

LICENSED NURSE ONBOARDING ACTIVITIES CHECKLIST

Licensed Nurse Name: **Date of Hire:**

License Number: **Exp. Date:** **CPR Cert.:** **Exp. Date:**

PART 1

Director of Staff Developer (DSD) to coordinate Part 1 of onboarding activities with licensed nurse within first week of employment, after general facility orientation is complete.

Common Procedures / Processes to Review	Review Date	Reviewer Initials	Common Procedures / Processes to Review	Review Date	Reviewer Initials
OVERVIEW AND INTRODUCTIONS - Trainer: Administrator					
Introductions to Department Managers			Overview of Customer Service		
Use of Nursing Phone (Communicating with management, staff and physicians)			Incident/Unusual Occurrence Management		
			Shift-to-Shift Huddles		
Policy: Abuse – Prevention, Screening, & Training Program (AN-01)			Emergency Preparedness Response Forms		
			Review of Emergency Contacts		
Policy: Abuse – Reporting & Investigations (AN-07)					
GENERAL - Trainer(s): DON & DSD					
Shift Report (DON)			Review of Rockport Intranet		
Narcotic Count Sheet (DON)			Review of G Drive		
Supervisory Clinical Rounds (DON)			Use of Fax Machine		
Job Description (DON)			Nursing Personnel		
Nursing Department Routine (DON)			Schedule/Labor		
Disciplinary Process (DON)			Call-in Procedure		
			Assignments Sheets		
			Telephone Use		
EMERGENCY EQUIPMENT & USE - Trainer: DSD					
Location/Storage/Use of Oxygen and Supplies: Use of IPP, Labeling and Dating of oxygen supplies			Suction Machines / Supplies / Policies for Use		
			Responding to the CODE		
Humidifier Bottles/Change Policy			Blood spill kit		
Nebulizer Tubing Change Policy			First Aid Kit		
Policy: Oxygen Therapy (NP-94)			Safety Data Sheet		
Policy: Pulse Oximetry (Assessing Oxygen Saturation) (NP-107)			Disaster Kit/Emergency Phone #		
Location of Extension Cords/Plugs on Generator			Emergency Equipment/Crash Cart/CPR Board		

LICENSED NURSE ONBOARDING ACTIVITIES CHECKLIST

Employee Name: **Date of Hire:**

PART 2

Identified instructors to complete Part 2 of onboarding activities with licensed nurse within second week of employment.

Common Procedures / Processes to Review	Review Date	Reviewer Initials	Common Procedures / Processes to Review	Review Date	Reviewer Initials
UNUSUAL OCCURRENCE/INCIDENT – Trainer: DON/Designee					
Change of Condition, Falls, etc.			Visitor/Family/Employee Incidents		
Notification Requirements			24 – 72 Hour Observations /Documentation		
Documentation Requirements			Use of Restraints/Postural Supports/Side Rails		
Policy: Choking – Heimlich Maneuver (NP-26)			**Policy:** Emergency Care – General (NP-11)		
INFECTION CONTROL - Trainer: Infection Preventionist					
Policy: Enhanced Standard Precautions (IC-46)			Needles/Sharps Management		
Policy: Reportable Diseases (IC-10)			"Needle Stick" Injury Policy		
Antibiotic Stewardship Program			Hand Hygiene		
Individual Surveillance Data Collection Form			Sequencing of PPE		
Surveillance Log			Resident TB screening		
Contact Precaution			C. Difficile (Bleach mixture)		
Linen Handling			Isolation cart set/posting		
CENTRAL SUPPLY/UTILITY ROOM - Trainer: Central Supply Coordinator					
Obtaining Items (i.e. linens)			House Supplies Items & Medications		
Sticky Label System			Utility Room: Clean/Dirty Area/ Monitoring		
LAUNDRY/HOUSEKEEPING - Trainer: Director of Housekeeping					
Supplies (Paper towels/toilet paper/soap)			Location of Mops/Buckets		
Linen Supplies			Resident Personal Clothing/Laundry		
Hamper Pick-up Schedule			Hazardous Waste/Hazardous Communication		

G1-D5D

LICENSED NURSE ORIENTATION

Licensed nurse name: _____

	Date	Initials of orientee	Initial of nurse orienting
Change of condition Policy and procedure			
EMERGENCY PROCEDURES Guidelines for Contacting Physicians Emergency Transfer or Discharge • Transfer and Referral Records • Discharge Process • Resident Transfer to Acute, Home, Board & Care, Assisted Living Facility (ALF) • Resident Expiration			
Emergency Physician/Medical Director • Face Sheet • Key Personnel Phone Numbers • Physician Phone Numbers/Include Medical Director • Transportation Gurney and Ambulance Numbers • Hospital Phone numbers... Sutter, Kaiser, Mercy, Other • Poison Control • County Health Department • Fire Alarm Cancel • Utilities • Laboratory services • Mobile X-Ray • Pacific West Pharmacy Services • Oxygen & Medical Equipment			
Use of Chemical Restraints (Anti-psychotics, Anti-depressant, Anti-anxiety, Hypnotics) • All these drugs require Informed Consent obtain by Prescribing Physician from Resident and/or Responsible Party • All PRN orders for Anti-anxiety and hypnotics should be written for 14 days only • Monthly chemical Restraint Assessment			
Weight Protocol			

ADMISSION OF RESIDENTS • Consent to Treat, Resident Rights, Advance Directives, POLST • Diet Order Form • Inventory Form • C.N.A: ADL charting • I/O • Resident Orientation • Med & Treatment documentation • Progress Notes • Weight Record • Licensed Nurse Progress Notes • Admission Assessment • Brief mental Interview • Admission diagnosis and ICD 10 codes • Physician Orders/hospital discharge orders • History & Physical • Resident Short-Term Care Plan • Resident Care Plan should be started on admission • Communication to the Physician			
DISCHARGE OF RESIDENT • Notice of Proposed Transfer/Discharge • Discharge Summary/Plan of Care • Discharging a Resident without a Physician approval • Against Medical Advice form • Discharging a resident to the Mortuary • See back of face sheet for release information • Death of a resident • Coroner's Case			
PHARMACY • Refill order form, from PWP • Med Error Documentation • Drugs Released to the patient /RP • Self-Administration of Drugs • Pharmacy Notification • Medication/Treatment Sheet Audit • IV Emergency Drug Kit Form • Emergency Drug Kit Form			
Lab & X-Ray • Communication log • Requisition form			

MEDICAL RECORDS Audits • New Admission Audit • Intake & Output • Documentation Audit • Skin Documentation Audit • Change in Condition Documentation • Weekly summary Audit • Treatment sheets audit • Medication administration audit			
SOCIAL SERVICES • Social Services Log/Request Form • Theft & Loss Investigation Report • Grievance/Complaint Report			
DIETARY • Diet Orders, Diet Changes, Reports • Sample of select menu • Refer to dietary change slip			
PATIENT CARE PLAN • Admission care plans should be done in 48h • Quarterly Reviews Resident/Family Participation • Problem Identification List • Preliminary • Interdisciplinary Team • Goals & Objectives • Comprehensive • Sample Care Plan, Long Term and Short Term • Preparation for Care Conference			
DOCUMENTATION REQUIREMENTS • Shower day Skin Inspection Sheet • Weekly Skin Integrity Record • Weekly Pressure/Wound Record • Medication Sheet • Treatment Sheet • Physician Telephone/Verbal Orders • Physician Orders • Nurses Notes • Physician Notification • Emergency Care Policy & Procedure			
CHANGE OF SHIFT • Report/Rounds • CNAs report assignment sheet			

CONTROLLED DRUG COUNT • Narcotic Check Sheet • Narcotic Count Sheet • Liquid Narcotic Count Sheer			
PLANNING NURSING ASSIGNMENT • CNAs Assignment Sheets—AM—PM—NOC Shift • Attendance Policy • Call-In Slip • Registry Use Prior Authorization—exhausting all other options first			
INFECTION CONTROL • Infection Control Surveillance Form • Reportable Symptoms List			
EMPLOYEE HEALTH & SAFETY • Worker's Compensation Forms • DWC Form –Employee's Claim for Worker's Compensation Benefits • Supervisor's Report of Accident • Worker's Compensation Claim Form Report Only • Acknowledgement of Receipt of Employees Claim Form • Directions to Med Clinic • Facts About Worker's Compensation • Light/Modified duty not available			
USE OF COMPUTER/PCC, PHONES, FAX, COPY MACHINE			