accepted 1/14/2020 11912

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 12/23/2019
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056143	A. BUILDING _____ B. WING _____	C 12/23/2019

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OSAGE HEALTHCARE & WELLNESS CENTRE	1001 SOUTH OSAGE AVE INGLEWOOD, CA 90301

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F 000	INITIAL COMMENTS The following reflects the findings of the Department of Public Health (DPH) during the investigation of a complaint. Complaint number: CA00660611 Representing the DPH: RN, HFEN 11912 The inspection was limited to the specific complaint investigated and does not represent the findings of a full inspection of the facility. One deficiency was written as a result of complaint number CA00660611	F 000	*"Preparation, submission and/or execution of this Plan of Correction does not constitute admission or agreement by the Provider of the truth of the facts alleged or conclusions set forth in this statement of deficiencies. The Plan of Correction is prepared, submitted and/or executed solely because it is required by the provision of federal and state law."* F-690 Corrective Action/s • Resident 1 is no longer a resident at this facility.	
F 690 SS=G	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	F 690	**How to identify other residents having potential to be affected by the same deficient practice and what corrective action will be taken** • On 12/24/19 resident with indwelling catheter was checked by licensed nurse for proper placement and drainage of urine output. No other residents were affected. Urinary output is being monitored and documented every shift **Measures/Systemic Changes:** • Certified nursing assistants were given inservices on 12/24 -12/27/19 regarding documenting urine output for residents with indwelling catheter. • Licensed nurses were given in-	

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By

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

[signature] NP Director of Nursing 12/31/19

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See Instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 690	Continued From page 1 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 interview and record review, the facility's nursing staff failed to provide the necessary care and treatment for residents who required urinary catherization (insertion of a catheter into the bladder to release the urine) for one of two sampled residents with urinary catheters (Resident 1). Resident 1 who was a paraplegia (inability to move and feel the lower extremities) required urinary catheterization for removal of urine and the facility's staff forced a urinary catheter into Resident 1's urethral (the duct by which urine is conveyed out of the body from the bladder) after there was resistance upon insertion, which resulted in trauma and bleeding. This deficient practice resulted in Resident 1 having gross hematuria (blood in the urine), being transferred to the general acute care hospital (GACH), undergoing a surgical procedure and had to be infused with five (5) units of blood due to low hemoglobin [responsible for delivery of	F 690	• services 12/24 -12/27/19 regarding provision of necessary care and treatment for residents who required urinary catheterization including monitoring urine output for 30 days • DON or designee will review monitoring and documentation of urine output for resident(s) with indwelling catheter on a weekly basis. • Medical records designee will perform bimonthly audits with results given to DON for follow up and/or inservice as indicated **Monitoring performance to ensure that solutions are sustained** • Any change of condition will be monitored at least 72 hours by Licensed nurse and findings documented in medical record and reported to MD as indicated. MRD will audit daily for change of condition Monday – Friday during week • DON or designee will report any negative trends and patterns of monitoring urine output for the residents with indwelling catheter to QAA Committee monthly for 3 months or until resolved **Completion Date:** • 01/01/2020	

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F 690	Continued From page 2 oxygen to the tissues] /hematocrit measures the volume of red blood cells compared to the total blood volume] as a result of bleeding with substantial blood loss. Resident 1 was hospitalized for nine days before being discharged. Findings: A review of a narrative of events written by Resident 1, dated 10/24/19 indicated Resident 1 complained that on the morning of 6/30/19 an LVN (LVN 2) attempted to insert a "Foley" catheter, but met a lot of resistance. LVN 2 failed to seek assistance from a registered nurse or Resident 1's physician, but continued to jam the catheter after meeting much resistance. Resident 1 indicated he began to see blood draining into the catheter drainage bag for hours and had to be transferred to the hospital for care and treatment. A review of Resident 1's Admission Face Sheet indicated Resident 1 was admitted to the facility on 6/10/19, with diagnoses that included paraplegia (a loss of motion and sensation of pain and temperature) in the lower extremities. A review of Resident 1's Minimum Data Set (MDS), a resident assessment and care Screening tool, dated 6/17/19 that indicated Resident 1 was alert and oriented. The MDS indicated Resident 1 required intermittent catherization (insertion of a catheter into the bladder to release the urine), but the diagnosis of neurogenic bladder (lack bladder control due to a	F 690		

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F 690	Continued From page 3	F 690		

brain, spinal cord or nerve problem) was not marked on the MDS as an active diagnosis.

A review of Resident 1's History and Physical (H/P), dated 6/11/19 indicated the physician documented Resident 1 was a paraplegic with self-catherization needed. The H/P indicated Resident 1 had the capacity to understand make decision.

A review of Resident 1's physician admission orders, dated 6/10/19 indicated the physician ordered for Resident 1 to self-catheterization using an in and out catheter ([intermittent catheter] a soft, thin tube used to pass urine from the body). According to the notes, Resident 1 did the procedure four times a day.

A review of Resident 1's Nurses' Progress Note, from 6/11/19 to 6/27/19, the licensed nurses documented Resident 1 had no signs and symptoms of an adverse reaction (any unexpected or dangerous reaction to a drug; an unwanted effect caused by the administration of a drug) due to receiving antibiotics (medications used to treat infections [Levaquin 500 mg [unit of measurement every night])) for a urinary tract infection ([UTI] an infection in any part of the urinary system; kidneys, ureters, bladder and urethra) and the resident voiced no complaints.

A review of a licensed nurse note, documented on 6/27/19 and timed on the 3-11 p.m. shift, indicated Resident 1 performed an in and out catherization with clean yellow urine drainage without any sediment (matter that settles to the bottom) and no discomforts.

According to a nurse's note, dated 6/28/19 and

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F 690	Continued From page 4 timed at 4 p.m., Licensed Vocational Nurse 1 (LVN1) documented the insertion of a urinary indwelling catheter was placed with clear urine return. There was no documentation of Resident 1's urine output. On 6/30/19 at 9:30 a.m., LVN 2 documented a change in condition of Resident 1 due to the leakage of the indwelling urinary catheter. A new indwelling catheter was inserted with yellow urine return with no resistance, bleeding, and/or resident's complaints [sic]. There was no documentation of Resident 1's amount of urine output during the procedure or at the end of the LVN 2's shift (7-3 p.m.) on 6/30/19, as per the facility's policy. On 6/30/19 at 4:50 p.m., LVN 3 documented a change in condition due to hematuria (blood in the urine) and the physician was notified and ordered to transfer Resident 1 to a GACH for evaluation. There was no documentation of the amount of Resident 1's bloody urine output. A review of Resident 1's GACH physician emergency room (ER) note, dated 6/30/19 indicated the physician documented "a Foley was inserted at the nursing home at 9:30 a.m. today with significant resistance. The resident has had hematuria since that time." A review of Resident 1's laboratory results, dated 6/30/19 indicated a low Hematocrit of 33.2 percent [%] (normal reference range [NRR] is 42-52%) and a low Hemoglobin of 10.3 (NRR is 14-18.0) and on 7/1/19, the hematocrit had dropped lower to 28.2% and hemoglobin to 8.6,	F 690		

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F 690	Continued From page 5 which was indicative of bleeding. A review of the GACH's ER note, dated 7/1/19 and timed at 12:55 a.m., indicated Resident 1 was transferred to the GACH's telemetry unit (a unit where residents need vital signs [blood pressure, heart rate, respiration and body temperature] monitored closely) for admission and observation. A review of Resident 1's urology (the branch of medicine and physiology [deals with the normal functions] concerned with the function and disorders of the urinary system) consultation, at the GACH, dated 7/1/19 indicated "the nursing facility's staff inserted a Foley catheter, but had significant resistance in passing the Foley catheter tube. The resident had hematuria (blood in the urine) since that time and presented to the emergency room for evaluation. Upon physical exam, a Foley catheter was in place with bloody urine output." The urologist documented the resident (Resident 1) usually managed self-catheterization four times a day himself until recently due to a UTI diagnosis and then an indwelling urinary catheter was placed. A review of Resident 1's GACH post-operative report, dated 7/2/19 indicated Resident 1 had urinary retention and hematuria with urethral injury from a catheter placement. The report indicated a cystoscopy (a procedure to examine the lining of the bladder and the tube that carries urine out of your body (urethra); A hollow tube (cystoscope) equipped with a lens is inserted into the urethra then slowly advanced into the bladder) was done with a difficulty placing the catheter placement.	F 690		

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F 690	Continued From page 6 A review of Resident 1's GACH Discharge Summary, dated 7/9/19 (nine days after admission) documented Resident 1 was admitted to the telemetry ward and was seen by urologist (a physician who specializes in diagnosing and treating conditions affecting the urinary tracts of both males and females). According to the Discharge Summary, Resident 1 experienced significant urethral (the duct by which urine is conveyed out of the body from the bladder) trauma due to an attempt to place the indwelling catheter (Foley), which caused significant hematuria. Resident 1 required a cystoscopy with a "Foley" catheter placement done properly. Resident 1 had a precipitous (dangerous; sudden reduction) drop in hemoglobin (a red protein responsible for transporting oxygen in the blood of vertebrates. Its molecule comprises four subunits, each containing an iron atom bound to a heme group) requiring a total of five units of packed red blood cells ([PRBC] red blood cells that have been separated for blood transfusion; are typically given for anemia). The resident (Resident 1) appeared stable to be discharged back to the skilled nursing facility with the 'Foley' in place. Several attempts were made to contact Resident 1 as follow: On 11/7/19 at 2 p.m., a message was left without response. On 11/25/19 at 3 p.m., a message was left without response. On 12/17/19 at 11:51 a.m., Resident 1's cell phone was disconnected.	F 690		

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F 690	Continued From page 7 On 11/21/19 at 11:45 a. m., during a telephone interview, LVN 2 stated there was no problem during the insertion of the indwelling urinary catheter. LVN 2 stated there was no bleeding and the urine was clear yellow. LVN 2 stated she could not remember the amount of urine returned upon insertion and/or the amount at the end of the shift. During a telephone interview on 12/18/19 at 2 p.m., LVN 3 was asked regarding the amount of urine output for Resident 1 on 6/30/19 at 4:50 p.m. LVN 3 stated there was no urine output for Resident 1 and he stated found Resident 1's bed had blood all over it. LVN 3 stated he immediately notified the physician, who ordered to transfer Resident 1 to the GACH for evaluation. During a telephone interview on 12/20/19 at 10:28 a. m., LVN 1 was asked about the insertion of Resident 1's urinary catheter and he stated he was instructed by the treatment nurse to insert a "Foley." LVN1 stated he checked the physician's order and inserted the catheter without questioning the reason for the urinary catheter, since the resident used to do in and out catheterization. A review of an online article titled, "Current Trends in the Management of Difficult Urinary Catheterizations" by the National Library of Medicine Institution of Health, indicated proper placement technique was critical, as failed attempts at catheterization may lead to injury. According to the article, forcing a catheter past the point of resistance can cause injuries ranging from a mucosal tear to more serious false passages (perforations [a hole made by boring or piercing; passing through or into something]),	F 690		

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F 690	Continued From page 8 which are associated with infection, urethral stricture, and subsequent surgical management. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3555603/ A review of the facility's policy and procedure, dated 9/1/14 and titled, "Indwelling Catheter" indicated to record intake and output in accordance with intake and output recording. A review of the facility's policy and procedure, dated 10/27/16 and titled, "Intake and Output Recording," indicated to record intake and output when the following conditions exist as a nursing measure: all residents who have an indwelling catheter will have intake and output recorded for 30 days.	F 690		