STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	395660	A. Building B. Wing	08/15/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Claremont Nursing & Rehabilitation Center	1000 Claremont Road Carlisle, PA 17013

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0690 Level of Harm - Actual harm Residents Affected - Few	Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections. 46253 Based on clinical record review, hospital record review, and staff interviews, it was determined that the facility failed to ensure residents receive appropriate treatment and services to prevent urinary tract infections (UTI) in two of two residents reviewed for foley catheter (Residents 2 and 3) which resulted in harm and, subsequent transfer and admission of Residents 2 and 3 to an acute care hospital Intensive Care Unit with an admission diagnosis of sepsis (life threatening complication of an infection where chemicals released in the blood to fight an infection trigger inflammation throughout the body) secondary to UTI; further, prior to the transfer and admission to the hospital, the facility failed to follow physician orders related to collecting a urine sample and labs for one of two Residents reviewed (Resident 2). Findings include: Review of Resident 2's clinical record revealed diagnoses that included urinary retention (difficulty urinating and completely emptying the bladder) and a Pressure Ulcer. Review of Resident 2's current physician orders revealed the following for foley catheter for diagnosis of urinary retention neurogenic bladder (condition in which the nerves that carry messages back and forth between the bladder, spinal cord, and brain don't work as they should), and/or wound healing secondary to incontinence (inability to control one's urine flow); and change catheter monthly on the 13th on the evening shift, dated July 13, 2022. Review of Resident 2's current care plan revealed a care plan focus for an indwelling foley catheter related to extensive skin breakdown, Stage IV Pressure Injury to the Sacrum, initiated on June 10, 2022. Interventions included: position catheter bag and tubing below the level of the bladder and away from entrance room door; check tubing for kinks each shift, monitor for signs and symptoms of discomfort on urination and frequency; monitor and document for pain/discomfort due to catheter; monitor/record/report to MD for signs and symptoms of urinary tract infection: including pain, burning, blood tinged urine, cloudiness, no output, deepening of urine color, increased pulse, increased temp, urinary frequency, foul smelling urine, fever, chills, altered mental status, change in behavior, change in eating patterns. Review of Resident 2's Treatment Administration Records from May 2022, through August 2, 2022, revealed no documentation of providing catheter care to the Resident prior to August 2, 2022. (continued on next page)

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.

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

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F 0690 Level of Harm - Actual harm Residents Affected - Few	Review of nurse aide task documentation from July 17, 2022, through August 2, 2022, for catheter output revealed that on 17 occasions staff coded output (urine output from the catheter) as Non-Applicable; and on four occasions there is no output documented. On July 30, 2022, Resident 2 had no documented output for the entire 24 hours. Review of Resident 2's progress note dated for July 5, 2022, indicated that the Resident was reporting complaints of urinary discomfort, urgency, and pressure. The note also indicated that the Resident's urine was cloudy with moderate sediment. The physician was notified and an order was given to obtain an urinalysis (urine sample used to detect medical conditions) and urine culture (used to identify the type of microorganism that is causing an infection). Review of urinalysis and culture results dated July 8, 2022, indicated that there was mixed genital flora isolated; these superficial bacteria are not indicative of a urinary tract infection; and that no further organism identification was warranted on this specimen. If clinically indicated, recollect a mid-stream, clean-catch urine, and transfer immediately to urine culture transport tube. The urinalysis results revealed the following abnormal results: leukocyte esterase 3+ (normal result is negative); [NAME] Blood Cells packed (normal is less than or equal to 5); Red Blood Cells 3-10 (normal is less than or equal to 2), and bacteria was moderate (normal is none). Although, the Resident was experiencing clinical indicators of an urinary tract infection and the urinalysis results revealed the aforementioned abnormal results, no repeat urine culture was ordered. In addition, there was no documentation that these results were reviewed with the physician when received on July 8, 2022, and the results were not signed by the physician until July 13, 2022. Review of Resident 2's routine lab work, dated July 13, 2022, revealed the following abnormal results: glucose was 202 (normal is 65-99); BUN (test that measures the amount of urea nitrogen in the blood) was 35 (normal is 6-22); calcium was 11 (normal is 8.6-10.4); and sedimentation rate (test which helps to detect inflammation in the body) was 65 (normal is less than or equal to 30). There was no documentation that these abnormal results were reviewed with the physician when received on July 13, 2022. There was a notation written on the lab results which indicated the physician was not notified of the lab results until on August 9, 2022, while the Resident was admitted to the hospital. Review of Resident 2's progress note dated July 26, 2022, at 3:12 PM, indicated that the Resident's Daughter called and stated she wanted blood work and urinalysis done due to Resident 2's increased confusion. The note further indicated that the physician was made aware of the Daughter's request, and that orders were given to obtain a CBC, BMP, and Urinalysis with Culture and Sensitivity in the morning. There was no documentation by the nurse of an assessment of the Resident. Review of the physician's orders noted an order dated July 26, 2022, for a urinalysis with culture and sensitivity. The facility could not provide any documentation that these labs were obtained as ordered. During an interview with the Nursing Home Administrator (NHA) and the Director of Nursing (DON) on August 15, 2022, at approximately 2:20 PM, the DON confirmed that the labs ordered on July 26, 2022, were not obtained. (continued on next page)

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F 0690 Level of Harm - Actual harm Residents Affected - Few	A physician's progress note dated July 27, 2022, at 4:28 PM, revealed that the Resident was seen by the physician for transfer of care to their service, and that earlier the Resident's daughter complained reviewed possible confusion and patient had UA [urinalysis] and CBC BMP ordered. Further review of the physician's physical exam notes, there was no documentation present that indicated the Resident's genitourinary system was assessed. It was also noted that the physician referred to labs that were obtained on May 24, 2022, and not the Resident's most current labs. Review of Resident 2's progress note dated August 1, 2022, at 2:45 PM, revealed that the Resident complained of occasional leaking around the catheter. There was no documentation that a full assessment of the Resident's urinary system was completed, or that the physician was made aware of the leaking around the catheter. Review of Resident 2's progress note dated August 2, 2022, at 12:48 PM, revealed that the Resident was complaining of pain due to the foley and asked if it could be changed. The note further indicated that: the nurse checked the foley catheter and noted it was draining yellowish colored urine; secured foley on thigh; and encouraged the Resident to drink more fluid. The nurse also indicated that the Resident's Daughter was notified of the concerns. The nurse then notified the physician and an order was received to change the foley catheter 24 French that day, and then monthly. In addition, the physician ordered a CBC, BMP, and urinalysis with C&S for the next morning, and to start Cipro (antibitoc) 500 mg twice daily for seven days. Review of Resident 2's progress note dated August 2, 2022, at 6:51 PM, indicated that the Resident continued with confusion and had an altered mental status. Vital signs were obtained. Resident's temperature was noted to be 97.8 Fahrenheit (F). Resident's Daughter was present at bedside and concerned that Resident 2 was not their normal self and that the Resident looked flushed. Nurse notified physician and order was given to transport the Resident to the hospital for evaluation. Review of Resident 2's History and Physical Report from the hospital dated August 2, 2022, revealed admitting diagnoses of sepsis (life threatening complication of an infection where chemicals released in the blood to fight an infection trigger inflammation throughout the body); acute kidney injury (an abrupt decrease in kidney function), labs on admission indicated a creatinine level of 1.57, with a baseline lab value of 0.5-0. 6; and urinary tract infection, lab results were grossly indicative of infection in setting of chronic Foley. Urinalysis showed presence of white blood cells (WBC, help the body fight infection) with a value of too numerous to count. Further review of hospital notes stated that there were no signs of infection to wounds; and clinical suspicion for source of bacteremia (presence of bacteria in the bloodstream) and septic shock (a life-threatening condition that happens when your blood pressure drops to a dangerously low level after an infection) were UTI. Infectious Disease was consulted. On August 3, 2022, Resident 2 was transferred to the Intensive Care Unit. Resident 2 was started on three antibiotics, administered IV (intravenously). Resident 2's white blood cell (WBC) count (blood test used to measure the number of WBCs which help fight infections) on August 2, 2022, was 15.9 (normal is 3.8-10.8); Blood Urea Nitrogen (BUN) was 40 (normal is 7-25); and Creatinine 1.57 (normal is .6-1.2). BUN and creatinine are tests used together to determine kidney function. Resident 2 had a temperature recorded at the hospital of 103.5 F. The Daughter reported to hospital staff that Resident 2 had fevers and altered mental status for two days prior to hospitalization . (continued on next page)

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F 0690 Level of Harm - Actual harm Residents Affected - Few	No fevers were noted in facility documentation. Review of Resident 2's Infectious Diseases Consult dated August 3, 2022, indicated the following: Diagnosis of Septic Shock (life threatening condition caused by a severe localized or system-wide infection that requires immediate medical attention); and was noted to have a positive urine culture and, therefore, the clinical suspicion for source of bacteremia and septic shock were determined to be from an urinary tract infection. Review of Resident 3's clinical record revealed diagnoses that included obstructive and reflux uropathy (condition where urine flows backwards to the kidney instead of to the bladder because of some type of obstruction). Review of Resident 3's physician orders revealed a foley catheter related to obstructive uropathy; change Foley catheter every 30 days on the 27th of each month on evening shift; irrigate Foley catheter with sterile water for blockage/leaking as needed. Review of Resident 3's care plan revealed a focus for indwelling catheter, initiated on July 13, 2022, with interventions that included: Monitor/record/report to physician any signs and/or symptoms of an UTI: including pain, burning, blood tinged urine, cloudiness, no urine output, deepening of urine color, increased pulse, increased temperature, urinary frequency, foul smelling urine, fever, chills, altered mental status, change in behavior, change in eating patterns, with initiated date of July 13, 2022. Resident 3 also had a care plan focus for antibiotic therapy related to UTI prophylaxis, initiated on July 13, 2022, with interventions that included: Administer antibiotic medications as ordered by physician, and monitor/document side effects and effectiveness every shift, with initiated date of July 13, 2022. Review of Resident 3's Treatment Administration Records from May 2022, through August 9, 2022, revealed no documentation of providing catheter care to the Resident. Review of nurse aide task documentation and revision history of the tasks revealed that catheter care and catheter output were added on August 8, 2022. Review of Resident 3's progress notes revealed a note on July 20, 2022, at 6:22 AM, which noted the Resident was noted to have a small amount of blood in his foley catheter drainage bag. There was no documentation that the physician was made aware. Review of Resident 3's progress note dated July 21, 2022, at 9:25 AM, revealed that the Resident was complaining of pain and discomfort in the bladder/genital area. Nurse was unable to reposition catheter, and removed catheter and Resident experienced immediate relief. A new catheter was reinserted with clear yellow urine noted. There was no documentation that the physician was made aware of the discomfort the Resident 3 was experiencing. (continued on next page)

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F 0690 Level of Harm - Actual harm Residents Affected - Few	On August 4, 2022, at 12:52 PM, nursing note by Licensed Practical Nurse stated that Resident 3 was complaining of urinary tract pain, had a catheter in place that was fully patent and draining urine. The note further indicated that the Nurse checked the Resident's temperature, which was 97.9 F degrees, and that the Registered Nurse Supervisor was made aware and Resident would continue to be monitored. There was no documentation noted by a Registered Nurse. There were no other notes regarding the monitoring of the Resident's urinary complaints until August 9, 2022, or documentation that the physician was made aware. Review of nursing note dated August 9, 2022, at 1:32 PM, revealed that Resident 3 was complaining about catheter bag not draining properly, and slight discomfort in the pelvic area. Urine was noted to be: whitish in color with sediments and foul odor. Physician was made aware, and new orders were subsequently obtained to change the catheter and get a urine sample for urinalysis and urine culture. Further review of nusing notes revealed that Resident 3 was noted with blood in their urine on July 20, 2022, complained of discomfort in the bladder/genital area on July 21, 2022; and complained of urinary tract pain on August 4, 2022. There is no documentation noted in the Resident's clinical record that the physician was ever made aware of the Resident's blood in urine or the complaints of urinary discomfort until August 9, 2022. On August 9, 2022, nursing notes revealed that Resident 3 got out of bed, unassisted, resulting in increase in blood in catheter. The physician was notified and orders obtained to send the resident to the ER. Review of Resident 3's hospital records revealed that, upon arrival to emergency room , the Resident was complaining of hematuria (blood in urine) and ureteral pain around a chronic indwelling foley catheter. It was also noted that the Resident indicated that the symptoms had been going on for a couple of weeks. Further hospital record review, upon hospital admission, initial diagnosis was Urosepsis (sepsis caused by infection of the urinary tract). Resident 3 was noted to have a temperature of 103.7 F upon evaluation at the hospital, and had grossly infected urine on urinalysis. Resident became hypotensive (low blood pressure) on August 10, 2022, and had to be transferred to the Intensive Care Unit. Initial urine culture grew gram negative rods (type of bacteria resistant to several antibiotics); and blood culture also grew gram negative rods and staph aureus (bacteria that can cause various infections). Infectious disease was consulted. Urology was consulted and completed diagnostic testing, and indicated that there was no obvious pathology to explain hematuria. Resident was being treated with two intravenous antibiotics and continuous bladder irrigation (medical procedure that flushes the bladder with sterile liquid) for the hematuria. (continued on next page)

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F 0690 Level of Harm - Actual harm Residents Affected - Few	Further review of Resident 3's hospital records revealed that, by August 11, 2022, the Resident met sepsis criteria with temperature, tachycardia, and that the urine was the source of the infection. Urine was noted to be bloody with [NAME] Blood Cells (WBC's help the body fight infection), large amount of bacteria, nitrites (nitrites in urine indicate an infection), and leukocyte esterase (test used to detect presence of white blood cells in the urine which would indicate an infection). Blood cultures were growing multiple organisms- E. coli (bacteria found in the environment, food, and intestines), Providencia (a type of bacteria that can occur in urinary tract infections), Methicillin Susceptible Staphylococcus Aureus (MSSA-type of bacteria that is not resistant to certain antibiotics), and Pseudomonas aeruginosa (type of bacteria that causes infections). Urine culture growing Pseudomonas aeruginosa and E coli. Final conclusion was noted to be sepsis due to urinary tract infection in the setting of chronic indwelling Foley catheter. Email communication received from the NHA on August 15, 2022, at 9:34 AM, indicated the documentation of catheter care was added to Treatment Administration Records as part of their plan of correction for a recent deficiency citation. During an interview with the NHA and DON on August 15, 2022, at approximately 2:20 PM, the DON indicated that the facility had started educating staff on the importance of notifying physician's in a timely manner of Resident concerns. The NHA and DON both confirmed that physician orders should be followed and that physicians should be notified in a timely manner of Resident condition changes and lab results. Email communication received from the DON on August 16, 2022, at 10:50 AM, indicated that, although the care plan states to Monitor/record/report to MD for signs and symptoms of UTI: pain, burning, blood tinged urine, cloudiness, no output, deepening of urine color, increased pulse, increased temp, Urinary frequency, foul smelling urine, fever, chills, altered mental status, change in behavior, change in eating patterns, Resident has chronic urinary tract infections, a foley, and has been on prophylactic antibiotics since May 18, 2022, as infection and hematuria are ongoing issues. An additional review of Resident 3's diagnoses revealed that hematuria nor chronic urinary tract infection were listed as diagnoses. An additional review of physician orders revealed that the diagnosis for the antibiotic was prophylactic care, and not chronic urinary tract infections. An additional review of the care plan revealed that hematuria nor chronic urinary infections were noted as concerns on the care plan. In addition, the care plan indicated to monitor for effectiveness of the antibiotic and document every shift. Review of the clinical record revealed that the concerns that were documented on July 20, 2022, July 21, 2022, and August 4, 2022, staff failed to identify these concerns as signs indicative of an UTI and report them to the physician. (continued on next page)

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F 0690 Level of Harm - Actual harm Residents Affected - Few	Review of the physician's progress note dated August 3, 2022, revealed that there was no specific documentation regarding the Resident's urinary system or foley catheter; nor did the note indicate that the physician was aware of the events the Resident had experienced July 20, 2022, or July 21, 2022. Although the note indicated that the Resident denied nausea, vomiting, diarrhea, chest pain, or shortness of breath, there was no documentation that the Resident was asked about their urinary status or foley. 28 Pa Code 201.14(a) Responsibility of Licensee 28 Pa Code 201.18(b)(1) Management 28 Pa. Code 211.12(d)(1)(3)(5) Nursing services