

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6005797	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 01/03/2019
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NAME OF PROVIDER OR SUPPLIER MARIGOLD REHABILITATION HCC	STREET ADDRESS, CITY, STATE, ZIP CODE 275 EAST CARL SANDBURG DRIVE GALESBURG, IL 61401
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S 000	Initial Comments Original Complaint Investigation for 1828314/IL108261	S 000		
S9999	Final Observations Statement of Licensure Violations 300.610(a) 300.1210(b)(3) 300.3240(a) Section 300.610 Resident Care Policies a) The facility shall have written policies and procedures governing all services provided by the facility. The written policies and procedures shall be formulated by a Resident Care Policy Committee consisting of at least the administrator, the advisory physician or the medical advisory committee, and representatives of nursing and other services in the facility. The policies shall comply with the Act and this Part. The written policies shall be followed in operating the facility and shall be reviewed at least annually by this committee, documented by written, signed and dated minutes of the meeting. Section 300.1210 General Requirements for Nursing and Personal Care b) The facility shall provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychological well-being of the resident, in accordance with each resident's comprehensive resident care plan. Adequate and properly supervised nursing	S9999	<h2>Attachment A</h2> <h3>Statement of Licensure Violations</h3>	

Illinois Department of Public Health LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
		01/24/19

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S9999	<p>Continued From page 1</p> <p>care and personal care shall be provided to each resident to meet the total nursing and personal care needs of the resident. Restorative measures shall include, at a minimum, the following procedures:</p> <p>3) All nursing personnel shall assist and encourage residents so that a resident who is incontinent of bowel and/or bladder receives the appropriate treatment and services to prevent urinary tract infections and to restore as much normal bladder function as possible. All nursing personnel shall assist residents so that a resident who enters the facility without an indwelling catheter is not catheterized unless the resident's clinical condition demonstrates that catheterization was necessary.</p> <p>Section 300.3240 Abuse and Neglect</p> <p>a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident.</p> <p>These requirements are not met as evidenced by:</p> <p>Based on record review and interview, the facility failed to ensure an indwelling urinary drainage tube was passed into the bladder prior to inflation of the tube's retention balloon which serves to hold the drainage system in place at the base of the urinary bladder for one of three residents (R1) reviewed for catheter care in a sample of three.</p> <p>This failure resulted in resident experiencing discomfort during placement and removal and bleeding from the urinary tract which required treatment and evaluation at a local Emergency Room on 12/25/18 and 12/27/18.</p>	S9999		
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S9999	<p>Continued From page 2</p> <p>Findings include:</p> <p>On 01/02/19 at 10:00 a.m., R1 was awake but not able to verbalize or indicate understanding of conversation. R1 had a indwelling urinary catheter (a flexible tubing and collection system that drains urine from the bladder and is kept in place with an inflatable balloon) in place, draining amber color urine. R1's Physician Orders dated 12/21/18 document R1 was receiving Coumadin (a blood thinner) 10 milligram (mg) daily. Physician Orders dated 12/19/18 document R1 was also receiving Ciprofloxacin (an antibiotic) 500 mg twice daily for an urinary tract infection.</p> <p>A policy titled Catheterizations (Brand Name) Catheter Insertion dated 2/18 states: "3. For male resident, insert the catheter approximately six to three inches into the urethra to obtain a flow of urine. 4. Insert the catheter approximately one more inch after the urine flow starts. 5. Using the indicated amount of fluid on the catheter, plus four to five cc's (cubic centimeter), inflate the balloon of the catheter. 6. Once the balloon is inflated, gently pull back on the catheter to ensure placement." A policy titled (Brand name) Catheter Removal dated 02/2018 states: "Use the syringe to remove the fluid from the balloon of the catheter. Never cut the tubing to remove the fluid of the balloon."</p> <p>A 2015 publication titled Clinical Practice Guidelines - Adult Male Catheterizations published by the Society of Urologic Nurses and Associates states: "Procedure: Gently advance the catheter and, with experience, you can feel the natural resistance offered as the catheter traverses (travels through) the external sphincter (a ring of muscle to guard or close an opening).</p>	S9999		
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S9999	<p>Continued From page 3</p> <p>Ask the patient to take slow, deep breaths to help relax him and allow easier catheter passage. Be sure to advance the catheter to the "Y" level created by the balloon filling and urinary drainage ports to assure the balloon is within the bladder. If resistance is met, do not attempt forceful catheter insertion. Apply continuous, gentle pressure and ask the patient to take slow, deep breaths to help relax. Another helpful tip is to instruct the patient to try to void when you feel resistance. This will sometimes open the sphincter, allowing the catheter to pass. Urine flow should begin and the catheter balloon should be inflated with sterile water to the amount specified on the catheter. Over or underinflating may occlude the drainage holes. Do not inflate the balloon until urine flow is noted. Difficult Catheterizations: Urethral strictures, false passages, (prostate) enlargement, and post-surgical bladder neck contractures can make urethral catheterization difficult and may require the services of a urologist. If there is any question as to the location of the catheter (no return of urine), do not inflate the balloon. It may be best to remove the catheter and consult the urologist or leave the catheter and have a supervisor, nurse practitioner/advanced practice nurse, or urologist verify placement."</p> <p>R1's Nurses' Notes, written by V8 (Licensed Practical Nurse) (LPN) on 12/25/18, state, "(R1) due for monthly (indwelling urinary) catheter (tubing and collection system that drains urine from the bladder) change with assistance of other nurse and Certified Nursing Assistant (CNA) due to (R1's) grabbing and resisting care, previous catheter balloon deflated with 10 cubic centimeter (cc) normal saline (NS) obtained. Some resistance noted upon removal and small amount of blood noted from urethra (duct which removes</p>	S9999		

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S9999	<p>Continued From page 4</p> <p>urine from the body). (R1) moaning and grimacing during removal. New (size and type of catheter) 10 cc bulb inflated to check for leaks and proper function prior to insertion. Using sterile technique, penis cleansed with betadine (an antiseptic) swabs. Catheter inserted and advanced with no urine return. (R1) yelling per (R1's) norm during cares. Catheter pulled back slightly and advanced again with still no urine return. Ten cc (catheter) bulb inflated with some resistance. Monitored catheter bag for several minutes with still no urine return. Attempted to deflate bulb with much resistance and only a few (cc's of NS) able to be withdrawn. Asked another nurse in building for assistance." A 12/25/18 Nurses' Note entry written by V9 (LPN) states, "(R1's) catheter balloon would not deflate to remove the catheter. A new catheter was used to see if the port (where NS is injected to inflate the retention balloon) for the catheter's balloon could be cut so it may be removed; which was successful. (R1's) catheter balloon port was cut, thus allowing the balloon to deflate and [the] catheter [to] be removed. Upon removal there was a moderate to severe amount of blood loss. Pressure was applied to penile area to reduce blood loss. 911 was called immediately."</p> <p>Emergency Department notes from the local hospital dated 12/25/18 state, "(R1) arrives via ambulance (from nursing home). (Nursing home staff) reportedly had difficulty removing catheter after deflating the balloon. They relate they cut the port and drained the (normal) saline to deflate the balloon. When they pulled the catheter out (R1) had large amount of bright red bleeding. Per EMS (Emergency Management Services) there was large amount of blood at the nursing home. Catheter removed by (nursing home) staff with difficulty subsequently with gross hematuria.</p>	S9999		

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S9999	<p>Continued From page 5</p> <p>Patient on Coumadin due to (blood clots in legs and lungs). (Urinary Catheter) inserted without difficulty. (R1) began bleeding profusely from penis. Pressure applied to penis to stop bleeding." A local Ambulance Report dated 12/25/18 states, "Dispatched emergent for (R1). (R1) with profuse bleeding from penis. Per Nursing Home staff they where changing urinary catheter when they did not get any urine return they removed the new catheter and noted that (R1)had began bleeding profusely from (the) penis. EMS arrived to find to find (R1) lying in bed with nursing staff at (R1's) side. (R1's) bedding is saturated with bright red blood. Noted blood actively flowing from urethra. Look as if there would be between 700 to 1000 cc's of blood. Also noted deflating hub of the old urinary catheter to be cut. (R1) non-verbal per norm. (R1) seemed to be in pain, moaning and rolling back and forth."</p> <p>On 01/03/19 at 2:38 p.m., V8 (LPN) stated on 12/25/18 R1 was due for a routine change of the indwelling urinary catheter. V8 stated, "(R1) was on antibiotics for a urinary tract infection (UTI). I deflated the catheter balloon and as I was pulling it out it got tighter but it came out completely deflated and intact. There were a couple small drops of blood. I inflated the bulb (on the new catheter tubing) to make sure there were no leaks in the bulb, then deflated it and did the normal procedure. There was no urine so I advanced the catheter a little further and there was still no urine. I thought maybe the bladder was just empty. So I went ahead and inflated the balloon. I had a little trouble inflating it. I thought it was just me. I waited for several minutes and there was no urine return. I deflated the bulb and no more than 2 cc's came back. Then I got another nurse to help (V9 LPN) came and (V9) was only</p>	S9999		
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S9999	<p>Continued From page 6</p> <p>able to withdraw 2 cc's from the bulb. Still through this whole process there was no urine (in the tubing or drainage bag). (V9 LPN) went and got another catheter and checked to see if the balloon port could be cut. When the port was cut and the catheter was removed blood started gushing out of (R1's) penis." When asked what V8's training was regarding catheter insertion, V8 (LPN) stated, "I was taught when I insert the catheter I should get urine return." Regarding inflating R1's catheter balloon without getting a urine return, V8 (LPN) stated, "I should have removed it and tried again later."</p> <p>On 01/03/19 at 11:10 a.m., V9 (LPN) stated, "When they came to get me the information I got was that (R1) hadn't voided (emptied the bladder) in a long time. That it was time for (R1's) monthly catheter change and there was no urine return. (V8 LPN) had already put the new one (catheter) in and there was no urine return and the balloon was already inflated. I tugged on it (the catheter tubing) to make sure it was there (the bottom of the bladder). There was no urine in the catheter bag. There was no urine return. I felt like I should get it (the catheter) out of there. I was concerned about possible perforation of the bladder. When we couldn't get the normal saline out of the balloon we knew something was wrong with the port of the balloon. I went and got another catheter to see if the balloon port could be cut. I filled up the balloon and cut the port and it did deflate so I cut (R1's) port and the balloon deflated. The catheter projected out and all the blood behind it came projecting out. We called 911. (R1) was on a blood thinner. I put pressure on (R1's) penis with a blanket. I was concerned about (R1) being on Coumadin and a potential bladder rupture." V9 (LPN) stated V9 would not inflate a indwelling catheter balloon unless there</p>	S9999		
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S9999	<p>Continued From page 7</p> <p>was a urine return when the catheter was inserted. When asked if R1 was uncomfortable prior to and during the catheter removal, V9 (LPN) stated: "Without a doubt. It (the catheter) came right out of there, it projected. (R1) had a facial grimace and (R1's) jaw was clenched. (R1's) fist were closed. (R1) was definitely having discomfort."</p> <p>On 01/02/19 at 1:20 p.m., V4 (Registered Nurse) (RN) stated if V4 was replacing a indwelling urinary catheter and there was no urine flow when the catheter was inserted, V4 would not inflate the catheter but check to see if the "catheter was far enough in (out of the urethra and into the bladder) and if no return then I would take the whole thing out and either try again or call the doctor. If there was no urine return I wouldn't inflate the balloon."</p> <p>On 01/02/19 at 1:05 p.m., V7 (R1's Attending Physician) reported changing an indwelling catheter monthly and as needed is standard protocol. V7 stated, "In the hospital, they have bladder scanners to check the bladder but that is equipment we do not have available here. When a catheter is put in there should at least be some urine. (R1) has healthy kidneys so (R1) should be putting out urine. There should be urine (when catheter is changed)."</p> <p>On 01/03/19 at 1:25 p.m., V2 (DON - Director of Nursing) reported V2 did not read V8's (LPN) 12/25/18 Nurses' Note regarding R1's catheter placement. V2 reported V2 only read V9's (LPN) note, therefore V2 was not aware V8 (LPN) did not get urine return when changing R1's indwelling urinary catheter and inflated the catheter balloon without confirmation the catheter was properly placed in R1's bladder. Regarding catheterizations, V2 stated, "I've never not had a</p>	S9999		
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S9999	<p>Continued From page 8</p> <p>urine return when I have catheterized a patient."</p> <p>Emergency Department notes from the local hospital dated 12/27/18 document R1 returned to the Emergency Department on 12/27/18 with hematuria (blood in the urine) with blood clots. The Emergency Department notes state: "(Nursing home staff) stated (R1) has large amounts of (blood) clots coming from around (urinary) catheter at the urinary meatus (opening where urine exits the body). Stated (R1) had been seen here a couple days ago for similar symptoms. Urine appears consistent with Urinary Tract Infection (UTI). Will give a dose of Keflex (antibiotic). Discharged with an outpatient course of Keflex."</p> <p>(B)</p>	S9999		