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F0000 SS=	INITIAL COMMENTS Shelby Health and Rehabilitation Center was surveyed for an Abbreviated survey on 9/18/23. Intake: MI00139057. Census: 176.	F0000		
F0690 SS= G	Bowel/Bladder Incontinence, Catheter, UTI §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 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	F0690	F690 Bowel/Bladder Incontinence, Catheter, UTI Per 2567 Facility Failed to: • Schedule a follow-up urology appointment as indicated upon admission, • Adequately document assessments immediately prior to and after the initial insertion of an indwelling catheter • Notify the resident's representative when the catheter was inserted, and • Recognize the need for outside care, resulting in ineffective coordination of care, resident discomfort, catheter-related complications, and hospitalization. POC Responses: Element 1 Resident R#1 no longer resides in the facility. Element 2 All residents who currently reside in the facility who currently have an indwelling catheter have the potential to be impacted by the identified event. The facility will identify Like Residents daily in the clinical IDT meeting. Any resident who has an indwelling catheter will be added to the Like Resident list. Any new admission to the facility with an order for	10/5/2023

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

Electronically Signed | | 10/02/2023

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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	function as possible. This REQUIREMENT is not met as evidenced by: This citation pertains to intake MI00139057. Based on interview and record review, the facility failed to schedule a follow-up urology appointment as indicated upon admission, adequately document assessments immediately prior to and after the initial insertion of an indwelling catheter (tube inserted into the bladder to drain urine), notify the resident's representative when the catheter was inserted, and failed to recognize the need for outside care, for one resident (R1) of three reviewed, resulting in ineffective coordination of care, resident discomfort, catheter-related complications, and hospitalization. Findings include: A review of intake MI00139057 revealed allegations indicating that the resident's representative was not notified when a urinary catheter was initiated; that the facility did not schedule an outside urology appointment as per hospital instruction; that the resident began to experience increased pain and complications from the catheter; and that the facility failed to recognize that R1 needed to be sent to a higher level of care without family/visitor intervention. The intake included, "...On 5/9, [R1] called me to tell me that they put a catheter in and he didn't know why...On 5/12, I noticed that [R1's] legs and feet were starting to swell again and I asked to speak to the Dr. again and was told she'd come to see me if she had time. I asked why the catheter was still in and when the urologist appointment was and they said that they didn't schedule one..."		an indwelling catheter will be added to the Like Resident List. Element 3 All licensed nurses will receive education regarding the follow up appointment process to ensure follow up urology appointments are scheduled per orders. Licensed nurses will also be educated on adequately documenting assessments immediately prior to and after the initial insertion of an indwelling catheter. Licensed nurses will also be educated on adequate communication process to ensure resident representative are notified when a catheter is inserted and lastly educated on recognizing the need for outside care tpo ensure effective coordination of care, and reducing the risk for resident discomfort, catheter-related complications, and hospitalization. Element 4 As part of the Quality Assurance process, the IDT will track identified residents who have an indwelling catheter during daily morning meetings and ensure the processes are followed. The DON or designee will conduct audits 5x week to ensure all urology follow up appointments are scheduled, all newly inserted indwelling foley catheters are assessed and documented, all newly inserted foley catheters are communicated to the resident representative and all licensed nurses demonstrate the ability to recognize the need for when outside emergent care is needed in order to reduce the risk for resident discomfort, catheter-related complications, and hospitalization. The clinical team will take immediate corrective action if any of the processes has not been completed. The audits will continue 5x week x 5 weeks and the findings will be submitted to the Quality	

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	The intake continued, "[On 5/19/23] around 5:15 PM, [visitor of R1] got there...took one look at [R1]...could tell he was in pain and extremely lethargic...respiratory rate was fast and...could tell he had [a fever]...[Visitor of R1] asked the nurse about his vitals and asked if [R1's temperature] was taken. The nurse said that when she last checked him, he didn't have a fever...[Visitor of R1 informed the nurse] he has a fever now [asked her to] check again...expressed to the nurse that he looked septic...The nurse made it clear that she was not planning to come in and do another set of vitals and had already called the Dr (Doctor) who was aware of the situation. [Visitor of R1] noticed that he had been throwing up all over the place and had dried throw-up on him..." A review of R1's hospital documentation prior to their admission to the facility revealed the following: -"April 25th, 2023...Urology Consultation, April 25, 2023... 1. ...Bladder unremarkable, prostate enlarged. 2. History of prostate cancer status post radiation therapy in 2004 known to [Outside Urologist "B"]... 3. BPH (benign prostatic hyperplasia) on Flomax and Proscar (medications to treat enlarged prostate). 4. Rule out urinary retention PVRs (Post-Void Residuals): 292, 121, 168 cc (cubic centimeter also known as mL - milliliters)...		Assurance Committee for review and recommendation for ongoing monitoring if indicated. Element 5 The facility opts for a date of compliance of October 5, 2023. Any negative findings noted on audits will be address and run through QAPI.	

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	7. Patient to follow-up outpatient with [outside Urologist "B"] ...please continue PVRs if patient is feeling uncomfortable however current PVRs within acceptable range..." R1's pre-admission hospital documentation (discharge summary) directed for the resident to follow up with [outside Urologist "B"] in 1 to 2 weeks. A review of R1's medical record revealed that the resident was admitted into the facility on 5/1/23 and discharged to the hospital via ambulance (911 called by family) on 5/19/23. R1's medical diagnoses upon admission included Unstable Angina, Heart Disease, Anemia, Cardiomyopathy, Thrombocytopenia, Spinal Stenosis, Hypertension, and Benign Prostatic Hyperplasia (BPH) Without Lower Urinary Tract Symptoms. On 5/11/23, a diagnosis of "Retention of Urine, Unspecified," was entered. On 5/18/23, a diagnosis of Obstructive and Reflux Uropathy, Unspecified," was entered, and on 5/23/23, a diagnosis of, "Neuromuscular Dysfunction of Bladder, Unspecified," was entered. Further review of R1's record revealed that the resident did not have an indwelling urinary catheter in place upon admission. R1's Urinary Incontinence/Dwelling Catheter Assessment dated 5/1/23 indicated that R1 was a candidate for Bladder retraining and experienced functional incontinence (Functional - May be due to physical weakness, poor mobility/dexterity, cognitive impairment, medications. Functional is not related to abnormal urinary tract function). The assessment indicated that mobility was			

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a barrier to toileting for the resident (requires transfer assistance or is non-ambulatory) with no other barriers identified. No additional Urinary/Catheter Assessments were found.

A review of R1's orders revealed the following:

-"F/U (follow up) with [outside Urologist "B"] in 1 to 2 weeks Urology [Phone Number], Start Date: 5/1/2023."

A review of R1's record revealed that the facility did not coordinate an appointment to see outside Urologist "B" per the above order and within the 1-2 week timeframe indicated.

Additional review of R1's orders revealed:

-"Nursing please make FU apt with urology ASAP (as soon as possible) to evaluate (name of indwelling catheter) with elevated PVR (Post-Void Residual)...Start Date: 5/18/2023."

A review of R1's progress notes revealed:

-"5/3/2023 01:10 (AM) Nursing - Progress Note...day 2; resident AO x2-3 (alert and oriented to person/place), assist x1, continent of bowel, continent of bladder; urinal at bed side. No S/S (signs/symptoms) of pain or distress observed at this time. Edema observed in BLE (bilateral lower extremities). Vitals checked and charted; within range. Meds given and tolerated. Call light and bed remote within reach; resident able to make needs known. Safety maintained."

-"5/4/2023 09:26 (AM) Physician Team -

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	Progress Note...patient seen and examined with complaints of lower extremity edema, abdominal distention, constipation (patient refused a suppository this morning), patient is on a diuretic normally but this medication was stopped due to acute kidney injury while in hospital, Lasix (diuretic) restarted on 5/3/2023. Patient's [family/friends] at bedside...patient is complaining of difficulty urinating and frequency with urination and some lower abdominal discomfort, PVRs (Post-Void Residuals, a measurement of urine left in the bladder after elimination) ordered. Previous history of prostate cancer with radiation. Repeat labs. Urinary retention Probably secondary to ileus (decreased gastrointestinal movement). Bladder scans in place...Urinary frequency Possible urinary retention. (Name of indwelling catheter) discontinued at hospital recently...Will check post void residuals" -"5/06/2023 19:01 (7:01 PM) Type: Nursing - Progress Note...Pt. (Patient) was receiving hypodermoclysis (administration of fluids under the skin) when nurse arrived, nurse assessed Pt. abdomen and noticed slight bruising to the area where the needle was inserted into the abdomen with increasing bruising going down Pt. left side of abdomen, Hypodermoclysis was removed from left side of abdomen. Pt also received a bladder scan after voiding over 300cc into the urinal which indicated 100cc of urine (left in bladder) and Pt. did not require catherization. Pt. abdominal X-ray results came back with no obstruction, gas noted, no other findings." A review of R1's record revealed the following order:-"Initiate Bladder Scan Qs (every shift) x 3 days. May ISC (Intermittent Straight Catheterization) for scan >300 mL			

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(greater than) every shift for urinary retention for 3 Days Please document: Amt (amount) (mL) of scan, If you had to straight cath Y/N (Yes or No), Amount if ISC in (mL) or NA (Not Applicable) -Start Date- 05/03/2023 1500."

The following information was noted related to the above bladder scan order:

1) 5/3/23 Evening Shift - 250 mL (on scan), No, N/A.

2) 5/3/23 Night Shift - 746 mL, Yes, 500 mL (obtained from ISC).

3) 5/4/23 Day Shift - 232 mL, No, N/A.

4) 5/4/23 Evening Shift - 108 mL, No, N/A.

5) 5/4/23 Night Shift - 0 mL, No, N/A.

6) 5/5/23 Day Shift - 200 mL, No, N/A.

7) 5/5/23 Evening Shift - 373 mL, Yes, 100 mL (obtained from ISC).

8) 5/5/23 Night Shift - 243 mL, No, N/A.

9) 5/6/23 Day Shift - 239 mL, No, N/A. (Order completed).

A review of R1's orders, progress notes, and assessments, revealed no nursing progress notes or assessments dated 5/7/23.

An order to initiate a (name of indwelling catheter) catheter (diagnosis: urinary retention) was entered into R1's record on 5/8/23. R1's record did not reveal a corresponding nursing assessment and/or

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	progress note related to the initiation of the catheter and associated findings. An assessment of how R1 tolerated the insertion of the indwelling catheter procedure was not found. Documentation that nursing staff notified the resident's representative upon inserting the catheter was not found. Additionally, orders for the care of the catheter were not entered into the record until 5/10/23. Continued review of R1's progress notes revealed: -"5/08/2023 02:25 (AM) Type: Nursing - Progress Note...UA/C&S (Urinalysis/Culture & Sensitivity) ordered; sample collected, placed in refrigerator in soiled utility on Blossom unit. Oncoming nurse will be notified. (Written by Licensed Practical Nurse (LPN) "E"). Per R1's orders, the UA/C&S was ordered to rule out a Urinary Tract Infection (UTI). -"5/08/2023 02:27 (AM) Type: Nursing - Progress Note...Resident had C/O (complaints of chest pain); PRN (as needed) Nitroglycerin given x 1...Vitals checked and charted; within range...No S/S (signs/symptoms) of distress observed at this time. Call light and bed remote within reach; resident able to make needs known." -"5/08/2023 11:57 (AM) Type: Physician Team - Progress Note LATE ENTRY...Chief Complaint: Follow-up regarding lab results urinary retention and constipation...Urinary retention Ordered (name of indwelling) catheter placement, Continue current medical management, Monitor output, UA (urinalysis) culture and sensitivity...Follow-up with urologist as recommended..."			

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	-"5/09/2023 17:39 Type: Physician Team - Progress Note...Patient had a urinalysis available today and negative...Labs: 5/8/2023 urinalysis, negative nitrates, negative leukocytes, negative glucose, small bilirubin, negative blood, cloudy...Follow-up with urologist as recommended..." No progress notes dated 5/10/23 were noted in the resident's record. -"5/11/2023 14:37 (2:37 PM) Type: Physician Team - Progress Note...[R1] states his swelling is also improving he feels like his legs feel better. He sitting up in the chair awake and alert patient states he would like to go home. Asoon (sic)...Follow-up with urologist as recommended..." No progress notes or assessments dated 5/12/23 through 5/14/23 were noted in R1's record. -"5/16/2023 08:03 (AM) Type: Nursing - Progress Note...Rec'd (received) res (resident) in bed alert and verbal. Able to make needs, concerns, and discomfort known. No SOB (shortness of breath) or labored breathing noted. Denies discomfort...(name of indwelling catheter) cath noted with issues, no return. Writer attempted irrigation of catheter without success. Writer changed (name of indwelling catheter) cath per PRN (as needed) orders. 14fr (14 french - size of catheter tube) 5cc balloon inserted with clearish yellow return noted. (Name of indwelling catheter) cath draining well with no issues. (Name of indwelling catheter) anchor			

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placed on left thigh and (name of indwelling catheter) secured. Res educated on wearing leg bag when up ambulating. Endorsed to oncoming to monitor. Pt has f/u with nephrology today. Oriented to use of call light for assistance. Call light within easy reach. All safety and comfort maintained."

The physician order, "Nurse may irrigate (name of indwelling catheter)/ Suprapubic catheter for mucus threads and/or plugging with 60ml normal saline; may repeat two times (less than or equal to 60ml must return after each irrigation). four times a day for hematuria," was noted to be initiated on 5/16/23 at 1:00 PM.

-"5/16/2023 23:29 (11:29 PM) Type: Nursing - Progress Note...Resident stated he was having discomfort with (name of indwelling catheter); writer repositioned and irrigated (name of indwelling catheter). Writer assessed resident during shift; resident stated discomfort has decreased."

-"5/17/2023 18:30 (6:30 PM) Type: Nursing - Progress Note...Resident c/o (complained of) pain around his urethra r/t (related to) his catheter; slight tearing noted. Resident refused to allow writer to irrigate his (name of indwelling catheter) stating it does not work and just wants it to be removed. Writer offered A&D (ointment) to help with friction but resident refused. Logged in Dr. book."

-"5/18/2023 11:34 (AM) Type: Nursing - Progress Note...Pt's (name of indwelling catheter) removed at 1118 (AM), writer will monitor for discomfort."

The physician order, "PVR if >150ml call Urologist for orders [outside Urologist

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"B"]...one time only...Start Date: 05/18/2023 1618 (4:18 PM)." The result of the completed order was 95 mL, documented by LPN "D".

-"5/18/2023 15:41 (3:41 PM) Type: Physician Team - Progress Note...Pt examined sorting (sitting) up in chair - he states he feels well patient seen per his request to have his (name of indwelling catheter) catheter discontinued. Patient had (name of indwelling catheter) discontinued early in his stay at the facility had urinary retention and (name of indwelling catheter) was reinserted and patient instructed to follow-up with urologist. Patient states he has a history of prostate cancer with radiation on Flomax finasteride and is followed by a urologist...

Per nursing staff urine dip collected for cloudy urine. Patient is asymptomatic. Urine collected from (name of indwelling catheter) catheter and results available...Labs: 5/18/2023 urine dip 500 leuks (leukocytes)...Urinalysis collected for cloudy urine. Positive leuks and blood. Patient asymptomatic will recollect specimen and monitor off antibiotics sent for C&S (culture & sensitivity)...Order placed on chart for nursing to make appointment with urology [outside Urologist "B"]..."

-"5/19/2023 12:16 (PM) Type: Nursing - Progress Note...Pt was bladder scanned by writer. Writer noted 1752 initially on the first scan and then 1522 for the second scan. Writer verbally notified NP (Nurse Practitioner) of findings and (name of indwelling catheter) was placed again. NP stated family should follow up with Urology." Written by LPN "D".

-"5/19/2023 13:34 (1:34 PM) Type: Physician

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Team - Progress Note...Pt examined sorting (sic) up in chair stating he does not feel well. Patient had (name of indwelling catheter) catheter discontinued yesterday for urology. Per nursing staff patient [family] agrees received paper orders and provided to facility requesting to have (name of indwelling catheter) discontinued 5/18/2023 and to straight cath for PVRs greater than 150 per nursing. Patient straight cath 1 time last night. He states he is unable to void this morning. Minimal bladder distention noted. Nursing staff aware and monitoring patient for output and straight cathing per urology orders...

Assessments/Plans:

Urinary retention (name of indwelling catheter) catheter placed and DC'd (discontinued) 5/18/2023 per urology...Patient due to void and monitor for PVR per urology orders..."

-"5/19/2023 16:29 (4:29 PM) Type: Nursing - Progress Note...Writer notified MD at 1530 (3:30 PM) of pt having chest pains, nausea, vomiting and diarrhea. MD gave orders to discontinue Atorvastatin and Nitro; labs CBC (complete blood count) and BMP (basic metabolic profile) and EKG (electrocardiogram); SubQ (subcutaneous) hydration Sodium 0.9% 70 ml/hr and Tigan (anti-nausea medication) 1ML q6hrs IM (every 6 hours) for 3 days. Writer will continue to monitor and will notify MD of any other change of condition."

R1's final set of vital signs noted in the record included a pulse of 123 documented at 3:52 PM (outside of normal range [60-120] and abnormal compared to other pulse rates

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	504014	A. BUILDING ______ B. WING ______	9/18/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SHELBY HEALTH AND REHABILITATION CENTER	**46100 SCHOENHERR RD SHELBY TOWNSHIP, MI 48315**

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	documented for R1 throughout the duration of his stay at the facility). A normal temperature was documented at 3:52 PM. A pain score of 7/10 (indicating moderate to severe pain) was documented at 5:44 PM. -"5/19/2023 17:56 (5:56 PM) Type: Nursing - Progress Note...Writer spoke to [family] about pt's condition. Writer told [family] of orders given for intervention from MD. [Family] stated [they] wanted [R1] to be sent out after interventions were already in place...[Family] spoke with supervisor and said ok to interventions...[Friends of family] came to nurses station demanding pt to be sent out to [hospital]. [Family] called 911 for pt to leave..." Written by LPN "D". -"5/22/2023 14:06 (2:06 PM) Type: Physician Team - Discharge Note...May 1923 (5/19/23) patient had chest pain nausea vomiting diarrhea. Medication changes and diagnostics ordered. Per nursing staff patient's [family] wanted her [R1] to be sent out of facility to hospital. [Family] demanding patient to be sent to [hospital] and called 911." On 9/18/23 at 12:06 PM, LPN "D" was interviewed via phone. LPN "D" confirmed that R1 had not come into the facility with a catheter. When queried regarding the procedure for determining if a catheter is to be placed, LPN "D" stated she thinks that an indwelling urinary catheter is placed if a resident requires ISC three times. LPN "D" stated that ISC occurs when there is >350 mL found in the bladder after the patient does/tries to void. When queried regarding the resident experiencing a change in condition and subsequently leaving the facility on 5/19/23, LPN "D" explained that R1			

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	had been fine at the beginning of her shift from what she can remember. LPN "D" stated that later, R1 got sick and was throwing up. LPN "D" indicated she remembered that a supervisor spoke with the resident's family/visitors that day, but could not recall how the resident appeared prior to leaving the facility or if his vital signs had been abnormal. On 9/18/23 at 1:15 PM, LPN "A", the facility's Infection Preventionist, was interviewed. LPN "A" was queried regarding the initiation of a urinary catheter after performing PVRs. LPN "A" stated that the order sets have been revised a few times at the facility, but that the PVR order will typically include instructions on when to place a (name of indwelling catheter) catheter. LPN "A" indicated that urinary retention is not an appropriate diagnoses for the long-term use of a catheter. LPN "A" indicated that if it is recommended that a resident follow up with an outside specialist, such as a urologist, the facility staff will help scheduled that appointment. When queried regarding what is expected to be documented upon placing a urinary catheter, LPN "A" stated that a nursing assessment is expected to be documented along with justification for the use of the catheter. On 9/18/23 at 2:20 PM, the Director of Nursing (DON) was interviewed. The DON indicated that if a recommended follow-up appointment is not made, she expects there to be documentation in the record as to why. The DON indicated that initiating a (name of indwelling catheter) catheter after PVRs depends on the resident and is at the discretion of the provider. The DON added that facility providers document the reason			

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	for (name of indwelling catheter) placement and it is expected that the facility staff help arrange a follow-up appointment with a urologist if recommended by the provider. When queried regarding what is expected to be documented upon placing a urinary catheter, the DON stated that a nursing assessment is expected to be documented along with the justification, "What they got out of it (amount of urine)...what color it is, how [resident] tolerated the procedure." The DON also indicated that a resident's representative should be notified when a change in the plan of care occurs, such as the placement of an indwelling catheter. A review of R1's death certificate revealed that R1 died on 5/26/23. The death certificate listed the following under, "Part I - Enter the chain of events - diseases, injuries or complications - that directly caused the death": "a. Septic Shock due to Bacteremia due to, b. Likely Complicated UTI (Urinary Tract Infection) and cholecystitis, c. Renal Failure due to sepsis and coagulopathy, d. Acute systolic congestive heart failure... Approximate Interval between Onset and Death = 1 Week - 10 days..." A review of the facility's policy/procedure titled, "Catheter Use Overview," issue date 8/24/2023, revealed, "If an indwelling catheter is in use, the facility will provide appropriate care for the catheter in accordance with current professional standards of practice and resident care policies and procedures that include but are not limited to: Documentation of the involvement of the resident and/or			

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	representative in the discussion of the risks and benefits of the use of the catheter, removal of the catheter when criteria or indication for use is no longer present, and the right to decline the use of the catheter....Timely and appropriate assessments related to the indication for use of an indwelling catheter...Insertion, ongoing care and catheter removal protocols that adhere to professional standards of practice and infection prevention and control procedures.,,Response of the resident during the use of the catheter...Ongoing monitoring for changes in condition related to potential catheter-associated urinary tract infections, recognizing, reporting, and addressing such changes..." A review of the facility's policy/procedure titled, "Catheter Insertion - Indwelling (name of indwelling catheter)," issue date 8/24/2023, revealed, "...Document procedure in the resident ' s medical record."			