

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>145899</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>03/13/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>LEXINGTON OF ORLAND PARK</b>		STREET ADDRESS, CITY, STATE, ZIP <b>14601 SOUTH JOHN HUMPHREY DR ORLAND PARK, IL 60462</b>	
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  <b>Level of harm</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Few	<p><b>Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections.</b></p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b></p> <p>Based on observation, record review, and interview the facility failed to discontinue an indwelling catheter for a resident who had no clinical condition requiring catheterization. The facility also failed to properly maintain indwelling catheters. This applies to 3 of 3 residents (R1, R2, R3) reviewed for indwelling catheters in a sample of 3. Findings include: 1). The Face Sheet documents R1 is [AGE] years old with [DIAGNOSES REDACTED]. The Minimum Data Set ((MDS) dated [DATE] shows R1 has an indwelling catheter; is frequently incontinent of bowel; and is dependent on staff for toilet use and personal hygiene. The physician's orders [REDACTED]. The clinical record showed the catheter was placed by the facility. On [DATE], R1 was sent to the local hospital and returned to the facility on [DATE] with the catheter. The clinical record contained no new order or supporting [DIAGNOSES REDACTED]. There was no assessment identifying need or for removal of the catheter. On 3/10/2020 at 10:58 AM, R1 was lying in bed with an indwelling catheter hooked on the side of the bed facing the door, with clear yellow urine visible. At 12:45 PM, the indwelling catheter was on the opposite side of the bed with the drainage bag on the floor. On 3/10/2020 at 2:37 PM, V4 (Nurse) and V5 (Certified Nursing Assistant/CNA) provided incontinence care for R1. R1 had a soft/liquid brown bowel movement with feces noted on R1's buttocks, genitalia and the indwelling catheter tubing which extended from R1's urethral opening. The employees cleaned R1 and applied a new adult brief without cleaning the catheter tubing. Upon fastening the brief, the employees were asked to check the tubing. There was feces noted on areas on the tubing. On 3/10/2020 at 2:43 PM, V3 (Assistant Director of Nursing) stated R1 has an indwelling catheter because she previously had a stage 2 pressure ulcer and is currently on hospice. Review of R1's care plans showed no care plan for indwelling catheter to inform staff of assessing for impairment of free urine flow, catheter care, goals for the catheter or measurement of fluid intake. 2.) On 3/10/2020 at 11:25 AM, R2 was sitting in the reclining chair by the nursing station, R2 was wearing pants and had an indwelling catheter. The catheter tubing extended from the bottom of R2's pants leg, across the front of R2's leg and connected to the urinary drainage bag. There was exposed urine in the tubing and the drainage bag was hooked on the arm rest of the chair at a level above R2's bladder. V8 (Certified Nursing Assistant/CNA) stated the catheter tubing should go behind R2's leg with the drainage bag secured below the level of the bladder. 3.) On 3/10/2020 at 12:48 PM, R3 was sitting in a reclining chair in the dining room. R3 had an indwelling catheter. The urinary drainage bag was hooked on the outside of the arm rest at a level above R3's bladder. V7 (Registered Nurse) stated the drainage bag should be below the level of the bladder. The Catheter Policy and Procedure documents: 2. Obtain the order from the physician c. Supporting diagnosis The policy did not document instructions for care/maintenance of the catheter, how to properly store drainage bags, or cleansing of catheter tubing.</p>		
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE		TITLE	(X6) DATE

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.