

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 555688	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/07/2020
NAME OF PROVIDER OF SUPPLIER WINDSOR GARDENS CONVALESCENT CENTER OF ANAHEIM		STREET ADDRESS, CITY, STATE, ZIP 3415 W BALL ROAD ANAHEIM, CA 92804	
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 - Minimal harm or potential for actual harm Residents Affected - Few	<p>Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on interview and medical record review, the facility failed to provide the appropriate care and services to one of three sampled residents (Resident 1) with the suprapubic urinary drainage catheter. The facility failed to ensure catheter care was maintained and performed as ordered by the physician. This failure had the potential to increase Resident 1's risk for urinary tract infection. Findings: On 3/17/2020 at 1349 hours, a telephone interview was conducted with the outpatient [MEDICAL TREATMENT] center's RN. The [MEDICAL TREATMENT] center's RN stated Resident 1 would arrive at their [MEDICAL TREATMENT] center with soiled or unchanged suprapubic catheter dressings on multiple occasions. The [MEDICAL TREATMENT] center's RN communicated this to the facility through the communication form each time. The [MEDICAL TREATMENT] center's RN stated on 3/7/2020, he changed the suprapubic catheter dressing because it was soiled. The [MEDICAL TREATMENT] center's RN stated on [DATE]20, Resident 1 again came to the [MEDICAL TREATMENT] center with a soiled suprapubic catheter dressing with a strong urine odor. When he checked, the date on the dressing was 3/7/2020, the same dressing he had changed and labeled of 3/7/2020, in the [MEDICAL TREATMENT] center. Medical record review of Resident 1 was initiated on 3/18/2020. Resident 1 was admitted to the facility on [DATE]. Review of the MDS dated [DATE], showed Resident 1 had no cognitive impairment. Review of the Order Summary Report showed a physician's orders [REDACTED]. Review of the Pre and Post [MEDICAL TREATMENT] Assessments dated 2/20/2020, showed under the section for comments or special instructions post [MEDICAL TREATMENT], the [MEDICAL TREATMENT] center's RN wrote a note to please clean the suprapubic catheter prior to [MEDICAL TREATMENT]. Review of the Pre and Post [MEDICAL TREATMENT] Assessments dated 3/7/2020, showed under the section for comments or special instructions post [MEDICAL TREATMENT], the [MEDICAL TREATMENT] center's RN wrote to clean and change the suprapubic catheter. On 3/23/2020 at 1402 hours, a telephone interview was conducted with Resident 1. Resident 1 stated the facility's licensed nurses started cleaning his suprapubic catheter dressing daily, only after the nurse from the [MEDICAL TREATMENT] center complained about it. Resident 1 stated he had a suprapubic catheter for two and a half years and knew how it was supposed to be cared for, but he could not care for it himself. Resident 1 stated he never refused dressing changes. On 3/23/2020 at 1647 hours, a telephone interview was conducted with LVN 2. LVN 2 stated he failed to read the communication notes from the [MEDICAL TREATMENT] center's nurse on 3/7/2020, to clean the suprapubic catheter dressing before Resident 1 went to the [MEDICAL TREATMENT]. LVN 1 stated this was not communicated to the treatment nurse.</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.