

**Department of Inspections and Appeals
Health Facilities Division
Citation**

Number FC#6783		Amended Citation – Fine amount reduced by 35% to \$325.00 on May 01, 2018. Pursuant to Iowa Code Section 135C.43A		Report date April 6, 2018	
Facility name Bloomfield Care Center		Survey dates: March 8, 12, 13 &14, 2018			
Facility address 800 N Davis Street					
City Bloomfield, Iowa 52537		MW			
Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction Date	
58.19(1)j4	58.19(1) <i>Activities of daily living.</i> <i>j. Elimination.</i> (4) Bowel and bladder training programs including in-dwelling catheter care (i.e., insertion and irrigation), enema and suppository administration, and monitoring and recording of intake and output, including solid waste; (I, II, III)	II	\$500	Upon Receipt	
58.20(1)	481—58.20(135C) Duties of health service supervisor. Every nursing facility shall have a health service supervisor who shall: 58.20(1) Direct the implementation of the physician's orders; (I, II) DESCRIPTION: Based on clinical record review and staff, physician and family interviews, the facility failed to ensure staff used correct technique when inserting a catheter to obtain a urine specimen for one of four residents reviewed (Resident #3). The facility reported a census of 61 residents. Findings include: According to the Minimum Data Set (MDS) assessment dated 2/13/18, Resident #3 had a Brief Interview for Mental Status (BIMS) score of 11 which indicated moderately impaired memory and cognition. Resident #3 required				

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	<p>the assistance of two with transfers, dressing, toilet use and personal hygiene needs. Resident #3's diagnoses included Non-Alzheimer's dementia, seizure disorder and chronic lung disease.</p> <p>The Interdisciplinary progress notes revealed:</p> <p>On 1/19/18 at 1:45 p.m., indicated the nurse went to Resident #3's room to obtain urine per order with 16 French Foley catheter with sterile technique, no resistance, upon insertion, moderate amount of bright red blood came out of the urethra, pressure applied, clot visualized at meatus resident no complaint of pain, resident alert per usual self.</p> <p>On 1/19/18 at 2:15 p.m., indicated nurse called to Resident #3's room due to resident bleeding copious amounts of blood bright red. Pressure was applied without any blood stopping. Primary care physician contacted and requested to apply ice and send Resident #3 to emergency room.</p> <p>On 1/19/18 at 5:45 p.m., Resident #3 returned back to the facility from emergency room with three way catheter. The resident's urine was pink-tinged urine and some bleeding around catheter. Resident obtained urethral tear if bleeding continuous send back to emergency</p>				

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	<p>room.</p> <p>On 1/24/18 at 5:45 p.m., Resident #3 catheter's drainage bag had 450 milliliters of bright red tinged blood urine. And small amount of blood around penis. Resident did not have leg strap on and certified nursing assistant retrieved one to prevent pulling. Physician requested staff keep leg strap on and to update her before the removal of the catheter on 1/26/2018.</p> <p>On 1/26/2018 at 6:30 a.m., resident had no urine output.</p> <p>On 1/26/2018 at 6:35 a.m., Resident #3's penis was swollen and that foreskin would not go down over head of penis. The small amount of urine in catheter bag was white and cloudy and had foul smell.</p> <p>On 1/26/18 at 7:15 a.m. Resident #3 was transferred to emergency room and later hospital called to indicate the Resident #3 was being admitted for urinary tract infection and sepsis.</p> <p>A faxed physician order dated 1/19/18 instructed staff to obtain a follow up urinalysis (UA) for Resident #3.</p>				

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	<p>In an interview on 3/13/18 at 4:18 p.m. Staff E, licensed practical nurse (LPN), stated on the afternoon of 1/19/18 she received an order to straight cath Resident #3 for a urinalysis. Staff E asked her co-workers what size of catheter should be used for that procedure and they all agreed a16 French would be appropriate. Staff E went in with Staff F and proceeded to insert the catheter using sterile technique. Staff E stated she got a little return of urine and started to inflate the balloon when she noticed blood return through the tubing. Staff E deflated the balloon and removed the catheter. Resident #3 started bleeding profusely and she went and got help. Staff E stated she has been a nurse since October 2017 and has some experience with straight catherizations, but primarily with females. When asked why she would inflate the balloon for a straight cath, which was an in and out procedure, Staff E stated she was not sure.</p> <p>In an interview on 3/14/18 at 9:09 a.m. Staff F, certified nurse aide, stated she assisted Staff E with the catherization of Resident #3 on 1/19/18. Staff F stated she held Resident #3's knees. As Staff E inserted the catheter, she then began to inflate the balloon and almost immediately there was blood flowing back through the catheter. Staff E deflated the balloon and pulled the catheter out and blood</p>				

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	<p>squirted out everywhere. Staff F reported, Resident #3 stated, "That hurt god dammit that hurt." Staff F assisted with applying pressure and Staff E left to get help. Staff F stated during the catherization process, she never saw a return of urine in the catheter tubing.</p> <p>In an interview on 3/13/18 at 3:32 p.m. Staff G, LPN, stated on 1/19/18 Staff E received an order to straight cath Resident #3 for a urinalysis. Staff G stated she was not in the room during the catherization. Staff E exited the room stating Resident #3 was bleeding; Staff E stated she had inserted the catheter and inflated the balloon. When she deflated the balloon, Resident #3 started bleeding excessively from his penis. Staff G assisted with providing care and getting Resident #3 sent to the emergency room. Staff G stated she was concerned when Staff E stated she had inflated the balloon because a straight cath procedure wouldn't require the balloon to be inflated. Staff G believed Staff E may have inflated the balloon while it was still in the urethra (the tube leading through the penis to the bladder), resulting in the tear.</p> <p>In an interview on 3/13/18 at 3:17 p.m. Staff H, LPN, stated on 1/19/18 Staff E went into Resident #3's room to do a straight catherization. Staff H stated she was not</p>				

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	<p>present in the room during the procedure, but Staff E told her what happened. Staff E stated she had inserted the catheter, but not all the way to the "Y". Staff E stated she inflated the balloon and didn't get any urine return. When Staff E deflated the balloon, Resident #3 had an excessive amount of bleeding. Staff H stated a straight cath would not require the balloon to be inflated. Staff H believed Staff E likely inflated the balloon while it was still in the urethra, causing the tear.</p> <p>Emergency Nursing Record dated 1/19/18 documented that upon an RN doing a UA via straight cath, the resident's meatus started bleeding. The nurse at the care center did a straight cath on the patient to try to get a UA for recent UTI (urinary tract infection). She noticed acute bleeding after inserting the catheter. The record documented the clinical impression of urethral bleeding and a suspected urethral tear (the report contained no indication the facility disclosed the likely cause for the bleeding/injury).</p> <p>In an interview on 3/13/18 at 11:45 a.m. the Assistant Director of Nursing (ADON) stated in mid January Resident #3 received an order for a straight cath urinalysis. While inserting the catheter, Resident #3 sustained trauma to his urethra resulting in excessive bleeding. The</p>				

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	<p>ADON stated straight caths on males are usually done with a regular 16 French Foley catheter. The procedure was an in-and-out to obtain a urine sample and there would be no reason on a straight cath to inflate the balloon. When asked if the ADON was aware Staff E had inflated the balloon during the straight cath procedure on Resident #3 on 1/19/18, the ADON stated she had consulted with Resident #3's physician and the physician did not believe the urethra tear was caused by inflating the balloon while still in the urethra.</p> <p>In an interview on 3/14/18 at 9:45 a.m. Resident #3's physician stated she had not been informed until this morning that a nurse had inflated the catheter balloon while still in the urethra of Resident #3 on 1/19/18 which resulted in the urethra tear. The physician stated at the time of the incident she suspected a possible stricture in the urethra or enlarged prostate, but noted the bleeding in those cases is generally minimal. In light of now knowing that a nurse inflated the balloon while in the urethra and that there was excessive bleeding, she had no doubt the inflated balloon caused the urethra tear. The physician stated she was very upset with the facility for not informing her of the inflated balloon issue. The physician stated the ADON called her this morning and informed her of the</p>				

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	<p>details involving Resident #3's catherization on 1/19/18.</p> <p>In an interview on 3/14/18 at 10:55 a.m. Resident #3's sister and power of attorney stated she had been informed of Resident #3 going to the hospital on 1/19/18 related to a urethra tear, but was not informed of the accident which caused it.</p> <p>FACILITY RESPONSE:</p>				

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