

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 395550	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/20/2020
NAME OF PROVIDER OF SUPPLIER DR ARTHUR CLIFTON MCKINLEY CTR		STREET ADDRESS, CITY, STATE, ZIP 133 LAURELBROOKE DRIVE BROOKVILLE, PA 15825	
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	Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on review of facility policies and clinical records, as well as observations and staff interviews, it was determined that the facility failed to ensure that the resident was provided proper care for an indwelling urinary catheter for one of six residents reviewed (Resident 3). Findings include: The facility's policy regarding urinary catheters (a tube inserted and held in the bladder to drain urine), dated October 23, 2019, indicated that the urinary catheter tubing was to be secured, and the catheter bag was to be kept off the floor. A [DIAGNOSES REDACTED]. physician's orders [REDACTED]. Observations of Resident 3 on August 19, 2020, at 1:50 p.m. revealed that the resident was in a reclining wheelchair, with the catheter tubing to the left side of his chair and the urine collection bag was lying directly on the floor. Interview and observations with Licensed Practical Nurse 1 on August 19, 2020, at 2:00 p.m. confirmed that Resident 3's urine collection bag should have been off the floor and in a privacy bag. She then opened a new privacy bag that was on the resident's dresser, placed the collection bag into it, and then secured the collection bag off the floor. 28 Pa. Code 211.12(d)(1)(5) Nursing services.		
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.