



AGENCY OF

HUMAN SERVICES

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DEPARTMENT OF DISABILITIES, AGING AND INDEPENDENT LIVINGDivision of Licensing and Protection

HC 2 South, 280 State Drive

Waterbury, VT 05671-2060

<http://www.dail.vermont.gov>

Survey and Certification Voice/TTY (802) 241-0480

Survey and Certification Fax (802) 241-0343

Survey and Certification Reporting Line: (888) 700-5330

To Report Adult Abuse: (800) 564-1612

August 17, 2023

Ms. Deycy Mendez, Manager  
Pleasant Street  
59 South Pleasant Street  
Randolph, VT 05060

Dear Ms. Mendez:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **July 20, 2023**. Please post this document in a prominent place in your facility.

We may follow up to verify that substantial compliance has been achieved and maintained. If we find that your facility has failed to achieve or maintain substantial compliance, remedies may be imposed.

Sincerely,

Carolyn Scott, LMHC, M.S.  
State long Term Care Manager

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Disability and Aging Services

Blind and

Visually Impaired

Licensing and Protection  
Rehabilitation

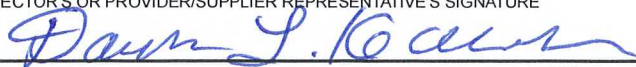
Vocational

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>0671</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>07/20/2023</b>	
NAME OF PROVIDER OR SUPPLIER  <b>PLEASANT STREET</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>59 SOUTH PLEASANT STREET RANDOLPH, VT 05060</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R100	Initial Comments:  An unannounced on-site complaint investigation was conducted on 7/17/23 and completed on 7/20/23 by the Division of Licensing and Protection. The following regulatory violations are a result of the complaint investigation:	R100		
R172 SS=E	<p>V. RESIDENT CARE AND HOME SERVICES</p> <p>5.10 Medication Management</p> <p>5.10.h All medicines and chemicals used in the home must be labeled in accordance with currently accepted professional standards of practice. Medication shall be used only for the resident identified on the pharmacy label.</p> <p>This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, there was a failure by the RN (Registered Nurse) to ensure all medications were properly labeled in accordance with accepted professional standards of practice. Findings include:</p> <p>Accompanied by the RN, a review of the facility medication cart was conducted on 7/17/23 at 9:20 AM. Observations noted the medication bubble card for Resident #3's prescription label dated 8/5/22 stated the resident was to receive "Ferosul (iron supplement) 325 mg twice daily", however the most recent physician order noted back in February/2022 after the resident had surgery, the Ferosul was reduced to 3 times per week, per a Physician Contact form dated and signed 12/28/22. The RN confirmed s/he failed to have the correct label on the medication bubble card, which should have matched what was on the resident's MAR (Medication Administration</p>	R172	<p>Effective 7/18/23, Medication Management protocols were updated. If there is a decrease/increase in frequency of the medication, the Residential Coordinator (House Manager) will obtain a new label from the pharmacy with the new instructions. If the dose is changed, the new order will be filled by the pharmacy and previous medication disposed of.</p> <p>The nurse will verify new labels were obtained and match the updated order.</p> <p>The Residential Coordinator will revise the MAR to reflect medication or treatment order, and the nurse will verify the MAR has been revised.</p> <p>Effective 08/08/23, an order form for all new physician/prescriber medication or treatment orders will be implemented for each resident to include date, order, prescriber, verification by the nurse that the MAR is updated, prescriber signature present on order, and Residential Coordinator confirmation documentation is filed in the front of resident's Medical Book. The Residential Coordinator will be responsible for maintaining these records and ensuring that they are filed in resident's Medical Book. The order form will track all changes and verify medication management protocols have been followed.</p> <p>(Please see sample of Physician/Prescriber order form attached).</p>	

Division of Licensing and Protection

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE



TITLE

UVS Randolph Program Director

(X6) DATE

August 9, 2023

Division of Licensing and Protection

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R172	<p>Continued From page 1</p> <p>Record). The RN further stated s/he wanted staff to continue administering the medication using the directions in the MAR and not the prescription order as stated on the medication bubble card, stating s/he was concerned with wasting Ferosul and did not want to replace the prescribed medication with a new medication card and correct prescription label.</p> <p>A second mismatch of labeling was noted to have occurred for Resident #2 who was prescribed per pharmacy prescription label dated 4/26/23 to be administered "Quetiapine Fumarate 50 mg 3 times per day". However, per review of the MAR noted Resident #2 was to receive "Quetiapine 50 mg only at bedtime and 25 mg at 7:00 AM". A new physician order dated 6/14/23 had eliminated the noon dose. This mislabeling was also confirmed by the RN.</p>	R172	<p>It should be noted, the correct frequency of Ferosul (iron supplement) was administered to Resident #3 per physician's order reflected on the MAR, and the correct dose of Quetiapine Fumarate was administered to Resident # 2 per physician's order reflected on the MAR.</p> <p>New label obtained for Ferosul on 07/17/23 [REDACTED]</p> <p>New label obtained for Quetiapine Fumarate on 07/17/23 [REDACTED]</p> <p>Tag R172 Accepted on 8/14/23 - M. McIntosh RN</p>	
R213 SS=G	<p>VI. RESIDENTS' RIGHTS</p> <p>6.1 Every resident shall be treated with consideration, respect and full recognition of the resident's dignity, individuality, and privacy. A home may not ask a resident to waive the resident's rights.</p> <p>This REQUIREMENT is not met as evidenced by: Based on staff interviews, there was a failure to ensure each resident was treated with consideration, respect and full recognition of the resident's dignity, individuality, and privacy. Findings include:  Resident #2 has both communication and</p>	R213	<p>By 09/01/23, all staff will be retrained by Quality Co-Directors and Training Coordinator in the following:</p> <ul style="list-style-type: none"> <li>• Individual Rights</li> <li>• Prohibited Practices</li> <li>• APS training and Mandated Reporting</li> </ul> <p>*New APS Regulations training will be scheduled once available by APS.</p> <p>The UVS Positive Behavior Support Specialist has developed a Comprehensive Behavior Support Plan for Resident #2 with input from Resident #2, mother/guardian, and Residential Coordinator. Staff will receive training of Comprehensive Behavior Support Plan once it receives final approval by the Clinical Review Committee. Expected date of completion 09/01/23.</p>	

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R213	Continued From page 2  behavioral challenges and is dependent on staff for assistance with daily care, medication management and supervision with mobility. Due to physical, mental and neurological disabilities Resident #2 is provided with daily guidance for dietary intake, engaging in activities and management of behaviors. However, staff reported the former manager of the RCH had back in March 2023 utilize a water spray bottle on the resident to prevent the resident from napping and also would mandate the resident to go and stay into their room and unable to leave until allowed by staff, calling this disciplinary action as a "time out". The disrespectful actions by the former RCH manager were confirmed by the acting RCH manager and the Program Director on the morning of 7/17/23.	R213	UVS Positive Behavior Support Specialist met with Resident #2 at her home at least twice a month for plan development, and is available for consults with her team in person each Wednesday and as needed via phone or email.  Tag R213 Accepted on 8/14/23 - M. McIntosh RN	
R266 SS=G	IX. PHYSICAL PLANT  9.1 Environment  9.1.a The home must provide and maintain a safe, functional, sanitary, homelike and comfortable environment.  This REQUIREMENT is not met as evidenced by: Based on observation and staff interview, there was a failure to provide a safe environment by failing to ensure sufficient staff was available at all times when utilizing a hooyer lift. There was also a failure to ensure established infection control practices were utilized by staff. Findings include:  1. During environmental rounds at the RCH at	R266	Effective 07/18/23, the Residential Coordinator will ensure that the sufficient number of staff are present at Pleasant Street at all times. Two staff are routinely scheduled at the house 24/7 and the Residential Coordinator (House Manager) is the third staff member during the day (32 hours/per week per licensing regulations). In the event that an unexpected absence would put us below the required number of staff in the home, the Residential Coordinator will find or provide coverage. If one of the residents has an appointment when there are only two staff available to be at the home, the nurse or Service Coordinator will cover at the home, or the appointment will be rescheduled.	

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R266	<p>Continued From page 3</p> <p>8:50 AM on 7/17/23 only one staff member was noted to be present in the facility and was providing care to Resident #3. The staff member acknowledged the acting RCH manager had brought a resident to a MD appointment and s/he was alone. A hoyer lift was noted in Resident #3's room. When asked if s/he has used the hoyer lift without the assistance of a second staff member to ensure safety procedures were maintained, the surveyor was informed by the staff member that on occasion s/he has used the hoyer lift without assistance when transferring Resident #3 to or from his/her bed to a wheelchair. Resident #3 is totally dependent on staff for all mobility and relies on staff to ensure s/he remains safe during all provisions of care. Per interview with the RCH RN on 7/17/23 at 9:05 AM confirmed when using the hoyer lift, 2 staff are required.</p> <p>2. During a tour of the RCH at 8:45 AM on 7/17/23 an empty constant drainage foley catheter bag was noted to be laying on the bottom of the facility bath tub. Further investigation noted Resident #1 utilizes a foley catheter, and has a history of urinary tract infections. Per review of the RCH's policy Special Care procedure: Maintenance and Care of the Indwelling Foley Catheter notes "A sterile, continuously closed drainage system should be maintained....." however, this was not observed. Per interview on 7/17/23 at 9:10 AM, the RN confirmed putting a foley bag in a bathtub is "...not proper way to maintain..." for this sterile closed system. Deviations from proper cleaning and mangagement of Resident #2's foley catheter and the reuse of the closed drainage system bag that has not been stored properly can subject the resident to potential further urinary tract infections.</p>	R266	<p>On 07/18/23, staff was instructed by Residential Coordinator that Hoyer lift transfers should be performed only when there are two staff present to assist. [REDACTED]</p> <p>On 08/04/23, Special Care Procedures (SCP) Training was completed by nurse in "How to Safely Use a Hoyer Lift." All new staff will demonstrate ability to perform a Hoyer Transfer with direct observation from nurse. Nurse will sign SCP documentation stating the staff's skills have been reviewed and found to be competent to perform procedure. Training repeated annually or sooner if any changes occur. [REDACTED]</p> <p>Infection control: All staff were trained by nurse in Infection Control between the dates of 07/02/23 and 07/14/23. [REDACTED]</p> <p>As of 07/18/23, Resident #1 has a dedicated storage area in resident's room to store drainage bag for indwelling foley catheter when not in use. This will be documented on Resident #1's MAR effective 08/08/23. [REDACTED]</p> <p>On 07/19/23, a Special Care Procedure Retraining for "Care and Maintenance of an Indwelling Foley Catheter" was completed by nurse for all Pleasant Street staff. [REDACTED]</p> <p>Tag R266 Accepted on 8/14/23 - M. McIntosh RN</p>	
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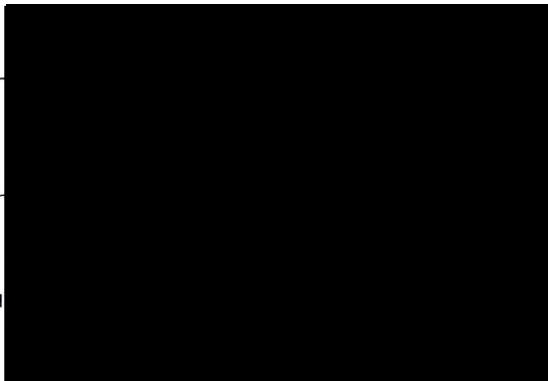
A Hoyer lift can safely lift a maximum of 400 to 700 pounds and aid the transfer of individuals on the lift's set of four wheels. Upper Valley Services requires two people when using a Hoyer lift at Pleasant Street. One person is required to operate the machine and the other person assists and guards the individual against injury.

**I understand the above information regarding the hoyer lift.**

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Signature: \_\_\_\_\_





## **HOW TO SAFELY USE A HOYER LIFT**

### **Step 1: Prepare the Environment**

1. Clear the area around the person needing assistance to create enough space for the lift to maneuver.
2. Ensure the Hoyer lift is in good working condition and that all parts are properly attached and secure.
3. Check that the sling is clean and free of any damage.

### **Step 2: Position the Hoyer Lift**

1. Place the Hoyer lift's legs or wheels around the person, ensuring that they are stable and not too close to the person's body.
2. Make sure the base of the lift is open and can fit around or under the furniture (e.g., bed, chair) the person is currently using.

### **Step 3: Apply the Sling**

1. Position one caregiver on each side of the person.
2. Roll the person onto their side, facing away from both caregivers. If they are unable to roll, you may need additional help or an alternative technique.
3. Place the sling under the person, ensuring it is correctly positioned and not bunched up. The sling should support the person's back and extend under their thighs.
4. Ensure the sling straps are not twisted and are free from any obstructions.

### **Step 4: Secure the Sling**



1. Roll the person back onto their back carefully, making sure they are comfortable and centered in the sling.
2. Both caregivers should work together to fasten the sling securely using the straps and buckles provided. Double-check that the sling is snug but not too tight, and the person feels comfortable.

### **Step 5: Operate the Hoyer Lift**

1. Both caregivers should stand at the control handle of the Hoyer lift, making sure the brakes are engaged.
2. One caregiver should operate the lift while the other provides support and guidance during the transfer.
3. Gently pump the lift's hydraulic or electric lever to begin lifting the person off the surface. Lift gradually to avoid sudden movements.
4. As the person is raised, both caregivers should check that the sling is properly aligned and secure, and the person is comfortable.
5. Once the person is off the surface, both caregivers should work together to move the Hoyer lift to the desired location, ensuring smooth and controlled movements.

### **Step 6: Lower the Person Safely**

1. Position the Hoyer lift over the destination surface, such as a bed or chair, with the brakes engaged.
2. Slowly lower the person onto the surface, ensuring a smooth and controlled descent.
3. Both caregivers should carefully remove the sling from under the person, making sure they are comfortable and well-positioned.

### **Step 7: Store the Hoyer Lift**

1. After use, both caregivers should work together to store the Hoyer lift in a safe and accessible location, away from hazards.

Having two caregivers when using a Hoyer lift enhances the safety and efficiency of the transfer process, reducing the risk of injuries to both the person being lifted and the caregivers themselves.



Special Care Training: Hoyer  
Individual: \_\_\_\_\_  
Date: 8/4/23

I have received training and reviewed these guidelines as written. By signing I indicate that I understand this information as written and have had the opportunity to clarify the information and have my questions answered. The Registered Nurse trainer confirms by signing I have received training and verbalized an understanding. Training will occur annually or sooner if needed.

Print Name:	Signature:	Date:	Relationship to Individual:	
[Redacted]				

(Print) Nurse or Physician: \_\_\_\_\_  
(Signature) Nurse or Physician: \_\_\_\_\_  
Date: 8/4/23



## **Infection Prevention and Control Protocol**

### **Pleasant Street**

#### **1. Introduction**

This protocol outlines the infection prevention and control measures to be implemented at Pleasant Street to prevent the transmission of various illnesses, including but not limited to COVID-19, influenza, and bloodborne diseases. The goal is to protect both individuals and staff and minimize the risk of infection spread. This protocol addresses various aspects of infection control, including standard precautions, transmission-based precautions, environmental cleaning, and personal protective equipment (PPE) guidelines.

#### **2. Standard Precautions**

Standard precautions apply to all residents and should be always followed, regardless of the suspected or confirmed infection status. These precautions include:

##### **a. Hand Hygiene:**

- Regularly perform hand hygiene with soap and water for at least 20 seconds or use alcohol-based hand sanitizers with at least 60% alcohol.
- Wash hands before and after resident contact, before putting on and after removing gloves, and after contact with potentially infectious material.

##### **b. Personal Protective Equipment (PPE):**

- Wear appropriate PPE, such as gloves, masks, gowns, and eye protection, as indicated by the type of contact and the specific illness.
- Properly don and doff PPE to prevent contamination.
- Face masks are recommended for individuals with suspected or confirmed COVID-19 or compatible symptoms, and for close contacts for 10 days after being exposed to an infected person.
- Face masks may be worn as a personal preference and should be worn by staff at the request of an individual living in the home.

- Masking recommended for all staff and individuals in the home experiencing a COVID-19 outbreak until 14 days have passed with no new cases.

#### c. Respiratory Hygiene and Etiquette: Cough

- Encourage residents and visitors to cover their mouth and nose with a tissue or elbow when coughing or sneezing.
- Provide masks for symptomatic individuals and those with respiratory symptoms.

### **3. Transmission-Based Precautions**

In addition to standard precautions, transmission-based precautions are necessary when dealing with specific infectious diseases. The following categories apply:

#### a. Contact Precautions:

- Wear gloves and gowns when entering the individual's room or handling any potentially contaminated items.
- Implement single individual use of equipment.

#### b. Droplet Precautions:

- Wear a mask and eye protection (e.g., face shield) when within six feet of the resident.
- Limit resident movement outside the room, and if necessary, the resident should wear a mask.

#### c. Airborne Precautions:

- Wear N95 respirators or powered air-purifying respirators (PAPRs) when entering the individuals room.

### **4. Environmental Cleaning**

#### a. Routine Cleaning:

- Regularly clean and disinfect frequently touched surfaces, resident care equipment, and high-traffic areas using EPA-approved disinfectants.
- Use disposable items when possible, to reduce the risk of transmission.

## **5. Staff Training and Education**

- a. Regularly conduct infection prevention and control training for all staff, emphasizing proper hand hygiene, PPE use, and precautions specific to different illnesses.
- b. Provide ongoing updates on new guidelines and emerging infections to ensure staff members stay informed and compliant with infection control protocols.

## **6. Surveillance and Reporting**

- a. Establish a system for surveillance of healthcare-associated infections (HAIs) to monitor infection rates and identify any potential outbreaks.
- b. Report any suspected or confirmed infections to relevant public health authorities promptly, as required by law.
- c. Test resident on admission if they have symptoms or are suspected to recently have had high-risk contact with someone with COVID-19.
- d. If there is a positive COVID-19 case in the home, test any staff and individual who had close contact with the person with COVID-19. If close contacts cannot be identified, test all staff and residents in the home of the person with COVID-19.

## **7. Visitor Management**

- a. Implement visitor restrictions during outbreaks to limit the risk of disease transmission.
- b. Screen visitors for symptoms and potential exposure before entry.

## **8. Vaccine Promotion**

- a. Encourage staff and the public to get vaccinated against preventable illnesses, such as influenza and COVID-19, as part of infection prevention.

## **9. Review and Update**

- a. Regularly review and update the infection prevention and control protocol to reflect the latest guidelines and best practices.

b. Conduct post-outbreak evaluations to identify areas for improvement and update the protocol accordingly.

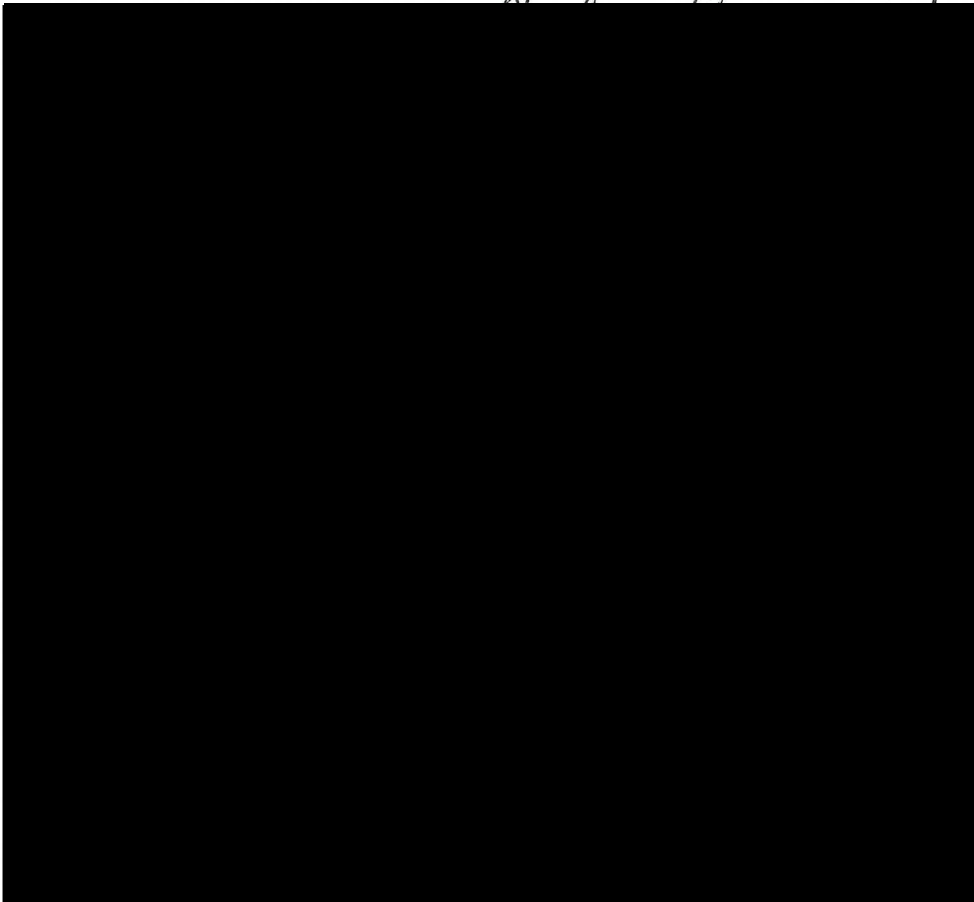
By strictly adhering to this infection prevention and control protocol, we can effectively limit the spread of various illnesses and safeguard the health and well-being of individuals, staff, and the community at large.

I have read the Infection Prevention and Control Protocol

NAME-printed

SIGNATURE

DATE



NAME-printed	SIGNATURE	DATE
		/23
		-23
		12/23
		13/23
		13/23
		7/3/23
		7/3/23
		04/23
		16/23
		7/10/23
		7/14/23
		7/14/23
		7/14/23

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## MEDICATION CHART

Residence PLEASANT ST

Allergies: NKDA

RN Review

	Hour	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31				
<b>Catheter bag is hung on designated hook and the cap is on</b>	<b>AM</b>	x	x	x	x	x	x	x	x																											
	<b>PM</b>	x	x	x	x	x	x	x																												
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Person administering or supervising; print name, sign, and initial.

1			
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## Special Care Procedure: Care and Maintenance of an Indwelling Foley Catheter

### What is a Foley Catheter?

A Foley catheter is a thin, flexible tube placed in the bladder to drain urine. It is held in the bladder by a balloon filled with water. Urine will automatically drain out of the drainage bag which is attached to the catheter.

### How to Care for a Foley Catheter

It is important to follow a few simple guidelines to avoid possible complications.

- **Maintaining a closed drainage system** reduces the number of bacteria that enter the catheter system which can cause infection. In order to maintain a closed drainage system:
  - Do NOT remove the catheter unless instructed to do so by a healthcare provider and only if you have received training from a healthcare provider.
  - Do NOT handle the catheter, tubing, or drainage bag without first washing your hands with soap and water. You must wear gloves while providing catheter care, emptying or changing out the bag.
  - Do NOT break the connection from the catheter and the tubing unless changing the bag.
  - If a disconnection accidentally occurs, clean both ends with soap and water and reconnect immediately.
- **Use a Foley stabilizing device**

Foley catheters are often subject to inadvertent pulling forces that can lead to discomfort. A foley stabilization device is designed to minimize catheter movement and accidental dislodgement.

- **Maintain a steady flow of urine**
  - Keep the drainage bag below the level of the lower abdomen at all times to keep urine flowing by gravity and not backing up in the bladder.
  - Make sure there are no kinks or loops in the tubing which may restrict flow
  - Empty the drainage bag every 4 to 8 hours or if it fills before then.
  - Do NOT let the drain tube touch the container the urine is draining into when emptying the bag.

- **Practice Good Hygiene**
  - Wash hands with soap and water before and after touching the catheter or drainage bag.
  - Wash the skin around the catheter with soap and water daily and after each bowel movement. This will help reduce the chance of infection.
    - **Ensure plenty of fluids**  
Ensuring plenty of fluids (8-10 8 ounces of liquid daily) will help reduce buildup of deposits that may block the catheter from draining properly.
- 
- 

- **Showering** is acceptable with a foley catheter. However, bathing in a tub is not until the catheter is removed as this can increase the chance of infection.
- **Clean the Catheter**
  - Wash your hands well with soap and water and apply gloves. Ensure the labia is separated and clean from front to back.
  - Clean the urethra (urinary opening) which is where the catheter enters the bladder.
  - Clean the catheter from where it enters the body and then down the catheter away from the body. Rinse the area well and dry gently. If the Cath secure was removed, use a new cath secure and attach to the upper thigh toward the inside of the leg.
- **Changing the drainage bag**  
Drainage bags can be changed as per the Healthcare provider's instructions. They can become odorous and clog if not changed at least every 30 days.
  - Wash your hands with soap and water and apply gloves. Empty the urine from the drainage bag.
  - Place a clean towel under the connector to catch any leakage
  - Pinch off the catheter with your fingers and disconnect the used bag, avoid tugging on the catheter.
  - Connect the clean bag to the catheter and release your pinch. Then check all connections and ensure the tubing is not kinked or twisted.
  - If the healthcare provider instructs you to change the indwelling catheter, contact the UVS nurse and service coordinator, or inform the physician if you have not been trained. Do NOT attempt to change the indwelling tubing or irrigate the catheter if you have not received training from a healthcare provider.
  - **Caring for the Drainage bags**  
Always keep the drainage bag below the level of the bladder.
  - **Cleaning the drainage bags (if applicable)**

Wash your hands with soap and water and apply gloves. Wash out with cool water and soap.

Rinse the bag with cool water. Do not use hot water because it can damage the plastic equipment. Be sure to cap the end of the tubing with a clean cap (wash with soap and water and dry).

- **Preventing Infection**

Keep the drainage bag below the level of the bladder and off the floor at all times

Keep the catheter secured to the thigh to prevent it from moving

Ensure the individual does not lie on the tubing, ensure it does not get kinked when hanging on the wheelchair.

Keep catheter clean and provide thorough peri area cleaning twice per day.

Wash your hands and use gloves

Ensure plenty of fluid intake

- **Other Considerations:**

If there is no urine draining in the drainage bag, change the individual's position to see if this assists in drainage. If not, ensure there are no kinks and notify the UVS nurse or physician.

Occasional leakage around tube site is not unusual, however if it persists or is leaking in moderate to large amounts, contact the UVS nurse or physician.

Do NOT clamp the catheter.

Do NOT irrigate the catheter unless instructed by a healthcare provider. If instructed by a healthcare provider, contact the UVS nurse for additional training.

Occasionally the balloon holding the catheter in place deflates and the catheter can fall out or inadvertently be pulled out. Call the UVS nurse or healthcare provider if this occurs.

**When to notify the nurse, physician, or healthcare provider:**

- The catheter falls out or is pulled out
- Individual develops a fever of 100.5 or greater
- Foul smelling urine is noted
- Bright red blood or blood clots are draining
- Abdominal pain or no urine in the bag
- Moderate to large amounts of drainage around catheter from the insertion site.

UPPER VALLEY SERVICES

Indwelling

Special Care Procedure(s): Care & maint of catheter

Individual:   
Date: 7/19/23

I have received training and reviewed these guidelines as written. By signing I indicate that I understand this information as written and have had the opportunity to clarify the information and have my questions answered. The Registered Nurse trainer confirms by signing I have received training and verbalized an understanding. It is my further understanding that this training is deemed part of a Special Care Procedure, and as such the individual may only receive respite by trained providers. It is my obligation to notify the Service Coordinator if I need to use a provider for a new respite provider for training *prior* to the respite provider working independently with the individual for this procedure. This training will be repeated annually or as needed with any change in individual's status.

Print Name:	Signature:	Date:	Relationship to Individual:
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(Print) Nurse or Physician:   
(Signature) Nurse or Physician:   
Date: 7/19/23