STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155379	A. Building B. Wing	09/19/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Life Care Center of Rochester	827 W 13th St Rochester, IN 46975

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0605 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Prevent the use of unnecessary psychotropic medications or use medications that may restrain a resident's ability to function. Based on record review and interview, the facility failed to ensure there were medical symptoms to support the use of an antipsychotic medication for 1 of 5 residents reviewed for unnecessary medications. (Resident 22) Finding includes: The record for Resident 22 was reviewed on 9/16/2025 at 2:25 P.M. Diagnoses included, but were not limited to malnutrition, anemia, cirrhosis, diabetes, prostate cancer, and dysphagia. An admission MDS (Minimum Data Set) assessment, dated 8/28/2025, indicated the resident had clear speech, was able to make their own decisions and was able to make himself understood and understood others, exhibited no behaviors during the assessment period and received an antipsychotic medication.A Physician's Order, dated 8/28/2025, indicated the resident was to received the medication Quetiapine (antipsychotic) 25 mg (milligram) 1 tablet at bedtime and 50 mg 1 tablet at bedtime related to metabolic encephalopathy.A pharmacy recommendation, dated 8/29/2025, indicated Resident 22 received an antipsychotic medication and had no documented diagnoses and/or medical symptom to support the use of the medication. The MD responded, will have psychiatry evaluate for discontinuation -- was weaned off in 8/2025--will wean again, The form was signed by the physician on 9/2/2025.A current Care Plan, initiated on 8/29/2025, indicated the resident used an antipsychotic medication and was at risk for adverse side reactions. Interventions included, but were not limited to: administer antipsychotic medication as ordered; observe for side effects and effectiveness every shift; consult with pharmacy and MD to consider dosage reduction; and educate family/resident about the risks and benefits.During an interview, on 9/19/2025 at 9:57 A.M., the Director of Nursing indicated the current diagnosis for the antipsychotic medication was not appropriate. On 9/19/2025 at 10:55 A.M., the Director of Nursing provided a policy titled, Unnecessary Medication, with a revision date on 4/22/2025, and indicated the policy was the one currently used by the facility. The policy indicated . Unnecessary Drugs-General. Each resident's drug regimen must be free from unnecessary drugs. An unnecessary drug is any drug when used --without adequate indications of it's use. Definitions- Adequate Indications for use- .means that the medication administered is consistent with manufacture's recommendations and/or clinical practice guidelines, clinical standards of practice, medication references 3.1-3(w)

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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

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F 0644 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Coordinate assessments with the pre-admission screening and resident review program; and referring for services as needed. Based on record review and interview, the facility failed to ensure a PASRR (Preadmission Screening and Record Review) was completed after a change in psychiatric diagnoses and medications were made for 1 of 2 residents reviewed for PASRR. (Resident 7)Finding includes: The record for Resident 7 was reviewed was on 9/17/2025 at 9:37 A.M. Diagnoses included, but were not limited to: hypertension, non Alzheimer's dementia, depression and delusional disorder. A Notice of PASRR Level I Screen Outcome, dated June 21, 2022, indicated: Outcome Level 1 Outcome: No Level II Required. If changes occur or new information refutes these findings, a new screen must be submitted.Current Physician Orders, included: Cymbalta (antidepressant) 30 mg (milligram) 1capsule every morning ordered on 9/3/2024.Resident 7 received a new qualifying diagnosis of delusional disorder and subsequent medication changes on 9/4/2024 . A current Care Plan, initiated date unknown, indicated the resident had behavioral episodes related to cognitive deficit and delusional disorder. During an interview, on 9/19/2025 at 9:19 A.M., the Director of Nursing indicated, a new PASAAR level one should have been completed when the new diagnosis and medication changes were made.On 9/19/2025 at 10:55 A.M., the Director of Nursing provided the policy titled, Pre-admission Screening and Resident Review (PASARR), undated, and indicated this was the current policy used by the facility. The policy indicated .A negative Level I screen permits admission to proceed and ends the PASARR process unless a possible serious mental disorder or intellectual disability arises later . 13,. Any resident with newly evident or possible serious mental disorder, ID or a related condition must be referred, by the facility to the appropriate state-designated mental health or intellectual disability authority for review

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F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. Based on observation, record review and interview, the facility failed to develop comprehensive care plans for 3 of 16 residents reviewed for care plans. (Residents 4, 25 & 12)Findings include: 1. During an interview, on 9/15/2025 at 2:41 P.M., Resident 4 indicated he smoked cigarettes. During an observation, on 9/17/2025 at 3:26 P.M., Resident 4 was observed seated in the courtyard smoking with a smoking apron over his body and supervised by an activity staff member. A record review for Resident 4 was completed, on 9/18/2025 at 9:07 A.M. Diagnoses included, but were not limited to: diabetes mellitus type 2, chronic kidney disease stage 5 and peripheral vascular disease. An Annual Minimum Date Set (MDS) assessment, dated 7/14/2025, indicated Resident 4 was cognitively intact. A Smoking Safety Evaluation, dated 8/2/2025, indicated Resident 4 had not demonstrated the ability to safely smoke without supervision. A Care Plan for safe smoking could not be located in the medical record. During an interview, on 9/19/2025 at 12:52 P.M., the MDS Coordinator indicated Resident 4 was a cigarette smoker and did not have a care plan for safe smoking. She indicated a care plan for Resident 4 should have been completed for safe smoking. 2. During an interview and observation, on 9/16/2025 at 9:16 A.M., Resident 25 indicated he had had mouth pain from his teeth cutting his mouth up. He indicated he had gone to the dentist and was supposed to get dental work completed. Resident 25 was observed to have many missing upper teeth During an interview, on 9/18/2025 at 1:39 P.M., Resident 25 indicated he was to have his remaining upper teeth pulled for a full denture and some of his bottom teeth pulled for a partial denture. He again complained of his teeth cutting the heck out of his mouth. A record review for Resident 25 was completed on 9/17/2025 at 10:17 A.M. Diagnoses included, but were not limited to: injury of the cervical spinal cord and injury of a motor vehicle accident. An Annual MDS (minimum data set) assessment, dated 8/28/2025, indicated Resident 25 was cognitively intact and had no oral health issues. An Admission/readmission Collection Tool, on 2/5/2025 at 3:23 P.M., indicate Resident 25 had missing natural teeth. A Care Plan could not be located in the medical record for oral health or for oral pain related to the condition of Resident 25's natural teeth. During an interview, on 9/19/2025 at 12:52 P.M., the MDS Coordinator indicated Resident 25 was missing teeth and did not have a care plan for oral health. She indicated a care plan for Resident 25 should have been completed for oral health. (continued on next page)

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F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	3. The record for Resident 12 was completed on 9/16/2025 3:03 P.M. Diagnoses included, but were not limited to dementia with mild mood disturbance, major depressive disorder, anxiety disorder and vertigo. An admission Minimum Data Set (MDS) assessment, dated 7/24/2025, indicated Resident 12 received an antipsychotic medication. Current Physicians Orders included Risperidone (an antipsychotic medication) 0.5 mg (milligram) one tablet at bedtime ordered on 7/18/2025. A current Care Plan, initiated 7/22/2025. indicated the resident had a behavior problem due to dementia and mood disorder and had episodes of undressing/naked in communal areas. Interventions included but were not limited to: Observe for behaviors. Document observed behavior and attempted interventions. Administer medications as ordered. Provide resident with privacy, with her own room for undressing/naked behavior. A current Care Plan, initiated 8/14/2025, indicated the resident was at risk for elopement related to the resident wandering without purpose and had had episodes of wandering without clothing in place. Interventions included but were not limited to: add resident to the elopement book, complete elopement risk assessment, personal safety alarm devices, and wander guard applied to left ankle. A current Care plan, initiated on 8/20/2025, indicated the resident had the potential to be physically aggressive related to dementia. The resident had episodes of hitting staff due to delusional thoughts that staff were stealing her clothes. Interventions include but are not limited to: Document observed behavior and attempted interventions, Psychiatric/Psychogeriatric consult as indicated. Observe and report any sign/symptoms of resident posing danger to self and others and give the resident as many choices as possible about care and activities. A Nurses Progress Note, dated 7/19/2025 at 4:13 P.M., indicated the resident had been found in the hallway without her shirt. The resident had entered a male resident's room covered with a pillow. Resident 12 was easily redirected to her room and redressed. The note indicated the resident had been wandering into other residents' rooms all shift and had been reminded of her room number. A Nurse's Progress Note, dated 8/3/2025 at 8:29 A.M., indicated the resident's clothing had been set out for her. Resident 12 had entered the hallway dressed only in her pants. The resident was carrying a trash can and been looking for a restroom. She had been assisted back to her room and was shown her restroom with a woman sign on the bathroom door. The resident stated, I'm not a woman I'm a boy. The resident indicated she was a boy due to her chest. Resident 12 had been made aware she had had to have her breast removed. The resident then stated Are you my mama? A nurse assisted the resident with finishing her activities of daily care (dressing, toileting and hygiene needs). The resident then ate her breakfast in her room. Resident 12 had then carried her breakfast tray to the hallway, when a staff member had attempted to take the tray, the resident had become demanding, wanting to go to the kitchen, indicating she wanted to make her own pancakes from now on. The staff had explained to the resident she could not go into the kitchen but she could go to the dining room. She had been redirected after a short time, and taken to the dining room for coffee. A laminated restroom sign had been placed on the resident's bathroom door to assist her with locating the restroom in her room. (continued on next page)

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F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	A Nurse's Progress Note, dated 8/15/2025 at 7:40 A.M., indicated the resident had been asking staff how to get out of this place because she had a doctor's appointment. The writer had informed the resident that is was night time and she did not have an appointment at this time. The resident started knocking everything off of the nurses station and had grabbed the arm of a staff member, and pushed another staff member in the back. Resident 12 had then sat on a couch in the lobby for awhile. Resident 12 later asked staff to help her find a jacket. She was then assisted to her room, took her medications and went to bed. A Nurse's Progress Note, dated 8/15/2025 at 12:28 P.M., indicated Resident 12 threw 3 glasses of water into the hallway. The resident had then removed all of her clothes from the closet and stacked the clothes on her bed. Next, Resident 12 had removed the call light from the wall. The note indicated the resident wandered the unit and continued to go into other resident rooms. The note also indicated Resident 12 had been redirected, but at times had become agitated with the redirection. A Nurse's Progress Note, dated 8/27/2025 at 8:30 P.M., indicated at 7:50 P.M., an aide had entered the resident's room to help get her ready for bed. The aide had removed the resident's clothing that had feces on it, which had caused the resident to get upset. The resident had started yelling at the aide that she was stealing her stuff, then had slapped the aide across the face. The aide had removed herself from the room. During an interview, on 9/18/2025 at 10:09 A.M., the Director of Nursing indicated Resident 12's care plans were not person-centered regarding interventions to address the resident's behaviors - including dementia, wandering, delusions and agitation. On 9/19/2025 at 10:55 A.M. the Director of nursing provided the policy titled, Comprehensive Care Plans and Revisions, dated 3/2/2022, and indicated the policy was the one currently used by the facility. The policy indicated .the facility will ensure the timeliness of each resident's person-centered, comprehensive care plan, and to ensure that the comprehensive care plan is reviewed and revised by an interdisciplinary team .1. The facility should monitor the resident over time to help identify changes in the resident condition that may warrant an update to the person-centered plan of care 3.1-35(a)

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F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident's preferences and goals. Based on record review and interview, the facility failed to follow a physician's order for insulin administration for 1 of 3 residents reviewed for insulin. (Resident 5)Finding includes:During an interview, on 9/16/2025 at 10:05 A.M., Resident 5 indicated he received insulin injections twice a day. A record review was completed for Resident 5, on 9/16/2025 at 1:35 P.M. Diagnoses included, but were not limited to: diabetes mellitus type 2, gout and congestive heart failure. A Quarterly Minimum Data Set (MDS) assessment, dated 8/22/2025, indicated Resident 5 was cognitively intact and received insulin injections for 7 of 7 days of the look back period. A Physician's Order, dated 6/2/2025 and discontinued on 9/3/2025, indicated insulin glargine solution 100 units per milliliter inject 20 units subcutaneously every morning and at every bedtime. The order included the following parameters: hold the insulin if the blood sugar was less than 150 mm/dL (milligrams per deciliter). The order was revised on 9/3/2025 and indicated to hold the insulin glargine solution if the blood sugar was less then 150 mg/dL or greater than 400 mg/dL and to notify the physician or nurse practitioner. The September 2025 Medication Administration Record (MAR) indicated the insulin glargine solution was administered for the following blood sugars below 150 mg/dL. -9/12/2025 at 7:11 A.M. blood sugar was 138 mg/dL.-9/12/2025 at 8:15 P.M. blood sugar was 145 mg/dL.-9/13/2025 at 9:05 A.M. blood sugar was 123 mg/dL. The August 2025 Medication Administration Record (MAR) indicated the insulin glargine solution was administered for the following blood sugars below 150 mg/dL. -8/30/2025 at 7:51 A.M. the blood sugar was 148 mg/dL. The July 2025 Medication Administration Record (MAR) indicated the insulin glargine solution was administered for the following blood sugars below 150 mg/dL.-7/1/2025 at 9:57 P.M. the blood sugar was 90 mg/dL.-7/30/2025 at 9:11 A.M. the blood sugar was 136 mg/dL. A Care Plan, initiated on 10/22/2024 and revised on 8/29/2025, indicated Resident 5 had diabetes mellitus and was at risk for a hypoglycemic/hyperglycemic reactions. Interventions included, but were not limited to: accu checks [Accu-chek] (blood glucose monitoring system) as ordered and medication as ordered. During an interview, on 09/19/2025 at 11:04 AM, the Infection Preventionist indicated Resident 5's physician order indicated the insulin glargine solution should have been held for a blood sugar less than 150 mg/dL and he should not have received the medication when his blood sugar was less than 150 mg/dL. A current policy, dated 2/27/2025, was provided by the Director of Nursing (DON), on 9/19/2025 at 1:15 P.M. The policy titled, Physician Orders, indicated, .A physician, physician assistant or nurse practitioner must provide orders for the resident's immediate care and ongoing care of the resident. The facility is obligated to follow and carry out the orders of the prescriber in accordance with all applicable state and federal guidelines 3.1-37(a)

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F 0692 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide enough food/fluids to maintain a resident's health. Based on observation, record review and interview, the facility failed to ensure a meal or a snack prior to arrival for dialysis visits or after the dialysis treatment was offered for 1 of 3 residents reviewed for nutrition. (Resident 4)Finding includes:During an interview, on 9/15/2025 at 2:38 P.M., Resident 4 indicated he attended dialysis on Tuesdays, Thursdays and Saturdays with a transportation time of 6:00 A.M. to the dialysis center. He indicated he was not offered breakfast prior to leaving for dialysis appointments, nor did the facility pack a meal or a snack. A record review for Resident 4 was completed, on 9/18/2025 at 9:07 A.M. Diagnoses included, but were not limited to: diabetes mellitus type 2, chronic kidney disease stage 5 and dependance on dialysis. An Annual MDS (minimum data set) assessment, dated 7/14/2025, indicated Resident 4 was cognitively intact, needed set-up assistance for eating and received dialysis treatments. A Physician's Order, dated 11/1/2024, indicated Resident 4 was to receive a regular diet with no salt packets and diet condiments with double protein. A Physician's Order, dated 11/1/2024, indicated to send Resident 4 to dialysis on Tuesdays, Thursdays and Saturdays. A record of Resident 4's eating consumption, from 8/19/2025-9/19/2025, indicated Resident 4 was not available for meals on: 8/192025 (Tuesday), 8/21/2025 (Thursday), 8/23/2025 (Saturday), 8/26/2025 (Tuesday), 8/28/2025 (Thursday), 8/30/2025 (Saturday), 9/2/2025 (Tuesday), 9/4/2025 (Thursday), 9/6/2025 (Saturday), 9/9/2025 (Tuesday) and 9/16/2025 (Tuesday). However, there was no documentation that indicated Resident 4 had refused a meal. A Care Plan, initiated on 8/26/2024 and revised on 9/18/2025, indicated Resident 4 had the potential for nutritional problems related to diabetes mellitus and renal complications, had a 7.5 percent weight loss from 6/14/2025-9/11/2025 and frequently refused meals. Interventions included, but were not limited to: the resident will comply with recommended diet for weight reduction daily (initiated 8/27/2024 and revised on 8/7/2025), provide and serve diet as ordered (initiated 8/27/2025 and revised on 8/26/2025) and observe and report to the physician as needed any signs or symptoms of malnutrition as emaciation, muscle wasting and significant weight loss (revised and initiated on 8/27/2024). During an interview, on 9/18/2025 at 5:57 A.M., Resident 4 indicated he had not been given breakfast, a snack or lunch to take with him to dialysis. During an interview, on 9/18/2025 at 6:18 A.M., Resident 16, who was also attended the dialysis appointment, indicated she was not allowed to have any food or drink prior to her dialysis treatment. Resident 16 indicated she was not provided breakfast or a sack lunch to take to her dialysis appointment. During an interview, on 9/18/2025 at 2:16 P.M., the Clinical Manager for the dialysis center indicated residents should and were encouraged to eat prior to their dialysis treatment. She indicated that eating during a dialysis treatment was discouraged during the dialysis treatment due to the potential risk of choking and was written within the facility contract. She indicated the residents could eat prior to treatment and during their transportation to and from the dialysis center. During an interview, on 9/19/2025 at 10:01 A.M., [NAME] 9 indicated she was willing to pack a lunch for residents that attended dialysis or keep the resident's meal for later consumption. [NAME] 9 indicated she only worked on Fridays and every other weekend. During this interview, [NAME] 9 indicated they had two insulated lunch bags, but neither were in use during the interview (even though another dialysis patient was out that day). [NAME] 9 confirmed she had not prepared or sent a snack or meal with residents who were at dialysis treatments. There was no Dietary Manager employed by the facility during the survey to interview regarding providing meals and/or breakfast to residents scheduled for dialysis treatments on their dialysis appointment days. A current policy was provided, on 9/15/2025 at 10:45 A.M. the policy titled, Dialysis, indicated, .To provide care guidelines for the resident who receives dialysis at another facility .Day of Dialysis .6. Send sack/lunch with each resident 3.1-46(a)(2)

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F 0805 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure each resident receives and the facility provides food prepared in a form designed to meet individual needs. Based on observation and interview, the facility failed to ensure recipes were followed when preparing pureed meals. This deficient practice had the opportunity to affect 4 of 4 residents who received pureed meals from this kitchen. Finding includes:During an observation of the preparation of a pureed meal, on 9/16/2025 at 11:36 A.M., [NAME] 12 placed 10 scoops of green beans into a blender. She indicated she was making 10 servings of green beans. [NAME] 12 proceeded to add a 1/2 cup of vegetable broth to the blender. She indicated the puree was too watery and then added an additional three scoops of green beans to the blender. A recipe book was not used while [NAME] 12 prepared the pureed meal.During an interview, on 9/16/2025 at 11:51 A.M., [NAME] 12 indicated she should have used a recipe when preparing the pureed meals.On 9/16/2025 a policy was requested regarding the use of a recipe book when preparing pureed meals but one was not provided prior to the survey exit.1.3-20(i)(1)

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Based on observation, record review, and interview, the facility failed to store food under sanitary conditions for 1 of 1 kitchen observed. This issue had the potential to affect 57 of 57 residents who received food from this kitchen. Findings include: On 9/15/2025 at 9:40 A.M. a kitchen tour was conducted with [NAME] 8. The following was observed in the walk in cooler:-An opened bag of mozzarella cheese with a use by date of 9/3/2025.-An opened bag of celery not sealed tightly.-An opened carton of grated parmesan cheese with no use by date.During an interview, on 9/15/2025 at 9:50 A.M., [NAME] 8 indicated the expired foods should have been thrown away, foods should have had a use by date and the celery should have been sealed tightly During a follow-up tour of the kitchen on 9/19/2025 at 10:00 A.M. with [NAME] 9 the following was observed in the kitchen drawer:-An ice-cream scoop put away as clean with dried food on it.-A ladle put away as clean with dried food on it.-A whisk put away as clean with dried food on it.During an interview, on 9/19/2025 at 10:05 A.M., [NAME] 9 indicated the utensils should have been clean before storing.On 9/18/2025 at 2:00 P.M., the DON provided the policy titled, Food Safety and Sanitation and indicated it was the policy currently being used by the facility. The policy indicated, .Use by date is noted on the label or product when applicable. Leftovers are dated properly and discarded after 72 hours unless otherwise indicated. All food is stored six inches off the floor and 18 inches from the ceiling. Opened packages of food are resealed tightly to prevent contamination of the food item and use by date will be used when applicable 3.1-21(i)(3)

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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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. Based on observation, record review and interview, the facility failed to follow infection control guidelines related to urinary drainage bag positioning on the floor for 1 of 4 residents reviewed for catheters.(Resident 41) Finding includes:During an observation, on 9/15/2025 at 11:31 A.M., Resident 41's urine drainage bag was on the floor. During an observation, on 9/15/2025 at 12:12 P.M., Resident 41's urine drainage bag was on the floor. During an observation, on 9/16/2025 at 3:58 P.M., Resident 41's urine drainage bag was touching the floor. The record for Resident 41 was reviewed on 9/16/2025 at 11:00 A.M. Diagnoses included but were not limited to: diabetes and retention of urine. An admission MDS (Minimum Data Set) assessment, dated 9/4/2025, indicated the resident had an indwelling urinary catheter, and was dependent on staff for toilet hygiene, and required substantial to maximum assist for transfers to bed/chair and received an antibiotic. A current Care Plan, initiated 7/25/2025, indicated the resident had an indwelling foley catheter due to urinary retention and was at risk of infection/UTI. Interventions included, but were not limited to: catheter care every shift; check tubing for kinks during daily care; medication as ordered; observed for signs/symptoms of dehydration. A new intervention was added to the care plan on 9/16/2025 for the foley catheter bag to be covered and off the floor. A current Care Plan, dated 8/5/2025 and revised on 9/10/2025, indicated the resident was antibiotic therapy related to a UTI and was at risk for adverse side effects. Physician Orders indicated Resident 41 had been treated with antibiotics for urinary tract infections on 8/25/2025 and again on 9/11/2025.Current Physician Orders included the following orders: Indwelling catheter to straight drainage; change for infection, obstruction or when the closed system was compromised.During an interview, on 9/16/2025 at 4:09 P.M., LPN 5 indicated the urinary drainage bag should not have been on the floor.On 9/18/2025 at 4:35 P.M., the Director of Nursing provided the policy titled, Indwelling Urinary Catheter (Foley) Management, revised on 6/27/2023, and reviewed on 9/4/2025, and indicated the policy was the one currently used by the facility. The policy indicated . 2 . Maintain unobstructed flow. b. Keep the collecting bag below the level of the bladder at all times. Do not rest the bag on the floor 3.1-41(a)(2)