

Pressure Sores, UTIs: Court Looks At Federal Regulations For Skilled Nursing Facilities.

A skilled nursing facility appealed a civil monetary penalty imposed by the US Centers for Medicare and Medicaid Services for alleged violations of Federal regulations dealing with care for pressure sores and urinary tract infections.

The US Court of Appeals for the Ninth Circuit (California) ruled the facility was guilty of a violation for the care of a particular resident's pressure sores but was not guilty of a violation for the care of another patient's urinary tract infections.

Pressure Sores - Federal Regulations

Federal regulations found at [42 C.F.R. § 483.25\(c\)](#) require skilled nursing facilities to ensure that -

(1) A resident who enters the facility without pressure sores does not develop pressure sores unless the individual's clinical condition demonstrates that they were unavoidable; and

(2) A resident having pressure sores receives necessary treatment and services to promote healing, prevent infection and prevent new sores from developing.

An eighty-one year-old woman was admitted with diagnoses of dementia, incontinence, hypertension, depression, anemia, recurrent UTIs and a history of brain cancer. She was bedridden and was fed through a gastrostomy tube.

She developed a pressure sore on her tailbone which became an ongoing problem for over six months.

After she was hospitalized for a MRSA infection in her old brain-surgery scalp incision she had to have wrist restraints on her return to keep her from picking at it. Being restrained led to an additional pressure sore on her buttocks.

Care Plan Called For

Pressure Relieving Mattress

Her initial admission care plan called for a pressure relieving mattress. A dense foam mattress was not provided until a year after admission. While she was restrained after her surgery with a new lesion on her buttocks a wound care consultant ordered a low air loss mattress, which was not provided for almost six weeks.

These delays were inexcusable, the Court ruled.

The facility has no factual basis to argue that a patient's pressure sores were unavoidable due to the patient's clinical condition.

There was inexcusable delay in providing pressure relieving mattresses that were called for in the patient's initial care plan and later in a wound-care specialist's recommendation.

However, the facility's nursing care was appropriate for another patient's four symptomatic urinary tract infections, and no violation of Federal standards occurred with her.

Appropriate nursing care for a patient with urinary incontinence issues centers on providing good catheter care and perineal hygiene, encouraging fluid intake, administering antibiotics as ordered, monitoring the patient closely and communicating with the treating physician, all of which was done and carefully documented in the chart.

There was no expert testimony, and so it was only speculation that the surveyors' suggested "new approaches," such as silver-tipped catheters and cranberry tablets, would have affected the outcome.

UNITED STATES COURT OF APPEALS
NINTH CIRCUIT
March 3, 2015

Urinary Tract Infections Federal Regulations

Federal regulations found at [42 C.F.R. § 483.25\(d\)](#) require skilled nursing facilities to ensure that -

(1) A resident who enters the facility without an indwelling urinary catheter is not catheterized unless the resident's clinical condition demonstrates that catheterization was necessary; and

(2) A resident who is incontinent of bladder receives appropriate treatment and services to prevent urinary tract infections and to restore as much normal bladder function as possible.

A seventy-nine year-old woman was admitted with diagnoses of diabetes, hypertension, congestive heart failure, Parkinson's, urinary retention and a history of kidney stones.

Her susceptibility to urinary tract infections was high because she had a permanent indwelling catheter and a history of staghorn calculus.

Nurses Followed Care Plan

The long-term care plan called for the nurses to monitor the patient for signs and symptoms of infection, provide daily catheter care and changes as necessary, provide good perineal care, encourage fluid intake and, as ordered by the patient's physician, perform laboratory testing and administer antibiotics.

Short-term care plans were prepared when urinary tract infections arose.

Over a period of eight months the patient developed four symptomatic urinary tract infections. The Court's review of the nursing documentation over that period revealed that the nurses gave the antibiotics as ordered, encouraged fluid intake, provided good perineal care, monitored her closely and reported to the physician.

The Court ruled this patient's care was appropriate and in compliance with Federal regulations. Appropriate nursing care for urinary incontinence centers on providing good hygiene, encouraging fluid intake, getting the patient out of bed to prevent urinary backflow, monitoring the patient and keeping the physician informed. ***Plott Nursing v. Burwell***, ___ F. 3d ___, 2015 WL 872261 (March 3, 2015).