

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 01/27/2014  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  345403	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  C 12/31/2013
NAME OF PROVIDER OR SUPPLIER  CARY HEALTH AND REHABILITATION			STREET ADDRESS, CITY, STATE, ZIP CODE 6690 TRYON ROAD CARY, NC 27518		
(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) COMPLETION DATE	
F 309 SS=D	<p>483.25 PROVIDE CARE/SERVICES FOR HIGHEST WELL BEING</p> <p>Each resident must receive and the facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review, observation and employee interview, the facility failed to manage the care of a resident ' s peripherally inserted central catheter (PICC) line for 1 of 1 (Resident #1) resident with a PICC line.</p> <p>Findings included:</p> <p>The facilities Protocol for Managing a peripherally inserted central catheter line dated February 2012 was an order sheet that contained information about the type of central venous catheter, flushing orders and dressing change orders. This order sheet was to be placed on the chart, filled out, and then faxed to the Pharmacy with a history and physical from the hospital and pertinent lab work.</p> <p>A record review of the hospital discharge summary dated 12/19/13 indicated the resident had a PICC line placed to be used for long term antibiotic treatment for the osteomyelitis in her left hip.</p> <p>The resident was admitted on 12/19/13 from the hospital. Resident #1 's diagnoses were</p>	F 309	<p>1. Resident #1, that was allegedly affected by the deficient practice was discharged to Wake Medical Hospital on 12/24/13. She has returned to our facility since the survey. Upon her admission an order was obtained to have the PICC line removed because it was determined not to be used as part of her plan of care or as a port for medication administration.</p> <p>2. The corrective action we took to ensure no other residents having the potential to be affected by the alleged deficient practice was to perform an audit of all residents in the facility to determine if any other residents had a PICC line. This review confirmed that only 1 other resident had a PICC line and orders in the chart reflect flush protocol. In review of the records, the protocol is being followed correctly.</p>		

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

TITLE

(X6) DATE

*Paul D. [Signature]*

1/29/14

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.

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F 309	<p>Continued From page 1</p> <p>osteomyelitis related to a left hip stage 4 pressure ulcer. The review of hospital discharge orders revealed there were no orders for intravenous (IV) antibiotics.</p> <p>Record review indicated on 12/19/13, an initial admission assessment was completed by Nurse #1. Section G of this assessment had a check mark in the box next to PICC line. The admission note on the last page of the same admission assessment form did not describe the condition or location of the PICC line on admission.</p> <p>Further record review indicated on 12/21/13 the facility physician noted the resident ' s PICC line in the initial admission assessment.</p> <p>Record review for the PICC lines order set including the resident ' s name, history, room number, device type, type of infusion, number of lines or lumens, flushing orders based on type and type of infusion, dressing change orders, and treatment orders was not found in the resident #1 ' s chart. The medication administration record (MAR) and the treatment administration record (TAR) from 12/19/13 through 12/23/13 revealed no indication of flushing or assessing the PICC line for Resident # 1.</p> <p>A review of the 24 hour shift reports from 12/19/13 to 12/23/13 indicated Resident #1 was admitted on 12/19/13 but there is no mention of the resident ' s PICC line.</p> <p>Record review of a situation, background, assessment and recommendation (SBAR) tool dated 12/23/13 revealed an assessment by the RN indicating the PICC line was dislodged. The SBAR further revealed the resident was noted</p>	F 309	<p>3. The Licensed staff was re-educated by DCS/ADCS on admission orders, assessments and documentation on 24 hour report. This re-education also included review of proper documentation of central lines and IV access sites per policy.</p> <p>4. The Director of Clinical Services (DCS) , Assistant DCS or Unit Manager will audit 10 admissions monthly for 3 months, then 10 admissions per quarter for 6 months reviewing for anyone with a PICC line to ensure the PICC line policy is being followed. The Administrator will be responsible for ensuring the audits are completed. The DCS will present the results of these audits at the monthly Performance Improvement Committee Meeting. Any additional training needs identified during the audits will be provided as needed.</p>	1-29-14

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F 309	<p>Continued From page 2</p> <p>with edema to the left arm where the PICC line inserted and the arm was warm to touch.</p> <p>On 12/23/13 per physician orders, a chest x-ray was ordered for PICC insertion secondary to swelling at PICC insertion. The chest x-ray was inconclusive secondary to the resident ' s severe upper body contractions.</p> <p>On 12/24/13 per physician orders and SBAR communication, the resident was sent to the hospital for left arm swelling evaluation.</p> <p>A review of the admission history and physical from the hospital dated 12/24/13 indicated there was a clot related to the resident ' s left arm swelling. The history and physical went on to say " Given her severe anemia as well as her wounds, I would be concerned to start any anticoagulation at this time. However, she is likely to develop a greater clot burden because she does not move. Will place warm compresses to the area and we are able to stabilize her hemoglobin, could consider anticoagulation. " The conclusion of the venous Doppler upper extremity report dated 12/25/13 stated: " technically difficult study with patient contracted (left neck and arm) No definitive DVT (deep vein thrombosis) in left upper extremity, though IJ (inter jugular) and axillary veins do not fully compress and exhibit continuous flow. "</p> <p>During an interview with the ADON on 12/31/13 at 9:00 AM, the ADON stated when a resident is admitted with a PICC line, an assessment of the PICC line is done. She would change the dressing and flush to make sure the PICC line was patent. The chart would have orders for the PICC line flush, and dressing change, and IV</p>	F 309			

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F 309	Continued From page 3 antibiotics to be administered. The ADON stated since the initial assessment would have been done by a registered nurse on admission, the floor nurse would not know there was a PICC line if there were no orders for the PICC line on the chart. The ADON stated there must be orders for flush, dressing change and/or basic maintenance of the PICC line per protocol guidelines.  An interview was conducted with the facility physician on 12/31/13 at 2:15 PM. The physician stated he was aware of the resident ' s PICC line and was working on clarifying this with the hospital relating to the resident ' s osteomyelitis. The physician stated he was not aware that the resident did not have orders for a PICC line per protocol and his expectation was the facility would follow their protocol in regards to care and flushing of a PICC line.	F 309			