

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

PRINTED: 05/25/2022
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345013	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 03/23/2022
NAME OF PROVIDER OR SUPPLIER PEAK RESOURCES - CHARLOTTE			STREET ADDRESS, CITY, STATE, ZIP CODE 3223 CENTRAL AVENUE CHARLOTTE, NC 28205	
(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 000	INITIAL COMMENTS A complaint investigation survey was conducted from 3/22/2022 through 3/23/2022. Event ID# 5C7L11. Intakes: NC00184460, NC00184865, NC00185433, NC00186360, NC00186720, NC00186808, NC00186881, NC00188667. 1 of the 30 complaint allegations were substantiated but did not result in a deficiency. 2 of the 30 complaint allegations were substantiated resulting in deficiencies.	F 000		
F 694 SS=D	Parenteral/IV Fluids CFR(s): 483.25(h) § 483.25(h) Parenteral Fluids. Parenteral fluids must be administered consistent with professional standards of practice and in accordance with physician orders, the comprehensive person-centered care plan, and the resident's goals and preferences. This REQUIREMENT is not met as evidenced by: Based on record review and interview of the staff, family member, and physician the facility failed to maintain the care of a midline catheter (intravenous catheter) used to treat a urinary tract infection (UTI) with an intravenous antibiotic for 1 of 1 resident (Resident #1) reviewed. Findings included: Midline catheter manufacturer recommended the "midline catheter (long peripheral catheter) is an intravenous (IV) catheter placed into a peripheral vein, with the distal tip located just proximal to the axilla ... The dwell time is up to six weeks.	F 694	The preparation and execution of the plan of correction does not constitute agreement by the provider that the alleged deficiency did in fact exist. This plan of correction is filed as evidence of the facilities desire to comply with the regulation and to provide high quality care. Address how corrective action will be accomplished for those residents found to have been affected by the deficient practice. Resident #1 midline catheter was	3/26/22

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

TITLE

(X6) DATE

Electronically Signed

04/07/2022

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 694	<p>Continued From page 1</p> <p>Change the dressing weekly when soiled, wet or lose. The midline catheter should be flushed after every use, or at least every 12 hours when not in use. Flush each lumen with at least 10 mL of sterile saline. When not in use, each lumen should be locked with sterile saline."</p> <p>Resident #1 was admitted to the facility on 5/27/21 with the diagnosis of dementia.</p> <p>The re-admission Minimum Data Set dated 1/7/22 for Resident #1 documented she was always incontinent of bladder and bowel.</p> <p>The physician progress note dated 2/11/22 documented Resident #1 was not herself. She had chronic confusion and cognitive impairment. Nursing reported a urine odor. An order for urinalysis and culture as needed was provided.</p> <p>The nurses' note dated 2/17/22 documented Resident #1 was evaluated by the facility physician. New orders were received for urinalysis and urine culture. The physician ordered Gentamycin sulfate 30mg/ml intravenous (IV) for one dose. Intravenous catheter to be placed and if unable to place, initiate for the resident to have a midline catheter.</p> <p>Review of the medical record revealed Resident #1's physician orders:</p> <p>Dated 2/17/22 Midline intravenous access to be placed. Dated 2/17/22 Gentamycin IV one dose 60 mg/6 ml for UTI. Dated 2/18/22 Macrobid 100 mg twice a day by mouth for 5 days for UTI Dated 3/7/22 discontinue the midline catheter.</p>	F 694	<p>discontinued on 3/7/2022. Resident #1 did not suffer any adverse effects related to midline catheter insertion and continues to remain in the facility.</p> <p>Address how the facility will identify other residents having the potential to be affected by the same deficient practice .</p> <p>On 3/22/2022 the Director of Nursing (DON) reviewed all residents with intravenous access devices. There were no additional residents identified with intravenous access who did not have appropriate orders for dressing changes, flushes and/or discontinuation of the access.</p> <p>Address what measures will be put into place or systemic changes made to ensure that the deficient practice will not recur.</p> <p>On 3/22/2022 the Staff Development Coordinator (SDC) began educating all licensed nurses on their responsibility to ensure the following:</p> <p>" All orders for IV antibiotics must have a stop date.</p> <p>" All IV access devices will be removed upon completion of the IV antibiotic unless otherwise ordered by MD/NP.</p> <p>" Orders for flushes for IV access devices will be obtained upon initiation of the IV, per facility policy using the standing IV orders <input type="checkbox"/> SASH method,</p>		

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F 694	<p>Continued From page 2</p> <p>Review of nurses' notes from 2/17/22 through 3/7/22 there were no notes documented that the midline catheter was changed or flushed.</p> <p>On 3/23/22 at 11:45 am an interview was conducted with Nurse #1. She stated she received an order on 2/17/22 to place a midline catheter for Resident #1 to administer intravenous antibiotics for a urinary tract infection. The intravenous antibiotic was changed to oral medication the next day 2/18/22. The physician requested the midline remain in place in case the oral antibiotics did not resolve the urinary tract infection. She stated that when the order for intravenous access was obtained the dressing change and flush order would also be obtained but this was missed. She stated there was no documentation that the catheter dressing was changed or flushed because it was not done.</p> <p>On 3/22/22 at 1:50 pm an interview was conducted with Resident #1's family member. She stated on 3/7/22 she noticed an IV catheter in the resident's arm and asked staff about it. "The resident was not receiving IV medication, so I requested it be taken out."</p> <p>On 3/22/22 at 2:30 pm an interview was conducted with the Director of Nursing (DON). The DON stated there was not an order for Resident #1's midline catheter dressing change and flush type and schedule documented. There was a change from intravenous to oral medication and the dressing and flush were not obtained.</p> <p>On 3/23/22 at 1:30 pm an interview was conducted with the facility physician. He stated</p>	F 694	<p>unused ports will be flushed daily with N/S, followed by Heparin.</p> <p>" Orders for IV dressing changes will be obtained upon initiation of the IV, per facility policy, using standing IV orders <input type="checkbox"/> midline/PICCC/CVC will have dressings changed weekly and prn; peripheral IV will have dressings changed every 96 hours or prn.</p> <p>Education was completed on 3/26/2022. Any licensed nurse that was not educated by 3/26/2022 were educated prior to their next scheduled shift. Newly hired licensed nurses will be educated during clinical orientation. The SDC is responsible for tracking completion of the education. The Director of Nursing informed the SDC of this responsibility on 3/26/2022.</p> <p>Indicate how the facility plans to monitor its performance to make sure that solutions are sustained.</p> <p>On 3/22/2022 an audit tool was developed by the Quality Assurance and Performance Improvement Committee consisting of the Administrator, DON, SDC and Regional Nurse. The audit tool was created to audit residents with IV access devices to ensure that there is a stop date for antibiotics, that there are dressing change orders and flush orders in place. These audits will be conducted by Director of Nursing or designee. These audits will be conducted by the DON 100% of residents with IV access devices weekly x 4 weeks, then biweekly x 4</p>		

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F 694	Continued From page 3 that he was not aware that Resident #1's midline catheter he ordered did not have dressing change and flush and that the care was not provided. He stated that the staff should have called him or the nurse practitioner for an order and provided the care.	F 694	weeks, then monthly x 1 month. The results of the audit will determine the need for further monitoring. The Director of Nursing will report the results of the audit to the Quality Assurance and Performance Improvement Committee for review and recommendations. Include dates when corrective action will be completed. The date when the corrective action will be completed is March 26, 2022.		