

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

PRINTED: 03/15/2013
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345010	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 03/01/2013
NAME OF PROVIDER OR SUPPLIER GOLDEN LIVINGCENTER - ASHEVILLE			STREET ADDRESS, CITY, STATE, ZIP CODE 500 BEAVERDAM RD ASHEVILLE, NC 28804		
(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 observations, record review, resident and staff interviews, the facility failed to change the dressing to a peripherally inserted central catheter line for 1 of 2 residents. (Resident #4).</p> <p>The findings included:</p> <p>Resident #4 was admitted to the facility on 2/21/13 with a diagnosis of sepsis related to a fungal infection. Resident #4 had a peripherally inserted central catheter (PICC) line and received antibiotics intravenously through the PICC line.</p> <p>The admission minimal data set (MDS) assessment was being completed by the MDS Coordinator at the time of the investigation. Resident #2 was able to make daily decisions for herself. Resident #4 required minimal assistance with transfer, ambulation, dressing and bathing.</p> <p>On 3/1/13 at 9:30 AM, Resident #4's PICC site was observed. A transparent dressing was intact on the inside of her right upper arm. The dressing was dated 2/21/13. The 2 port PICC line was intact with no drainage or blood noted underneath</p>	F 309	<p><i>Preparation and or execution of this plan of correction do not constitute admission or agreement by the provider of the truth of the facts alleged or conclusion set forth in the statement of deficiencies. The plan of correction is prepared and or executed solely because the provision of federal and state laws requires it.</i></p> <p><i>F 309 SS=D</i></p> <p><i>Criteria 1</i></p> <p><i>Dressing was changed upon discovery; site assessed and was noted to be without signs and symptoms of any complication on March 1, 2013.</i></p> <p><i>Director of Nursing reported to the Medical Director dressing change not completed for resident #4's peripherally inserted central catheter (PICC). Physician gave order for weekly dressing changes for resident #4's PICC site on March 1, 2013. The Electronic Treatment Administration Record was updated on March 1, 2013.</i></p> <p><i>Primary nurse was re-educated immediately by the Director of Nursing on March 1, 2013, to ensure that orders and dressing changes are obtained, entered into the computer, and appear on the Electronic Treatment Administration Record.</i></p>	04/01/2013	

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

Philip Brit

TITLE



(X6) DATE

3/24/13

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 the dressing.</p> <p>On 3/1/13 at 9:30 AM Resident #4 was interviewed. Resident #4 stated the staff cleaned the infusion ports of the PICC line before they attached the medicine, they washed their hands and wore gloves each time the medicine was given. Resident #4 stated she received an antibiotic through the PICC line at 10:00 PM every night.</p> <p>Physician orders were reviewed. On 2/21/13 Caspofungin 50mg IV every 24 hours was ordered to be administered through the PICC line. There was also an order to flush the double lumen PICC line with 10cc normal saline every shift and before and after infusing the IV antibiotic. No order was found for a dressing change to the PICC line nor was there an order for a PICC line dressing change on the treatment record.</p> <p>On 3/1/13 at 1:25 PM Nurse #1 was interviewed. Nurse #1 stated that the PICC line dressing should be dated and the PICC line dressing should be changed weekly. Nurse #1 stated that staff know when a dressing change is due by the order that is entered on the treatment record. Nurse #1 stated the PICC line should be flushed before and after a medication is administered or every shift.</p> <p>On 3/1/13 at 1:34 PM the Clinical Education Director (CED) was interviewed. The CED stated the unit manager or staff nurse should have entered the physician order for the PICC line dressing change into the computer at the time the resident was admitted to the facility. CED stated</p>	F 309	<p><i>Criteria 2</i></p> <p><i>All residents with a peripheral inserted central catheter (PICC) were reviewed; chart audits completed to ensure an active physician order in place for weekly dressing changes and the Electronic Treatment Administration Record matches the order. All completed on March 1, 2013.</i></p> <p><i>Licensed nurses were re-educated on March 1, 2013 by the Director of Nursing to ensure thorough understanding when admitting a resident with a PICC line, a physician's order is obtained for weekly dressing changes and those orders appear on the Electronic Treatment Administration Record.</i></p> <p><i>Criteria 3</i></p> <p><i>All residents in the facility that have PICC lines will be audited twice weekly to ensure there is a physician order in place for PICC dressing changes and that those orders are located on the Electronic Treatment Administration Record. The Director of Nursing and Assistant Director of Nursing will be completing the audits twice weekly. The Director of Nursing and Assistant Director of Nursing will be auditing to make sure the treatments are done. The Director of Nursing and Assistant Director of Nursing will audit to make sure the actual care is provided as stated on the Electronic Treatment Administration Record.</i></p>	04/01/2013
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F 309	Continued From page 2 the order should have been entered as a treatment order so that the order would have been visible to the nursing staff in the treatment record. The facility policy and procedure for PICC line dressing changes was reviewed. On 3/1/13 at 1:40 PM, Resident #4's PICC line dressing was observed by the CED. The CED revealed that the PICC line dressing should have been changed 2/28/13. On 3/1/13 at 1:45 PM a second record review was conducted along with the CED. No order was found for a PICC line dressing change. On 3/1/13 at 1:45 PM the CED stated there were no orders in the computer for a PICC line dressing change. The CED stated that was the reason there was no order on the treatment record and the dressing change was not done within the 7 day period. On 3/1/13 at 2:05 PM the DON was interviewed. The DON 's expectations were for the PICC line dressing to be changed every 5-7 days. On 3/1/13 at 2:10 PM the Executive Director (ED) was interviewed. The ED 's expectation is that orders be entered into the computer in a timely manner so that the appropriate care can be completed by staff.	F 309	<i>Criteria 4</i> <i>The data gathered from the weekly audits will be brought to the QAPI committee for review monthly for a minimum of 3 months or until QAPI committee determines necessary. The QAPI committee will ensure the plan is adjusted if indicated, by the results of the data gathered. The QAPI committee is composed of:</i> <i>Phillip Britt, ED</i> <i>Debra Cartwright, DNS</i> <i>Dr. Wells, MD</i> <i>Monica Knighten, ADNS</i> <i>Sharon Urbanec, RNAC</i> <i>Elaine Smith, Activities Director</i> <i>Susan Bailey, Medical Records/Supplies</i> <i>Autumn Parker, Director of Social Services</i> <i>Cathey Conner, Director of Dining Services</i>	04/01/2013	