

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

PRINTED: 10/23/2024

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155474		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 10/04/2024	
NAME OF PROVIDER OR SUPPLIER SIGNATURE HEALTHCARE OF BREMEN				STREET ADDRESS, CITY, STATE, ZIP COD 316 WOODIES LANE BREMEN, IN 46506			
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F 0000 Bldg. 00	This visit was for the Investigation of Complaint IN00443084. Complaint IN00443084- Federal/State deficiencies related to the allegations are cited at F580, F623, F625, F684 and F694. Survey dates: October 4, 2024 Facility number: 000506 Provider number: 155474 AIM number: 100266530 Census Bed Type: SNF/NF: 57 Total: 57 Census Payor Type: Medicare: 3 Medicaid: 38 Other: 16 Total: 57 These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1. Quality Review completed on 10/10/2024			F 0000			
F 0580 SS=D Bldg. 00	483.10(g)(14)(i)-(iv)(15) Notify of Changes (Injury/Decline/Room, etc.) Based on record review and interview, the facility failed to notify the physician of a removal of a PICC line (a peripherally inserted central catheter is a long, thin tube that is inserted through a vein in the arm and passed through to the larger veins near the heart) and resident discharge and failed			F 0580	F 580 It is the intent of Signature of Bremen to provide notification of changes immediately inform the resident; consult with the resident's physician; and notify, consistent with his or her		10/21/2024

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

TITLE

(X6) DATE

Linda Lewis

Administrator

10/18/2024

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 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 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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	<p>to notify the physician of low blood glucose levels for 2 of 3 residents reviewed for physician notification. (Residents B & C).</p> <p>Findings include:</p> <p>1. The record for Resident B was reviewed on 10/4/2024 at 10:49 A.M. Diagnoses included, but were not limited to, amputation of left lower leg, diabetes, hypertension, Bipolar disorder and infection of left lower stump. Resident B had been admitted on 8/21/2024 and was discharged on 8/28/2024.</p> <p>Physician Orders for Resident B, dated 8/21/2024, included Vancomycin (antibiotic) 1.5 gram/250 ml (milliliter) intravenous.</p> <p>A Nursing Progress Note, dated 8/22/2024, indicated a PICC (peripherally inserted central catheter) was inserted in the resident's right upper arm.</p> <p>A Nursing Progress Note, dated 8/26/2024 at 7:57 A.M., indicated the PICC line tubing was out approximately 20 cm (centimeters) from the insertion site in the residents arm. Nursing staff removed the PICC line. Nursing staff called (Name of IV Company) to have the PICC line replaced.</p> <p>A Social Service Progress Note, dated 8/26/2024 at 3:58 P.M., indicated Resident B would be discharging back to her previous residency on 8/28/2024.</p> <p>A Nursing Progress Note, date 8/27/2024 at 7:30 P.M., indicated the IV antibiotics were continued.</p> <p>A Nursing Progress Note, dated 8/28/2024 at 9:03 A.M., indicated the Nurse had explained to the</p>				<p>authority, the resident representative.</p> <p>1 What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice; Resident B and Resident C no longer reside at the facility.</p> <p>2 How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action(s) will be taken; An audit of all orders on residents receiving insulin or currently has a PICC line in place to ensure appropriate orders are in place. Any deficiency was reported and orders to correct received from the physician and responsible party notified. No adverse effects were noted.</p> <p>3 What measures will be put into place and what systemic changes will be made to ensure that the deficient practice does not recur; Re-education of the licensed nurses completed by the Director of Nursing including the need for to follow physician orders and complete notification of the physician related to discharges and needed orders for discharge. Education was also completed on the importance of following blood sugar physician notification and obtaining orders to monitor blood sugar levels with insulin administration. Education was</p>		

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	<p>resident her insurance had given her extra time to put in an appeal for more covered time in the facility. She had explained the importance of her receiving the full treatment of the IV antibiotics and explained the consequences of not finishing the antibiotics. Resident B indicated she had a ride home set up already and planned to leave the facility around 11:00 A.M.</p> <p>A Nursing Progress Note, dated 8/28/2024 at 11:10 A.M., indicated the resident had been discharged to home. Ther PICC IV line had been pulled at this time prior to her dischargr from the facility. A sterile dressing was applied to the residents arm where the PICC line had been removed.</p> <p>The record lacked the documentation to show that the physician had been notified of the PICC intravenous line had been removed and that the resident had been discharged.2. A record review for Resident C was completed on 10/4/2024 at 10:37 A.M. Diagnoses included, but were not limited to: diabetes mellitus and multiple freactures. Resident C's blood sugar results indicated a blood sugar reading of "low" on 7/18/2024 at 5:14 P.M. There was no documentation the physician was notified of this low blood glucose level.</p> <p>Resident C had the following physician orders: -Humalog (short-acting insulin) 5 units twice daily, starting 7/3/2024. -Humalog 10 units before meals and at bedtime, starting 7/6/2024. -Lantus (long-acting insulin) 25 units daily, starting 7/3/2024.</p> <p>Physician Orders could not be found for the treatment of hypoglycemia, parameters for physician notification for blood sugars out of the normal range (below 60mg/dl and above 400mg/dl)</p>				<p>completed 10.7.2024. An audit will be completed on 5 residents, as available, for notification of physician upon discharge and 5 residents, as available for appropriate blood sugar monitoring related to the administration of insulin. Audit to occur 5 days a week times 4 then weekly times 5 months by the Director of Nursing/Designee of physician orders and notifications. Audit of new admissions with Diabetes or presence of PICC line, as available, for all associated orders are in place from physician and resident and/or responsible party notified to be completed weekly x 6 months.</p> <p>4 How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place; and As a measure of ongoing compliance, audit results will be submitted to the campus administrator, or designee, for review by the Quality Assurance Performance Improvement Committee until substantial compliance is achieved. The QAPI committee has the right to modify or extend monitoring times according to outcomes of audits.</p>		

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	<p>(miiligrams per deciliter) and blood glucose checks routinely or as needed.</p> <p>A current Care Plan, initiated on 7/22/2024, indicated Resident C had a diagnosis of diabetes and was at risk for an adverse event. Interventions included, but were not limited to: be alert for signs and symptoms of hypo/hyperglycemia and blood sugar monitoring as ordered.</p> <p>A policy titled, "Notification of Change of Condition" was provided, on 10/4/2024 at 2:42 P.M., by the Executive Director and she indicated the policy was the one currently used by the facility. The policy indicated, " ...To ensure appropriate individuals are notified of change in condition ...1. The facility must inform the resident, consult the resident's physician, and notify consistent with his or her authority, the resident representative(s) when there is: ...b. A significant change in the resident's physical, mental, or psychosocial status ...c. A need to alter treatment significantly ...d. Decision to transfer or discharge a resident from the facility ...2. Documentation of notification or notification attempts should be recorded in the resident electronic medical record ...3. The resident and/or resident representative (if applicable), and medical provider should be notified of a change in condition. The medical provider will provide guidance related to the change in condition"</p> <p>This citation relates to Complaint IN00443084.</p> <p>3.1-5(a)(2) 3.1-5(a)(2) 3.1-5(a)(4)</p>						

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F 0623 SS=D Bldg. 00	<p>483.15(c)(3)-(6)(8) Notice Requirements Before Transfer/Discharge</p> <p>Based on record review and interview, the facility failed to ensure a transfer/discharge form was provided for 1 of 3 residents reviewed for transfer and discharge. (Resident C)</p> <p>Finding includes:</p> <p>A record review for Resident C was completed on 10/4/2024 at 10: 37 A.M. Diagnoses included, but were not limited to: diabetes mellitus type 2, fracture of the neck, lumbar and thoracic vertebra and right humerus.</p> <p>A Nursing Progress Note, dated 7/13/2024 at 1:14 A.M., indicated at 12:23 A.M., Resident C was transferred a to local hospital. Resident C was found unresponsive by a CNA (Certified Nursing Assistant) and when assessed by the nurse, Resident C was found to be cold, clammy, and with pupils non-reactive to light, labored breathing and weak hand grips. Resident C's blood sugar was 49 mg/dL (milligrams per deciliter).</p> <p>A Nursing Progress Note, dated 7/13/2024 at 3:17 A.M., indicated Resident C returned from the hospital.</p> <p>A Nursing Progress Note, dated 7/22/2024 at 12:04 P.M., indicated Resident C's left abdomen was swollen and firm with bruising to the right arm and had increased pain and swelling. Resident C was transferred to the emergency department for an evaluation and treatment.</p> <p>A Nursing Progress Note, dated 7/22/2024 at 5:18 P.M., indicated Resident C was admitted to the</p>			F 0623	<p>F623-It is the intent of Signature Healthcare of Bremen to comply with providing notice before transfer by notifying the resident and the resident's representative of the transfer or discharge and the reasons for the move in writing and in a language and manner they understand.</p> <p>1 What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice; Resident C no longer resides in the facility.</p> <p>2 How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action(s) will be taken; An audit for the last 30 days of transfers and/or discharges was completed to review for completion and documentation of the notice and transfer form being completed and sent with the resident at discharge. and any deficiency corrected by scanning into the system, or a late entry note of what was sent. No adverse effects noted for all residents reviewed.</p> <p>3 What measures will be put into place and what systemic changes will be made to ensure that the deficient practice does not recur;</p>		10/21/2024

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F 0625 SS=D Bldg. 00	<p>hospital.</p> <p>A Nuring Progress Note, dated 7/22/2024 at 5:19 P.M., the note indicated Resident C would be transferring to another hospital for surgery due to a large hematoma.</p> <p>There was no documentation that a transfer/discharge form was provided by the facility for either transfer.</p> <p>During an interview, on 10/4/2024 at 12:49 P.M., the Director of Nursing indicated transfer documentation included a transfer/discharge form.</p> <p>A policy was provided by the Executive Director, on 10/4/24 at 2:42 P.M. The policy titled, "Transfer/Discharge Notice", indicated, " ...The appropriate notice will be provided to the resident and/or resident representative, along with other required organizations, if it is necessary to transfer or discharge a resident from the facility"</p> <p>This citation relates to Complaint IN00443084.</p> <p>3.1-12(a)(6)(A)</p> <p>483.15(d)(1)(2) Notice of Bed Hold Policy Before/Upon Trnsfr</p> <p>Based on record review and interview, the facility failed to ensure a bed hold form was provided for 1 of 3 residents reviewed transfer and discharge.</p>			F 0625	<p>Re-education of the license nursing staff for related to completion, documentation, and resident being provided the notification of transfer or discharge to resident and resident representative as required. Education was conducted by Director of Nursing, completed 10.7.2024. An audit will be completed weekly of any transfers or discharges for the prior week to ensure that required notifications are complete. The audit will be completed weekly by Director of Nursing /Designee times 6 months.</p> <p>4.How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place; and As a measure of ongoing compliance, audit results will be submitted to the campus administrator, or designee, for review by the Quality Assurance Performance Improvement Committee until substantial compliance is achieved. The QAPI committee has the right to modify or extend monitoring times according to outcomes of audits.</p> <p>F 625 It is the intent of Signature Healthcare of Bremen to provide Bed-hold notice upon transfer.</p>		10/21/2024

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	<p>(Resident C)</p> <p>Finding includes:</p> <p>A record review for Resident C was completed on 10/4/2024 at 10: 37 A.M. Diagnoses included, but were not limited to: diabetes mellitus type 2, fracture of the neck, lumbar and thoracic vertebra and right humerus.</p> <p>A Nursing Progress Note, dated 7/22/2024 at 12:04 P.M., indicated Resident C's left abdomen was swollen and firm with bruising and the resident's right arm had increased pain and swelling. Resident C was transferred to the emergency department for evaluation and treatment.</p> <p>A Nursing Progress Note, dated 7/22/2024 at 5:18 P.M., indicated Resident C was admitted to the hospital.</p> <p>A Nursing Progress Note, dated 7/22/2024 at 5:19 P.M., indicated Resident C would be transferred to another hospital for surgery due to a large hematoma.</p> <p>There was no documentation a bed hold form was sent by the facility to the hospital or provided to Resident C's Power of Attorney (POA) for either transfer.</p> <p>During an interview, on 10/4/2024 at 12:49 P.M., the Director of Nursing indicated transfer documentation included a bed hold form.</p> <p>A policy was provided by the Executive Director, on 10/4/24 at 2:42 P.M. The policy titled, "Facility Bed-hold", indicated, " ...The Facility will notify the resident and/or resident representative of the facility's bed-hold policy at admission and</p>				<p>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice;</p> <p>Resident C no longer resides in the facility. How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action(s) will be taken; An audit for the last 30 days of transfers and/or discharges was completed to ensure that notifications were given and any deficiencies noted were corrected and scanned into record or note recording what was sent by discharge nurse. No adverse effects noted for all residents reviewed.</p> <p>What measures will be put into place and what systemic changes will be made to ensure that the deficient practice does not recur; Re-education of the license nursing staff by the Director of Nursing pertaining to the requirement of Bed hold policy to be sent upon transfer and discharge, completed 10.7.2024. An audit of 5 residents, as available, will occur to ensure that notification of transfers and discharge and bed hold information to be completed by Director of Nursing/designee for 6 months.</p> <p>How the corrective action(s) will be</p>		

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F 0684 SS=D Bldg. 00	<p>anytime a resident is transferred to the hospital or goes out on therapeutic leave"</p> <p>This citation relates to Complaint IN00443084.</p> <p>3.1-12(a)(26)</p> <p>483.25 Quality of Care</p> <p>Based on record review and interview, the facility failed to write an order to send a resident to the emergency room or have adequate orders in place for diabetes management, for 1 of 3 residents reviewed for transfer and discharge. (Resident C)</p> <p>Finding includes:</p> <p>1. A Nursing Progress Note, dated 7/13/2024 at 1:14 A.M., indicated at 12:23 A.M., Resident C was transferred a to local hospital. Resident C was found unresponsive by a CNA (Certified Nursing Assistant) and when assessed by the nurse, Resident C was found to be cold, clammy, their pupils were non-reactive to light, their breathing was labored and she had weak hand grips. Resident B's blood sugar was 49 mg/dL (milligrams per deciliter). A packet of sugar was administered to the resident with no change in her condition, except Resident C's blood sugar increased to 56 mg/dL.</p>	F 0684	<p>monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place; and</p> <p>As a measure of ongoing compliance, audit results will be submitted to the campus administrator, or designee, for review by the Quality Assurance Performance Improvement Committee until substantial compliance is achieved. The QAPI committee has the right to modify or extend monitoring times according to outcomes of audits.</p> <p>F 684-It is the intent of Signature Healthcare to provide Quality of care a fundamental principle that applies to all treatment and care provided to facility residents. What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice;</p> <p>Resident B and Resident C no longer reside at the facility.</p> <p>How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action(s) will be taken; An audit was completed for all residents with diabetes to ensure appropriate orders are in place. An</p>	10/21/2024	

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	<p>A Nursing Progress Note, dated 7/13/2024 at 3:17 A.M., indicated Resident C had returned from the hospital.</p> <p>The physician was notified, but an order was not written to send Resident C to the emergency department.</p> <p>The Physician's Orders for Resident C, related to her diabetes diagnosis, included the folloiwng medications:</p> <ul style="list-style-type: none"> -Humalog (short-acting insulin) 5 units twice daily, starting 7/3/2024. -Humalog 10 units before meals and at bedtime, starting 7/6/2024. -Lantus (long-acting insulin) 25 units daily, starting 7/3/2024. <p>Physician Orders could not be found for the treatment of Resident C's hypoglycemia (low blood glucose) and parameters for physician notification for blood sugars out of the normal range (below 60 mg/dl. and above 400 mg/dl).</p> <p>A review of the Medication Administration Record (MAR) indicated Resident C's blood sugar levels were checked before the morning, noon and evening administration of Humalog insulin. A bedtime blood sugar was not obtained prior to administering the routine bedtime insulin. Resident C did not have orders for blood sugar monitoring routinely or as needed.</p> <p>During an interview, on 10/4/2024 at 12:49 P.M., the Director of Nursing indicated a physicians order was needed and should be documented prior to sending a resident to the emergency room. She indicated blood sugar checks were completed per the physician order, as needed for hypo/hyperglycemic signs and symptoms and</p>				<p>additional audit of the last 30 days of discharges was completed to ensure that all residents that discharged have an order in place. Any deficiency was reported and orders to correct received, if indicated, from the physician. No adverse effects noted for all residents reviewed.</p> <p>What measures will be put into place and what systemic changes will be made to ensure that the deficient practice does not recur; Re-education of the licensed nurses completed by the Director of Nursing completed 10.7.24; Licensed Nurses are expected to notify the physician with any concerns related to new physician orders or potential need for changes in orders completed. Additionally, all licensed nurses were educated on 10.7.24 documenting the discharge order obtained when discharging a resident. An audit will be completed 5 days a week times 4 then weekly times 5 months by the Director of Nursing/Designee of physician orders and notifications. Audit of new admissions with Diabetes or presence of PICC line for all associated orders are in place from physician and resident and/or responsible party notified to be completed weekly x 6 months. How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what</p>		

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	<p>nurse ' s should use nursing judgement and most nurses would check a blood sugar prior to administering insulin. She indicated the nursing staff could question the physician with any concerns related to the orders and notification of the physician for abnormal blood sugars should be part of the resident's physician's orders. She indicated the usual physician's orders include to notify the physician for blood sugars below 60 mg/dL and above 400 mg/dL.</p> <p>A policy for diabetes management and insulin administration was request on 10/4/2024 at 1:02 P.M. The Director of Nursing indicated at 2:42 P.M., a policy was not available.2. The record for Resident B was reviewed on 10/4/2024 at 10:49 A.M. Diagnoses included, but were not limited to, amputation of left lower leg, diabetes, hypertension, Bipolar disorder, and infection of left lower stump. Resident B had been admitted on 8/21/2024 and discharged on 8/28/2024.</p> <p>A Nursing Progress Note, dated 8/22/2024, indicated a PICC (peripherally inserted central catheter) was inserted in the residents right upper arm.</p> <p>A Social Service Progress Note, dated 8/26/2024 at 3:58 P.M., indicated Resident B would be discharging back to previous residency on 8/28/2024.</p> <p>A Nursing Progress Note, date 8/27/2024 at 7:30 P.M., indicated the IV antibiotics were continued.</p> <p>A Nursing Progress Note, dated 8/28/2024 at 9:03 A. M., indicated the Nurse had explained to the resident her insurance had given her extra time to put in an appeal for more covered time in the facility. She had explained the importance of her</p>				<p>quality assurance program will be put into place; and As a measure of ongoing compliance, audit results will be submitted to the campus administrator, or designee, for review by the Quality Assurance Performance Improvement Committee until substantial compliance is achieved. The QAPI committee has the right to modify or extend monitoring times according to outcomes of audits.</p>		

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

PRINTED: 10/23/2024
FORM APPROVED
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155474		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 10/04/2024	
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F 0694 SS=D	<p>receiving the full treatment of the IV antibiotics, and explained the consequences of not finishing the antibiotics. Resident B indicated she had a ride home set up already and planned to leave the facility around 11:00 A.M.</p> <p>A Nursing Progress Note, dated 8/28/2024 at 11:10 A.M., indicated the resident had been discharged to home today. PICC IV line pulled at this time. Sterile dressing applied and secured with tegaderm.</p> <p>The record lacked the documentation to show that the physician had been notified of the resident being discharged and the PICC being pulled.</p> <p>On 10/4/2024 at 2:42 P.M., the Administrator provided the policy titled, "Physician Orders", dated 6/1/2025 and a revised date of 11/26/2023, and indicated the policy was the one currently used by the facility. The policy indicated"... It is the standard of this facility that physician orders are followed, reviewed to ensure delivery of applicable care, being alert for changes in condition related to new orders, and need to notify the physician for adverse effects from new orders or potential order changes as needed. 1. Each resident will have physician orders to guide the facility in caring for and treating each resident...3. Licensed Nurses are expected to notify the physician with any concerns related to new physician orders or potential need for changes in orders.... "</p> <p>This citation relates to Complaint IN00443084.</p> <p>3.1-37</p> <p>483.25(h) Parenteral/IV Fluids</p>						

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Bldg. 00	<p>Based on record review and interview, the facility failed to provide dressing changes for a PICC (a peripherally inserted central catheter is a long, thin tube that is inserted through a vein in the arm and passed through to the larger veins near the heart) site for 1 of 3 residents reviewed. (Resident D)</p> <p>Finding includes:</p> <p>The clinical record for Resident E was reviewed on 10/4/2024 at 11:00 A.M. The diagnoses included but not limited to: osteomyelitis, alcohol abuse with withdrawal, psychoactive substance abuse, malnutrition, methicillin-resistant staphylococcus aureus (MRSA) infection and patient non-compliance.</p> <p>The Physician Orders, included, but were not limited to: PICC line dressing changes every week.</p> <p>A Nursing Progress Note, dated 5/8/2024, indicated Resident D arrived at the facility with a PICC line in place.</p> <p>The May 2024 Medication Administration Record indicated Resident D received a PICC line dressing change on 5/17/2024, 5/24/2024, 5/31/2024 and 6/4/2024.</p> <p>A current Care Plan, initiated on 5/8/2024, indicated Resident D had a Peripherally Inserted Central Catheter and interventions included, but not limited to: dressing changes as ordered.</p> <p>Resident D's clinical record failed to evidence a PICC line dressing change between the dates of 5/8/2024 through 5/17/2024.</p>			F 0694	<p>F 694- It is the intent of Signature Healthcare to provide Parenteral fluids consistent with professional standards of practice and in accordance with physician orders. What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice;</p> <p>Resident D no longer reside at the facility.</p> <p>How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action(s) will be taken;</p> <p>An audit was completed for all residents with PICC lines to ensure dressing changes are occurring as ordered. Any deficiency was reported and orders to correct received from the physician and responsible party notified. No adverse effects were noted.</p> <p>What measures will be put into place and what systemic changes will be made to ensure that the deficient practice does not recur; Re-education of the licensed nurses completed by the Director of Nursing including need for physician orders for care of, insertion or removal of PICC line. Completed 10.7.2024. An audit of</p>		10/21/2024

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	<p>During an interview, on 10/4/2024 at 1:53 P.M., the Director of Nursing (DON) indicated the clinical record for Resident D did not contain any documentation for PICC line dressing changes done between the resident 's admission and 5/17/2024. The DON indicated a dressing change to the PICC line site should have been done before 5/17/2024.</p> <p>On 10/4/2024 at 2:40 P.M., the DON provided a policy titled, "Vascular Access Devices and Infusion Therapy Procedures: Dressing Change for Vascular Access Devices," dated 8/2021 and indicated the policy was the one currently used by the facility. The policy indicated " ...perform hand hygiene ...assess site ...clean an area larger than dressing to be applied ...apply transparent dressing ..."</p> <p>This citation relates to Complaint IN00443084.</p> <p>3.1-47(a)(2)</p>				<p>new admissions will be completed on 5 residents, as available, with PICC line to ensure orders for care of, insertion, or removal of completed weekly times 6 months by the Director of Nursing/Designee.</p> <p>How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place;</p> <p>As a measure of ongoing compliance, audit results will be submitted to the campus administrator, or designee, for review by the Quality Assurance Performance Improvement Committee until substantial compliance is achieved. The QAPI committee has the right to modify or extend monitoring times according to outcomes of audits.</p>		