

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

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155686 | (X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____ | (X3) DATE SURVEY COMPLETED 09/08/2023 |
|--------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------|
| NAME OF PROVIDER OR SUPPLIER BRICKYARD HEALTHCARE - KNOX CARE CENTER | | STREET ADDRESS, CITY, STATE, ZIP COD 300 E CULVER RD KNOX, IN 46534 | | |
| (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 0000 Bldg. 00 | <p>This visit was for a Recertification and State Licensure Survey.</p> <p>Survey dates: September 5, 6, 7, and 8, 2023.</p> <p>Facility number: 000088 Provider number: 155686 AIM number: 100289260</p> <p>Census Bed Type: SNF/NF: 47 Total: 47</p> <p>Census Payor Type: Medicare: 3 Medicaid: 36 Other: 8 Total: 47</p> <p>This deficiency reflects State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed on 9/12/23.</p> | F 0000 | <p>Preparation, submission and implementation of this Plan of Correction is prepared and executed as a means to continually improve the quality of care and to comply with all applicable state and federal regulatory requirements. Please consider allowing the submission of living center audits and education as evidence of compliance with the state and federal requirements identified in the survey. Respectfully Submitted, Jerrell Harville, HFA</p> | |
| F 0694 SS=D Bldg. 00 | <p>483.25(h) Parenteral/IV Fluids § 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.</p> <p>Based on observation, record review, and interview, the facility failed to care for a PICC line (peripherally inserted central catheter, intravenous catheter placed into the peripheral veins of the</p> | F 0694 | <p>Plan of Correction Text: 1. Resident 148 was identified as part of this deficiency. Resident 148 PICC line and IV orders were</p> | 09/24/2023 |

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

TITLE

(X6) DATE

Jerrell Harville

Executive Director

09/22/2023

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 disclosed 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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| | <p>upper arm) in accordance with professional standards of practice, related to flushing the PICC line for 1 of 1 residents reviewed for intravenous care. (Resident 148)</p> <p>Finding includes:</p> <p>On 9/6/23 at 11:03 a.m., Resident 148 was observed standing in the doorway to his room. There was a PICC line in place to his right upper arm. It was covered with a wrap and the date on the site dressing was unable to be seen.</p> <p>Resident 148's record was reviewed on 9/6/23 at 11:21 a.m. Diagnoses included, but were not limited to, infection and inflammatory reaction due to internal right hip prosthesis.</p> <p>A Physician's Order, dated 8/21/23, indicated a double lumen PICC line to the right upper extremity.</p> <p>A Physician's Order, dated 8/25/23, indicated ceftriaxone sodium (Rocephin, an antibiotic) 2 g (grams) IV daily at 9 a.m.</p> <p>A Physician's Order, dated 8/21/23, indicated normal saline flush, 10 ml (milliliters) every shift (5 a.m.-5 p.m. and 5 p.m. to 5 a.m.).</p> <p>There were no Physician's Orders to indicate the PICC was to be flushed with saline before and after the administration of the antibiotic medication.</p> <p>The Medication Administration Records (MAR), dated 8/2023 and 9/2023, indicated the ceftriaxone had been administered as ordered. The normal saline flushes were documented as given once on the 5 a.m. to 5 p.m. shift and once on the 5 p.m. to</p> | | <p>reviewed by DON. No negative outcome was identified. No other residents currently utilize PICC line and IV medications. Order was put in place immediately to flush PICC line before and after administration of Antibiotic medication per policy and procedure for PICC line/ IV Care.</p> <p>2. All residents that require IV medications via PICC line are potentially affected by this deficiency. No other residents currently utilize PICC line and IV medications. Licensed nursing staff members in-serviced on policy and procedure for PICC line and IV medication administration.</p> <p>3. DNS/Designee will audit nursing orders and observe IV/PICC line medication administration to ensure nursing staff members are completing accurately. Audits will be completed 5 x weekly for 2 weeks, then 3 times weekly for 2 weeks, then 2 x weekly for 4 weeks, then 1 x weekly for 16 weeks.</p> <p>4. Results of monitoring will be tracked through QAPI monthly for 6 months to ensure compliance. Upon any noted concerns or identified trends, monitoring/audits will be completed based on QAPI recommendations.</p> <p>5. Date of Compliance will be September 24,2023.</p> | |

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| | <p>5 a.m. shift. There was lack of documentation to indicate the PICC was flushed with saline before and after the administration of the antibiotic medication.</p> <p>Interview with the Director of Nursing (DON) on 9/7/23 at 11:14 a.m., indicated the PICC was to be flushed with normal saline before and after the administration of the antibiotic medication. She would clarify the flush orders to indicate that process.</p> <p>A facility policy, titled "Intravenous Therapy," received as current, indicated, "...Intermittent Medication Infusion...13. Attach 10ml syringe normal saline to flush to confirm patency of vascular access device as per protocol...19. If medication set to primary tubing, disconnect, disinfect needleless connector with appropriate antiseptic solution and flush and/or lock with 10 cc syringe of normal saline/locking solution as per protocol for vascular device used..."</p> <p>3.1-47(a)(2)</p> | | | |