

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

PRINTED: 09/29/2015
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145012	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 09/24/2015
NAME OF PROVIDER OR SUPPLIER HEARTLAND OF GALESBURG			STREET ADDRESS, CITY, STATE, ZIP CODE 280 EAST LOSEY STREET GALESBURG, IL 61401		
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F 000	INITIAL COMMENTS	F 000			
F 279 SS=D	<p>Annual Licensure and Recertification</p> <p>483.20(d), 483.20(k)(1) DEVELOP COMPREHENSIVE CARE PLANS</p> <p>A facility must use the results of the assessment to develop, review and revise the resident's comprehensive plan of care.</p> <p>The facility must develop a comprehensive care plan for each resident that includes measurable objectives and timetables to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment.</p> <p>The care plan must describe the services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.25; and any services that would otherwise be required under §483.25 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(b)(4).</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview and record review the facility failed to develop a comprehensive care plan for three residents (R4, R18 and R21) of 15 residents reviewed for care plan accuracy in the sample of 15.</p> <p>FINDINGS INCLUDE:</p> <p>The (undated) facility policy titled, Requirements</p>	F 279			

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

TITLE

(X6) DATE

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 279	<p>Continued From page 1 and Guidelines for Clinical Record Content, directs staff, "Upon admission, a care plan is developed to address the primary reason for admission and treatment of the patient's most immediate care needs. A comprehensive care plan is developed within seven (7) days of completion of the comprehensive assessment. The comprehensive care plan is prepared with input from an interdisciplinary team that includes the attending physician, nursing staff with responsibility for the patient, other appropriate disciplines as determined by the patient's needs, and to the extent practicable, the participation of the patient, legal representative or family member with patient's approval."</p> <p>1. R18's most recent, Patient Discharge Summary Report, dated 08/07/15 from the local hospital includes the following physician's orders: Renal Dialysis three times/ week.</p> <p>R18's Physician Order Sheet dated September 2015 includes the following diagnoses: Urinary Tract Infection, Diabetes Mellitus with Unspecified Diabetic Retinopathy and Diabetic Kidney Complications, Glomerular (Kidney) Disorder and Chronic Kidney Disease, Stage 4 (Severe), with the following physician's orders: Renal High Protein regular consistency diet.</p> <p>R18's current Care Plan, dated 07/06/15 includes the following focus (care) areas: Activities, Activities of Daily Living, Food Hoarding, Urinary Incontinence, Falls, Mood, Allergies, Cardiac Disease, Fluid Volume Excess, Endocrine System, Gastro Intestinal Disease, Bilateral Leg Cellulitis, Intravenous Insertion Site, Renal Insufficiencies, Respiratory Impairment, Diuretic Therapy, Thyroid Therapy, Steroid Therapy,</p>	F 279			

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F 279	<p>Continued From page 2</p> <p>Nutritional Status, Pain, Medication Side Effects and Skin Integrity.</p> <p>On 9/23/15 at 10:45 A.M., E8 Registered Nurse/Director of Care Delivery stated, "A resident's care plan should include a care plan for dialysis, if it is needed. It would cover such things as the days and times a resident goes for dialysis, if they receive a meal before dialysis or if they need a sack lunch to go with, how often they need their weight and vital signs taken and what to do if their (dialysis) catheter becomes dislodged."</p> <p>On 9/23/15 at 10:10 A.M., E2 Director of Nurses (DON) stated, " Care plans for residents should include pain status, skin conditions, incontinence status, nutritional status, dialysis status such as what days a resident goes for dialysis, any fluid restrictions, care of the catheter site, any special nutritional needs and emergency care for the dialysis catheter. We actually have a pre-printed care plan for any resident on dialysis. I don't know why (R18) doesn't have a care plan for dialysis."</p> <p>2. R4's Physician's Orders Sheet (dated 8/25/15) documents the following diagnoses: Epileptic seizures, Coronary Artery Disease, Hypertension, Diabetes Mellitus, Hypothyroidism, Depression, Headache, Hemiparesis. This same form also documents R4 is receiving Abilify (antipsychotic) 5 milligrams, 1/2 tablet by mouth at bedtime.</p> <p>R4's current care plan does not document R4's behaviors or gradual dosage reductions as interventions for R4's antipsychotic medication.</p> <p>On 9/23/15 at 10:00 AM, E2 (Director of Nursing) stated that any resident on an antipsychotic medication should have a care plan addressing</p>	F 279			

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F 279	Continued From page 3 the medication and behaviors. 3. R21's Physician's Orders Sheet (dated 8/25/15) documents R21 is taking Paxil (antidepressant) 10 milligrams: Take 1 tablet by mouth every morning. R21's Psychotropic Medication Informed Consent (dated 6/24/15) documents R21's supporting diagnosis for R21's Paxil is Depression. R21's current care plan does not document R21's depression or usage of R21's antidepressant medication as an identified problems with goals and interventions. On 9/23/15 at 10:00 AM, E2 (Director of Nursing) stated that E2 would expect a care plan addressing the depression and antidepressant medication for any resident taking an antidepressant medication for depression.	F 279			
F 314 SS=D	483.25(c) TREATMENT/SVCS TO PREVENT/HEAL PRESSURE SORES Based on the comprehensive assessment of a resident, the facility must ensure that a resident who enters the facility without pressure sores does not develop pressure sores unless the individual's clinical condition demonstrates that they were unavoidable; and a resident having pressure sores receives necessary treatment and services to promote healing, prevent infection and prevent new sores from developing. This REQUIREMENT is not met as evidenced by: Based on observation, interview and record	F 314			

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F 314	<p>Continued From page 4</p> <p>review, the facility failed to identify a pressure ulcer for one of four residents (R14) reviewed for pressure ulcers in the sample of fifteen.</p> <p>FINDINGS INCLUDE:</p> <p>The facility policy, titled Skin Practice Guide, dated 01/2013 directs staff, "Pressure ulcers are caused by pressure and typically occur over bony prominences in bed or chair-bound individuals. Risk factors for the development of skin alterations include: presence of a pressure ulcer, patients with an existing pressure ulcer are considered at risk for the development of additional pressure ulcers...Pressure Ulcer Stages, Stage 11: Partial thickness loss of dermis presenting as a shallow open ulcer with a red pink wound bed, without slough. May also present as an intact or open/ruptured serum-filled blister."</p> <p>R14's current Physician Order Sheet, dated September 2015 includes the following diagnoses: Asthma, Osteopenia, Vitamin B12 Deficiency, Vitamin D Deficiency, Depression, Fatigue and Failure to Thrive, with the following physician orders: SSD (Silver Sulfadiazine) Cream 1% apply topically to coccyx with adhesive foam dressing once daily and as needed until healed and weekly skin checks every Saturday.</p> <p>R14's Skin Alteration Record dated 9/13/15 indicates R14's current Stage 2 pressure ulcer, located on R14's coccyx measured 1.0 CM (centimeters) X 1.0 CM with no depth, presenting as a scab with no drainage.</p> <p>R14's current Care Plan, dated 9/22/12 includes the following interventions: Observe skin condition with ADL (Activities of Daily Living) care</p>	F 314		

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F 314	Continued From page 5 daily; report any abnormalities. Provide preventative skin care routinely and prn (as needed). On 9/22/15 at 1:45 P.M., E10 Licensed Practical Nurse (LPN) prepared to perform wound care for R14. E10 LPN performed hand hygiene and applied disposable gloves. E10 LPN then removed the previous dressing from R14's coccyx. A healing stage 2 pressure ulcer, presenting as a pin point, scabbed area was present to R14's lower coccyx. Superior to that was an undocumented 1.0 CM X 1.0 CM, shallow open ulcer with a red pink wound bed with white edges. E10 LPN left the room and returned with E2 Director of Nurses to assess the new pressure ulcer. On 9/22/15 at 2:00 P.M., E10 LPN stated, "(R14) only had that scabbed area on (R14)'s coccyx. I don't know where that new pressure ulcer came from. I wasn't aware of it before this." On 9/23/15 at 10:05 A.M., E2 Director of Nurses (DON) stated, (R14) only had one area (pinpoint scabbed area) on (R14)'s coccyx. The other ulcer is new."	F 314			
F 322 SS=D	483.25(g)(2) NG TREATMENT/SERVICES - RESTORE EATING SKILLS Based on the comprehensive assessment of a resident, the facility must ensure that -- (1) A resident who has been able to eat enough alone or with assistance is not fed by naso gastric tube unless the resident ' s clinical condition demonstrates that use of a naso gastric tube was unavoidable; and	F 322			

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F 322	<p>Continued From page 6</p> <p>(2) A resident who is fed by a naso-gastric or gastrostomy tube receives the appropriate treatment and services to prevent aspiration pneumonia, diarrhea, vomiting, dehydration, metabolic abnormalities, and nasal-pharyngeal ulcers and to restore, if possible, normal eating skills.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review, the facility failed to flush a gastrostomy tube, check gastrostomy tube placement and check residual prior to administering medications and gastrostomy tube feedings for one of one resident (R17) reviewed for gastrostomy tube in the sample of 15.</p> <p>Findings include:</p> <p>The facility's Enteral Tubes: Residual checks and Irrigation/Flushes policy, dated 2/2012, states, "Residual volume checks for intermittent enteral feedings are performed...prior to medication administration through the tube and when clinically indicated."</p> <p>The facility's Enteral Tubes: Intermittent (Pump) Feedings policy, dated 12/2009, states, "Procedure: Verify enteral tube placement and residual checks per physician's order; Check for patency by flushing all tubes with 30 ml (milliliters) tap water..."</p>	F 322			

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F 322	Continued From page 7 The facility's Enteral Tubes: Medication Administration policy, dated 2/2012, states, "Procedure: Verify enteral tube placement; Flush with a minimum of 30 ml of water; Instill each medication separately..." R17's Physician's Orders, dated 8/25/15, states, "Tube feeding one can four times a day via gastrostomy tube....Residual volume checks for intermittent feedings are completed daily prior to hanging first feeding, prior to medication administration through gastrostomy tube and as diagnosis for tube feeding." R17's Care plan, dated 7/13/15, states, "Focus: Need for feeding tube/potential for complications of feeding tube use related to swallowing impairment and aspiration potential...Interventions: Administer tube feeding formula, hydration, and flushes per order. Check gastrostomy tube placement and residuals per guideline or physician order..." On 9/22/15 at 11:38 a.m., E5 (Registered Nurse) administered R17's scheduled intermittent feeding without checking placement or flushing the gastrostomy tube before administration. On 9/22/15 at 11:10 a.m., E4 (Licensed Practical Nurse) flushed R17's gastrostomy tube with 30 ml water without first checking R17's gastrostomy tube for residual or checking the placement of R17's gastrostomy tube. E4 then administered R17's scheduled medications and R17's scheduled intermittent feeding." On 9/22/15 at 11:29 a.m., E4 verified that E4 did not check placement or check for gastrostomy	F 322			

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F 322	Continued From page 8 tube residual prior to administering R17's medications or tube feeding. On 9/23/15 at 1:50 p.m., E2 (Director of Nursing) stated, "Placement should be checked on a gastrostomy tube prior to administering medication or feeding. Residual should be checked prior to doing anything with it to see what's in the gastrostomy tube. Flushes are done before and after medications and as programmed in the machine throughout the day. A flush should be done prior to the start of intermittent feeding..."	F 322			
F 328 SS=D	483.25(k) TREATMENT/CARE FOR SPECIAL NEEDS The facility must ensure that residents receive proper treatment and care for the following special services: Injections; Parenteral and enteral fluids; Colostomy, ureterostomy, or ileostomy care; Tracheostomy care; Tracheal suctioning; Respiratory care; Foot care; and Prostheses. This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review the facility failed to wear gloves while administering an intravenous antibiotic for one resident (R24) in the supplemental sample. Findings include: The facility's Infusion of Intermittent Medications	F 328			

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F 328	Continued From page 9 policy, dated 1/2009, states, "Purpose: Administration of intermittent medication utilizing aseptic technique and maintaining patency of vascular access device...Procedure: Provide privacy, explain procedure to the resident; wash hands and don gloves;...flush catheter with 0.9% Normal Saline as per physician order;...infuse medication as ordered;...remove gloves and wash hands." R24's Physician Order, dated 9/16/15, documents an order for R24 to receive Vancomycin 1 gm (gram) IV (intravenous) every twenty four hours through 9/29/15. On 9/22/15 at 10:03 a.m., E3 (Registered Nurse) prepared R24's IV Vancomycin. E3 then flushed R24's PICC (Peripherally Inserted Central Catheter) line needleless valve adapter, located in R24's left upper arm, with 10 ml (milliliters) of Normal Saline. Following the flush, E3 attached the IV tubing to R24's PICC line needless valve adapter and began administration of the IV Vancomycin. E3 did not don gloves at any time during this process. On 9/22/15 at 10:07 a.m., E3 stated, "I normally don't apply gloves to administer IV medications. I never have." On 9/23/15 at 1:50 p.m., E2 (Director of Nursing) stated, "The nurse (E3) should wear gloves while administering IV antibiotics."	F 328			
F 329 SS=D	483.25(l) DRUG REGIMEN IS FREE FROM UNNECESSARY DRUGS Each resident's drug regimen must be free from unnecessary drugs. An unnecessary drug is any	F 329			

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F 329	<p>Continued From page 10</p> <p>drug when used in excessive dose (including duplicate therapy); or for excessive duration; or without adequate monitoring; or without adequate indications for its use; or in the presence of adverse consequences which indicate the dose should be reduced or discontinued; or any combinations of the reasons above.</p> <p>Based on a comprehensive assessment of a resident, the facility must ensure that residents who have not used antipsychotic drugs are not given these drugs unless antipsychotic drug therapy is necessary to treat a specific condition as diagnosed and documented in the clinical record; and residents who use antipsychotic drugs receive gradual dose reductions, and behavioral interventions, unless clinically contraindicated, in an effort to discontinue these drugs.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, record review and interview, the facility failed to document an indication or diagnosis to warrant the use of antipsychotic medication and failed to monitor for adverse behaviors for one resident (R4) of three reviewed for antipsychotic use in the sample of 15.</p> <p>Findings include:</p> <p>The facility's Psychopharmacological Medication Use policy (dated 12/01/2007) documents the following: "Facility should comply with the</p>	F 329			

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F 329	<p>Continued From page 11</p> <p>Psychopharmacologic Dosage Guidelines created by the Centers for Medicare and Medicaid Services ("CMS"), the State Operations Manual, and all other Applicable Law relating to the use of psychopharmacologic medications... Where Physician/Prescriber orders a psychopharmacologic medication for a resident, Facility should ensure that the Physician/Prescriber has conducted a comprehensive assessment of the resident and has documented in the clinical record that the psychopharmacologic medication is necessary... Facility staff should monitor the resident's behavior pursuant to Facility policy using a behavioral monitoring chart or behavioral assessment record for residents receiving psychopharmacological medication..."</p> <p>R4's Physician's Orders Sheet (dated 8/25/15) documents the following diagnoses: Epileptic seizures, Coronary Artery Disease, Hypertension, Diabetes Mellitus, Hypothyroidism, Depression, Headache, Hemiparesis. This same form also documents R4 is receiving Abilify (antipsychotic) 5 milligrams, 1/2 tablet by mouth at bedtime.</p> <p>R4's Psychotropic Medication Informed Consent (dated 6/26/15) documents R4's supporting diagnosis for R4's Abilify 2.5 milligrams is Depression.</p> <p>R4's Consultant Pharmacist Progress Note (dated 8/21/15) documents the following: "To Attending Physician... Physician Orders: (Abilify) 5 milligram tablet: Take 1/2 tablet= 2.5 milligrams by mouth at bedtime... There is not a diagnosis linked to this medication...Recommendation(s): Addition of diagnosis to support drug use or (discharge)..."</p>	F 329			

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F 329	<p>Continued From page 12</p> <p>R4's Psychotropic Medication Use Assessment (dated 7/21/15) documents that R4 is receiving an antipsychotic medication. This same form also documents the diagnosis or indication for use of the antipsychotic medication is Depression and Insomnia.</p> <p>On 9/21/15 at 11:40 AM, R4 was sitting in R4's room in R4's wheelchair watching television. On this same date at 12:25 PM, R4 was sitting in the facility's dining room eating lunch. R4 did not display any adverse behaviors during these times.</p> <p>On 9/22/15 at 8:15 AM, R4 was sitting in the facility's dining room eating breakfast. On this same date at 9:30 AM, E6 (Certified Nursing Assistant) transferred R4 from R4's wheelchair to R4's bed. R4 displayed no adverse behaviors during these times.</p> <p>R4's Mood Behavior Progress Notes (dated 3/27/15- 9/1/15) were reviewed. These progress notes document the following: "3/27/15, (R4) is alert but seems very confused... 3/28/15, restless this (morning). Yelling out frequently during the night and this morning. Tearful at times... 3/28/15, (R4) remains in bed asleep most of this shift... 3/30/15, (R4) noted yelling instead of putting on call light for assistance. Educated (R4) regarding call light. Voiced (R4) understood however would still yell out for assistance... 4/7/15, Tearful at times but better than yesterday... 4/10/15, (R4) resting quietly in bed during the night with call light in reach. No behaviors noted...4/12/15, No behavior issues this (morning)... 4/14/15, (R4) resting quietly in bed during the night with call light in reach... 4/24/15, (R4) resting quietly in bed</p>	F 329			

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F 329	Continued From page 13 with eyes closed... 5/1/15, (R4) has had no behaviors on this shift... 5/28/15, (R4) noted at this time to be resting with no behaviors... 6/11/15, (R4) resting at this time with no behaviors... 8/26/15, (R4) is alert but confused at times, does have mild depression and wants to go home." On 9/23/15 at 11:15 AM, E2 (Director of Nursing) stated that R4 is receiving Abilify to increase the effectiveness of R4's antidepressant medication. E2 stated that R4's Abilify is indicated for R4's depression. On 9/24/15 at 10:30 AM, E9 (Registered Nurse/Director of Care Delivery) stated that R4's behaviors were that R4 would cry and become upset with Z1 (R4's family member). E9 confirmed that there are no behavior monitoring tracking records for R4's behaviors.	F 329			
F 441 SS=D	483.65 INFECTION CONTROL, PREVENT SPREAD, LINENS The facility must establish and maintain an Infection Control Program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of disease and infection. (a) Infection Control Program The facility must establish an Infection Control Program under which it - (1) Investigates, controls, and prevents infections in the facility; (2) Decides what procedures, such as isolation, should be applied to an individual resident; and (3) Maintains a record of incidents and corrective	F 441			

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F 441	<p>Continued From page 14 actions related to infections.</p> <p>(b) Preventing Spread of Infection (1) When the Infection Control Program determines that a resident needs isolation to prevent the spread of infection, the facility must isolate the resident. (2) The facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease. (3) The facility must require staff to wash their hands after each direct resident contact for which hand washing is indicated by accepted professional practice.</p> <p>(c) Linens Personnel must handle, store, process and transport linens so as to prevent the spread of infection.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review, the facility to maintain aseptic technique during wound care for one of four residents (R7) reviewed for pressure ulcers in the sample of 15.</p> <p>Findings include: The facility's Skin Practice Guide policy, dated 1/2013, states, "Dressing changes are performed using non-sterile, clean techniques...Adhere to principles of infection control-separate clean and dirty, provide barrier field for treatment supplies, appropriate use and changing of gloves, maintain appropriate precautions..."</p>	F 441			

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F 441	Continued From page 15 R7's Physician's Orders, dated 9/2015, documents that R7 has an order to cleanse wound to right gluteal fold, pack with iodoform and cover with a border dressing twice a day and as needed. On 9/23/15 at 10:20 a.m., E10 (Licensed Practical Nurse) cleansed R7's right gluteal fold with normal saline and removed E10's gloves and washed E10's hands. E10 applied gloves and packed R7's right gluteal fold with iodoform gauze and removed E10's gloves and washed E10's hands. E10 proceeded to apply a border dressing to R7's right gluteal fold without wearing gloves. On 9/23/15 at 10:40 a.m., E10 stated, "Normally I apply the clean dressing with no gloves because they get sticky and stick to my gloves." On 9/23/15 at 1:50 p.m., E2 (Director of Nursing) stated, "The nurse (E10) should wear gloves when applying dressings."	F 441			
F 514 SS=D	483.75(l)(1) RES RECORDS-COMPLETE/ACCURATE/ACCESSIBLE The facility must maintain clinical records on each resident in accordance with accepted professional standards and practices that are complete; accurately documented; readily accessible; and systematically organized. The clinical record must contain sufficient information to identify the resident; a record of the resident's assessments; the plan of care and services provided; the results of any preadmission screening conducted by the State;	F 514			

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F 514	<p>Continued From page 16 and progress notes.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review, observation and interview, the facility failed to maintain resident's medical records with accurate and/or complete documentation regarding Physician's orders for one of one resident (R15) reviewed for medical record accuracy in a sample of 15 and one resident (R24) in the supplemental sample.</p> <p>Findings include:</p> <p>1. The facility's Non-Tunneled Catheters: Percutaneous Catheters policy (dated 1/2009) documents the following: "Implanted Ports... When not in use, implanted ports need to be accessed and flushed monthly with normal saline flush solution and heparin flush solution per Physician orders and guidelines/recommendations of the manufacturer."</p> <p>The facility's undated Requirements and Guidelines for Clinical Record Content policy documents the following: "Physician Orders: At the time of admission, the center receives physician orders for the immediate care of the patient that include, at minimum, orders for diet, medication and routine care to maintain or improve the patient's functional abilities... Instructions for content of specific order types such as medications, (Intravenous lines), tube feedings, therapy services are found in department manuals... The licensed nurse, noting the order, transcribes the new medication or treatment onto the patient's Medication</p>	F 514			

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F 514	<p>Continued From page 17 Administration Record or Treatment Administration Record."</p> <p>R15's current care plan documents the following: "Potential for complications at (Intravenous line) insertion site. (Percutaneous catheter) inserted at left chest... Flush (Intravenous line) per physician orders..."</p> <p>R15's Physician's Orders Sheet (dated 7/23/15) documents the following: "(Intravenous line) port maintenance kit. Use to access/flush port monthly (use 22 gauge x 1)."</p> <p>R15's current Physician's Orders Sheet (dated 8/27/15) does not document an order for care or maintenance of R15's Percutaneous catheter.</p> <p>On 9/22/15 at 2:10 PM, E8 (Registered Nurse/Director of Care Delivery) stated that R15 has a percutaneous catheter, and it was flushed on 8/1/15. E8 stated that R15 was admitted to the hospital from 8/25/15 to 8/26/15. E8 stated that when R15 returned to the facility on 8/26/15, the order to access and flush the percutaneous catheter was not transcribed on to the current Physician's Orders Sheet, and that order should be on the current Physician's Orders Sheet.</p> <p>2. The facility's Midline Catheter Flushing policy, dated 7/1/12, states, "Specific flush orders must be documented...A physician/licensed independent practitioner order is required to flush a midline catheter..."</p> <p>The facility's Midline/PICC Dressing Change policy, dated 1/2009, states, "Change TSM (transparent semipermeable membrane) every</p>	F 514			

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F 514	<p>Continued From page 18 seven days per physician order...Procedure: Verify physician order..."</p> <p>On 9/22/15 at 10:03 a.m., R24 had a PICC (Peripherally Inserted Central Catheter) to R24's left upper arm with one lumen and covered with a clear occlusive dressing.</p> <p>R24's Hospital Transfer to External Facility orders, dated 9/5/15, documents that R24 was discharged to the facility on 9/5/15 with an order for Vancomycin intermittent infusion 1.25 gm (gram) as directed every 24 hours.</p> <p>R24's Admission/Readmission Screen, dated 9/6/15, documents that R24 has a PICC to R24's left upper arm.</p> <p>R24's Order Clarification, dated 9/8/15 documents an order for R24 to receive PICC care and maintenance weekly and as needed and flushes per protocol for the diagnosis of left knee prosthetic joint infection.</p> <p>On 9/24/15 at 10:35 a.m., E9 (Director of Care Deliver) stated, "(R24) was readmitted 9/5/15 with the PICC line. The hospital discharge gave orders for (R24's) IV (Intravenous) medication, but we did not obtain PICC line care orders until 9/8/15."</p>	F 514			