

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

PRINTED: 04/21/2023
FORM APPROVED
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155850	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	X3) DATE SURVEY COMPLETED 03/23/2023
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NAME OF PROVIDER OR SUPPLIER BELLTOWER HEALTH & REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP COD 5805 NORTH FIR ROAD GRANGER, IN 46530
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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 the Investigation of Complaints IN00396966, IN00396990, IN00399975, IN00400935, IN00401058 and IN00403732.</p> <p>Complaint IN00400935 - Federal/state deficiencies related to the allegations are cited at F684 Complaint IN00401058 - Federal/state deficiencies related to the allegations are cited ta F691 and F694 Compliant IN00403932 - Federal/state deficiencies related to the allegations are cited at F691 Compliant IN00399975- Federal/state deficiencies related to the allegations are cited at F686</p> <p>Complaints IN00396966 and IN00396990 - No deficiencies related to the allegations were cited.</p> <p>Survey dates: March 21, 22 and 23, 2023</p> <p>Facility number: 013644 Provider number: 155850 AIM number: 201381180</p> <p>Census Bed Type: SNF/NF: 91 Total: 91</p> <p>Census Payor Type: Medicare: 15 Medicaid: 59 Other: 17 Total: 91</p> <p>These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed 4/3/2023.</p>	F 0000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Marti Carmean	TITLE Administrator	(X6) DATE 04/20/2023
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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 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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F 0684 SS=D Bldg. 00	<p>483.25 Quality of Care § 483.25 Quality of care Quality of care is a fundamental principle that applies to all treatment and care provided to facility residents. Based on the comprehensive assessment of a resident, the facility must ensure that residents receive treatment and care in accordance with professional standards of practice, the comprehensive person-centered care plan, and the residents' choices.</p> <p>Based on record review and interviews, the facility failed to ensure a physician's order for a diabetic ulcer was obtained timely for 1 of 3 residents reviewed for wounds (Resident E).</p> <p>Findings include:</p> <p>1. The record review for resident E was completed on 3/23/2023 at 10:53 A.M. Diagnosis included but were not limited to: type 2 diabetes with pre-existing foot ulcer, status post fall at home, status post acute dehydration, mild anemia, history of surgical amputation of the toes of the left foot and moderate protein calorie malnutrition. A wound care consult note, from the acute care facility, dated 1/25/2023, indicated the resident had been assessed to have a clean left heel. The note indicated the treatment applied to the heel was a normal saline pack wound dressing covered with an aquacel alginate dressing and secured with a foam dressing.</p> <p>The facility admission assessment for Resident E, dated 1/27/2023, indicated the resident's left heel wound measured: length 2.0 centimeters, width 2.5 centimeters, no depth. The wound bed tissue was described as: black, brown, dry, covered with 100 % eschar, and a large amount of</p>			F 0684	<p>1. Resident E was not identified due to the nature of this survey, however facility aware of who resident E is. Resident E no longer resides at the facility so therefore corrections could not take place.</p> <p>2. Residents residing at the facility have the potential to be affected by the alleged deficient practice. Current residents with active diabetic ulcers have physician orders in place and are being followed as ordered.</p> <p>3. Licensed Nursing staff has been educated by the Director of Nursing on the requirement of obtaining physician orders for wound care and/or treatments needed for the resident. This education will be completed by April 19, 2023.</p> <p>4. Treatment audits will be conducted by the nursing administrative team. Results of those audits will be forwarded to QAPI for review monthly for a period of 6-months or until</p>		04/19/2023

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	<p>serosanguineous drainage.</p> <p>A baseline care plan, completed on 1/28/2023, included a plan to address the resident's impaired skin due to a diabetic wound with interventions to turn and reposition the resident, complete skin checks, and treatments as ordered by the physician.</p> <p>A progress note dated 1/29/2023 at 7:21 A.M., indicated resident E had voiced concerns to LPN 5 about the treatment to his left heel. LPN 5 told the resident there was no ordered treatment for his heel wound and she applied a wet to dry dressing.</p> <p>A progress note dated 1/29/2023 at 9:10 A.M., indicated Resident E informed LPN 5 he was not feeling well. LPN 5 assessed the resident and noted his left heel had a foul smell and the resident's temperature was slightly elevated at 99.9 degrees Fahrenheit. The physician was notified and orders were given to transfer the resident to an acute care facility.</p> <p>During an interview on 3/23/2023 at 1:51 P.M., with LPN 5, she indicated she had taken care of the resident on the third shift on 1/28/2023 into the morning hours of 1/28/2023. She indicated the resident had put his call light on and told her his wound was smelling. The nurse indicated the resident had removed his dressing and wanted something done for his wound. The nurse indicated there was no treatment order and she had informed the resident there was no order for a treatment. LPN 5 then indicated she put a wet to dry dressing on his left heel and informed the resident the wound nurse would be in on Monday. The nurse indicated this event occurred at the change of shifts and she did report to her co-workers of the need for a treatment order for</p>				<p>compliance is achieved. Audits will continue monthly for a period of 6-months or until compliance is achieved.</p> <p>5. Date of Compliance 4.19.231.</p>		

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F 0686 SS=G Bldg. 00	<p>the resident's left heel. LPN 5 indicated she should have obtained an order for the wet to dry dressing she had applied.</p> <p>During an interview on 3/23/2023 at 2:32 P.M., the Director of Nursing indicated their process obtaining treatment order for wounds was to notify the wound nurse and the wound nurse was to contact the physician. The nurse completing the "MatrixCare- General Admission Observation Assessment" should have contacted the wound nurse to obtain treatment orders for resident E's left heel diabetic ulcer. The Director of Nursing indicated the nurses must have a physician order for all treatments.</p> <p>This Federal tag relates to complaint IN00400935.</p> <p>3.1-37</p> <p>483.25(b)(1)(i)(ii) Treatment/Svcs to Prevent/Heal Pressure Ulcer</p> <p>§483.25(b) Skin Integrity §483.25(b)(1) Pressure ulcers. Based on the comprehensive assessment of a resident, the facility must ensure that-</p> <p>(i) A resident receives care, consistent with professional standards of practice, to prevent pressure ulcers and does not develop pressure ulcers unless the individual's clinical condition demonstrates that they were unavoidable; and</p> <p>(ii) A resident with pressure ulcers receives necessary treatment and services, consistent with professional standards of practice, to promote healing, prevent infection and prevent new ulcers from developing.</p> <p>Based on observation, record review and interviews, the facility failed to ensure</p>			F 0686	1. Resident F & D were not identified due to the nature of the		04/19/2023

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	<p>preventative pressure ulcer measures were implemented consistently and pressure ulcer treatments were completed as ordered for 2 of 3 residents reviewed for pressure ulcers and/or skin issues (Resident D and F). This deficient practice resulted in the development of an unstageable and Stage 3 new pressure ulcer for Resident F.</p> <p>Findings include:</p> <p>1. During an observation on 3/22/2023 at 9:51 A.M., Resident F was observed to be lying in bed with on an air mattress. The right foot had a Prevalon boot in place, and the left leg was on a pillow, but the heels were not floated off the mattress.</p> <p>During an observation on 3/22/2023 at 3:19 P.M., the right foot had a Prevalon boot in place, and the left foot was resting on the air mattress. The pillow was on the floor.</p> <p>The record for Resident F was reviewed on 3/22/2023 at 10:47 a.m. Diagnoses included, but were not limited to: Diabetes Mellitus, morbid obesity, and hemiplegia.</p> <p>A Braden Scale for Predicting Pressure Sore Risk on 3/1/2023, indicated Resident was at moderate risk for pressure ulcer development.</p> <p>On 1/13/2022 an unstageable pressure ulcer was identified to Resident F's left lateral ankle. The pressure ulcer measured 2.5 centimeters by 2 centimeters with granulation tissue.</p> <p>A Nurse's Note on 2/1/2023 at 4:08 A.M., indicated the wound physician visited for wound measurements. The left lateral ankle measured 3 centimeters by 2.5 centimeters. A new order was</p>				<p>survey, however facility is aware of who resident F & D are both residents remain in the facility with active wound care orders in place. The Wound MD was present at the time of the surveyor observation for resident F and immediately addressed the area with a new treatment put into place.</p> <p>2. Residents residing at the facility have the potential to be affected by the alleged deficient practice. Residents with existing pressure ulcers have appropriate wound care orders in place.</p> <ul style="list-style-type: none"> Facility wide head to toe skin assessments have been completed on 3.31.23 by the nursing administration team, any findings were forwarded to the wound physician for review. An audit of residents with existing treatment orders has been conducted for all active residents on 3.31.23 by nursing administration team to validate appropriate wound care treatments and pressure reducing devices at now in place. Pressure ulcer risk assessments will be updated for residents to determine residents at high risk for breakdown, this will be completed by 4.19.23 <p>3. Licensed Nursing staff have been re-educated by the director of nursing on the process of completing weekly skin assessments, physician</p>		

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	<p>received for Betadine Solution daily.</p> <p>On 2/8/2023 at 1:12 P.M., a Nurse's Note indicated the wound physician visited for wound measurements. A new order was obtained for calcium alginate and wrap with Kerlix daily.</p> <p>On 2/16/2023 at 12:09 P.M., a Nurse's Note indicated measurements per the wound physician to the left lateral ankle were 3 centimeters by 3 centimeters.</p> <p>On 3/1/2023 at 12:53 P.M., a Nurse's Note indicated physician wound measurements to left lateral ankle 3 centimeters by 2.5 centimeters, and a new right heel deep tissue injury measured 0.6 centimeters by 0.5 centimeters. A new order was obtained for skin prep to the right heel and to float the heels in bed.</p> <p>On 3/8/2023 at 2:44 P.M., a Nurse's Note indicated the left lateral ankle measured 2.2 centimeters by 2.2 centimeters by 0.2 centimeters. The right heel deep tissue injury was healed.</p> <p>A Weekly Skin Observation on 3/14/2023 at 8:45 A.M., indicated Resident F did not have any new skin issues noted. This was the latest weekly skin assessment documented.</p> <p>On 3/16/2023 at 2:13 P.M., a Nurse's Note indicated the wound physician was here for measurements. The left lateral ankle had not changed in size.</p> <p>During an observation on 3/23/2023 at 10:56 A.M., with the wound physician, Resident F was observed lying in bed with a Prevalon boot to his left foot and a Prevalon boot was laying in the recliner chair. He did not have his feet floated</p>				<p>notification, obtaining treatment orders when areas of breakdown are observed, responsible party notification and completing scheduled treatments as ordered. This education will be completed by 4.19.23</p> <ul style="list-style-type: none"> The Director of Nursing will provide re-education to Certified nursing assistants regarding turning and repositioning, preventing skin breakdown and protocols for reporting new skin concerns. This education will be completed by 4.19.23 and will be incorporated into new hire orientation. Any Nursing staff not receiving the education by 4.19.23 will be provided with the education prior to their next scheduled shift. This will include Agency and new staff Director of Nursing and/or designee will monitor weekly skin assessments for completion and changes in skin conditions M-F during clinical morning meeting. <p>4. Wound Audits and Skin Assessment audits will be reviewed weekly for 4 weeks and then monthly thereafter. Results of those audits will be forwarded to QAPI for review with action plans initiated if necessary.</p> <p>5. Date of Compliance 4.19.23</p>		

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	<p>from the mattress. The wound physician removed a dressing of Kerlix that was wrapped around the the left ankle and foot. The dressing had the date of 3/19 (2023) written on the tape. The wound doctor indicated the pressure ulcer measured 2 centimeters by 2 centimeters. He also indicated Resident F had a new stage 3 pressure ulcer to the left lateral heel, measuring 0.5 centimeters by 0.5 centimeters.</p> <p>During an interview on 3/23/2023 at 11:04 A.M., the wound physician indicated the date on the ankle dressing was 3/19, and the dressing was to be changed daily.</p> <p>During an interview on 3/23/2023 at 11:15 A.M., Resident F indicated it had been a few days since the dressing had been changed.</p> <p>A Wound Evaluation and Management Summary on 3/23/2023, indicated an assessment and evaluation was completed, and a stage 3 pressure wound of the left lateral heel was present for at least one day. The wound size was documented as 0.5 centimeters by 0.5 centimeters by 0.2 centimeters. A treatment of Hydrogel with silver and Kerlix would be completed daily.</p> <p>2. Resident D was observed on 3/22/2023 at 9:45 A.M., lying in bed on her back. There was a covered foam pressure relieving mattress on her bed and two incontinence pads underneath her. During an interview at this time, Resident D indicated she was getting Silicone cream to her buttocks.</p> <p>The record for Resident D was reviewed on 3/22/2023 at 1:56 P.M. Resident D was recently hospitalized and readmitted to the facility on 3/2/2023. The hospital records for Resident D indicated she presented to the hospital with a raw</p>						

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	<p>red buttocks and red/open excoriation to her back.</p> <p>The hospital discharge orders for Resident D dated 3/2/2023, included orders nystatin cream mixed with house barrier cream to the buttocks every shift.</p> <p>The Medication and Treatment record for Resident D for March 2023 indicated the nystatin cream mixed with house barrier cream to buttocks was only documented as having been completed once a day.</p> <p>During an observation and interview, completed on 3/23/2023 at 11:10 A.M., with the Wound Nurse, wound physician and Director of Nursing, Resident D's skin and wounds were observed. The resident's buttocks and upper posterior thighs had a large area of blanchable purplish skin. There were two bleeding open areas noted on the right buttocks and right ischium. The resident's left hip area was noted to be a bright red. The Director of Nursing indicated the reddened area was warm to the touch. The resident was moaning with pain during the wound observation. There was also an open area, which the Director of Nursing indicated was new, on the left ischium area. The wound physician indicated the whole area was MASD (moisture associated skin damage) with open areas. He indicated the open areas were to be treated with calcium alginate, to stop bleeding and promote skin healing, and covered with a protective dressing. The resident was lying on a covered foam mattress with two quilted incontinence pads and a folded bath blanket underneath her bottom area.</p> <p>During an interview with the Wound nurse, on 3/23/2023 at 11:45 AM., she indicated the wound physician had ordered calcium alginate for the</p>						

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F 0691 SS=D Bldg. 00	<p>open areas. The wound nurse was unsure what cream/treatment had been applied to the rest of the MASD areas.</p> <p>During an interview with LPN 6, on 3/23/2023 at 1:51 P.M., she indicated the resident was supposed to be receiving nystatin cream mixed with barrier cream to her buttocks areas. She indicated the pharmacy would mix the creams and send the treatment in a white container and the treatment would be kept on the treatment cart. During an observation of the cart with LPN, there was no treatment located for Resident D's buttocks. LPN 6 then looked through the resident's room and could not find any Nystatin cream.</p> <p>During an interview with a pharmacist from the facility's pharmacy, on 3/23/2023 at 2:00 P.M., she indicated the pharmacy had not filled any "mixed" cream order for Resident D. She indicated a tube of Nystatin cream, 30 grams, had been filled on 3/14/2023 and a new tube was scheduled to be sent out on 3/23/2023. She indicated the facility had house barrier cream to mix with the Nystatin cream.</p> <p>On 3/23/2023 at 2:21 P.M., the Administrator provided a policy titled, "Pressure Ulcers". The policy indicated, " ...Pressure ulcers will be evaluated and treated in accordance with professional standards of practice to heal and prevent pressure ulcers unless clinically unavoidable"</p> <p>This Federal tag relates to Complaint IN00399975.</p> <p>483.25(f) Colostomy, Urostomy, or Ileostomy Care §483.25(f) Colostomy, urostomy,, or</p>						

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	<p>ileostomy care.</p> <p>The facility must ensure that residents who require colostomy, urostomy, or ileostomy services, receive such care consistent with professional standards of practice, the comprehensive person-centered care plan, and the resident's goals and preferences. Based on observation, record review and interviews, the facility failed to ensure 1 of 1 residents reviewed for nephrostomy tubes received care as ordered. (Resident D)</p> <p>Finding includes:</p> <p>Resident D was observed on 3/22/2023 at 9:45 A.M., lying in bed on her back. During an interview with Resident D, completed on 3/22/2023 at 9:45 a.m., she indicated the wound nurse was completing dressing changes to the nephrostomy tubes a few times a week. Resident D indicated she had lots of pain in her back, due to her nephrostomy tubes.</p> <p>The record for Resident D was reviewed on 3/22/2023 at 1:56 P.M. Resident D was recently hospitalized and readmitted to the facility on 3/2/2023 with diagnosis, including but not limited to Sepsis due to complicated urinary tract infection from catheter associated UTI from the nephrostomy tubes.</p> <p>The discharge orders for Resident D, on 3/2/2023 included orders for the nephrostomy tubes to have a dressing to each, changed daily.</p> <p>The Medication and Treatment record for Resident D for March 2023 indicated the nephrostomy tube dressing, were only documented three times a week, on Monday, Wednesday and Friday.</p>			F 0691	<p>1. Resident D was not identified due to the nature of the survey; however, the facility is aware of who Resident D is. Resident D has active treatment orders in place for the nephrostomy tube. There was no negative outcome related to the alleged deficient practice.</p> <p>2. Residents residing at the facility with Colostomy, Urostomy, Ileostomy and Nephrostomy tubes have the potential to be affected by the alleged deficient practice.</p> <p>3. Licensed Staff has been educated by the Director of Nursing on the requirement as it relates to performing treatments as ordered by the physician. This education will be completed by 4/19/23.</p> <p>· Nursing administration and/or designee will audit Nephrostomy treatments M-F during clinical morning meeting and address if not completed.</p> <p>4. Treatment Audits with an emphasis of Nephrostomy treatments will be audited weekly x 4 weeks and monthly thereafter. Results of those audits will be forwarded to QAPI for review with</p>		04/19/2023

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F 0694 SS=D	<p>During an observation and interview, completed on 3/23/2023 at 11:10 A.M., with the wound nurse, wound physician and Director of Nursing , Resident D's skin and wounds were observed. There was a loose, undated dressing around her right nephrostomy tube, which was inserted into her right flank area. The resident's left hip area was noted to be a bright red. The Director of Nursing indicated the reddened area was warm to the touch. She confirmed the left nephrostomy tube dressing was completely loosened from the skin and was not dated. The resident's left nephrostomy tubing was noted to have frank bloody drainage in the tubing and bag. The resident was moaning with pain during the wound observation.</p> <p>During an interview with the wound nurse, on 3/23/2023 at 11:45 AM., she indicated prior to the most recent hospital admission, Hospice had been changing the nephrostomy tube dressings on Monday, Wednesdays and Fridays and when the resident was readmitted, on 3/2/2023, Hospice was no longer taking care of her, so she changed the order so she was responsible for changing the nephrostomy tube dressings on Monday, Wednesday and Fridays. When the order was reviewed by the wound nurse, she confirmed the order indicated the dressing changes were to be completed daily and she had made an "order entry error."</p> <p>This Federal tag relates to Complaint IN00403792 and IN00401058.</p> <p>3.1-47(a)(3)</p> <p>483.25(h) Parenteral/IV Fluids</p>				<p>action plans initiated if necessary. 1. Audits will continue monthly for a period of 6-months or until compliance is achieved.</p> <p>5. Date of Compliance 4.19.23</p>		

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

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Bldg. 00	<p>§ 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 record review and interviews, the facility failed to ensure orders for PICC (peripheral inserted central catheter) were implemented regarding care and discontinuation for 1 of 1 residents reviewed for intravenous needs. (Resident D)</p> <p>Finding includes:</p> <p>During an observation and interview with Resident D, on 3/23/2023 at 11:10 A.M., she indicated she had recently been in the hospital with an infection. She confirmed she had a PICC line in her right arm. She indicated it was finally removed last week.</p> <p>The record for Resident D was reviewed on 3/22/2023 at 1:56 P.M. Resident D was recently hospitalized and readmitted to the facility on 3/2/2023 with diagnosis, including but not limited to Sepsis due to complicated urinary tract infection from catheter associated UTI from the nephrostomy tubes.</p> <p>The hospital records indicated the resident had a PICC line placed in her right upper arm.</p> <p>The discharge orders for Resident D, on 3/2/2023 included orders for the resident to receive intravenous antibiotics every 8 hours for 7 days. There was also an order for the PICC line to be removed on 3/9/2023 after checking with the Infectious Disease physician.</p>		F 0694	<ol style="list-style-type: none"> 1. Resident D was not identified due to the nature of this survey however facility is aware of who Resident D is. Resident D's PICC line had already been removed so therefore corrections could not be made. 2. Residents residing at the facility and with active PICC lines have the potential to be affected by the alleged deficient practice. 3. Licensed Nursing staff have been educated by the Director of Nursing on PICC line monitoring, treatments and/or dressing changes as indicated. This education will be completed by 4.19.23 4. PICC line audits will be conducted monthly for a period of 6-months or until compliance is achieved. Results of those audits will be forwarded to QAPI for review and action plans initiated if necessary. 5. Date of Compliance 4.19.23 		04/19/2023	

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	<p>The Medication and Treatment record for Resident D for March 2023 indicated the resident received antibiotics from 3/3/2023 through 3/7/2023. There was documentation the intravenous tubing for the antibiotics was changed every 24 hours and the PICC line was flushed before and after each antibiotic infusion. There was no documentation the PICC line dressing was changed.</p> <p>There was no documentation in the nursing progress notes or the Medication and Treatment record for Resident D, after 3/7/2023 regarding the PICC line site, except an entry, dated 3/13/2023 at 1:43 P.M., which indicated the picc line had been removed from the resident's upper right arm and a pressure dressing had been applied.</p> <p>During an interview with the Director of Nursing, on 3/23/2023 at 2:00 P.M., she indicated she would have expected the nursing staff to have changed the PICC site dressing, using sterile technique at least weekly. She would also expect nursing to chart that the PICC line insertion site had been assessed. She indicated any assessment of the PICC site should have been documented in the Medication/Treatment record and/or the nursing progress notes.</p> <p>During an interview with RN 2 , on 3/23/2023 at 2:30 P.M., she indicated she had wondered why the PICC line had not been removed on 3/10/2023 and she had called the Infection Disease physician's office to confirm the line could be removed. She indicated the resident was not in the building on 3/10/2023 so the line could not be removed at that time. The nursing progress notes indicated the resident was transferred to the hospital on 3/10/2023 and returned to the facility</p>						

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	<p>on 3/10/2023 after having a left nephrology tube replaced. RN indicated the PICC site dressing should be changed weekly.</p> <p>The policy and procedure, titled Peripherally Inserted Central Catheter (PICC) Line, Insertion of....Assessment/Dressing Care of PICC Line, provided by the Administrator on 3/23/2023 at 2:21 P.M. included instructions to replace the dressing every 3 - 7 days depending on the physician's orders. In addition, the insertion site was to be assessed for complications and the assessment documented. There were no specific instructions on where to document the assessment. The Administrator indicated the policy was the facility's current policy regarding PICC line care.</p> <p>This Federal tag relates to Complaint IN00401058.</p> <p>3.1-47(a)(2)</p>						