

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 225466	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/22/2024
NAME OF PROVIDER OR SUPPLIER Highview of Northampton		STREET ADDRESS, CITY, STATE, ZIP CODE 222 River Road Leeds, MA 01053	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>48138</p> <p>Based on records reviewed and interviews, for one of three sampled residents (Resident #1), who had a peripherally inserted central catheter (PICC line, catheter that enters through the body through the skin and extends into the superior vena cava, to deliver medications for extended periods of time), the Facility failed to ensure he/she was provided with quality of care that met professional standards of practice when, although he/she had physician orders to discontinue the PICC line once antibiotic therapy was completed on 1/16/24, the PICC line was not removed as ordered, and after 1/16/24 there was no documentation to support nursing continued to monitor and maintain the PICC line, and Resident #1 was subsequently discharged home on 2/08/24 with the PICC line still in place.</p> <p>Findings include:</p> <p>Review of the Facility's policy, titled Physician's Orders-Transcription, dated April 2015, indicated all written physician's orders or telephone physician's orders must be noted and accurately transcribed by licensed nursing staff.</p> <p>Review of the Facility's protocol, titled IV Catheter Flushing and Maintenance Guidelines, with a revision date of October 2015, indicated the following for PICC line Maintenance:</p> <ul style="list-style-type: none"> - Flush with 10 milliliter (ml) Normal Saline followed by 5 ml heparin (10 u/ml) every 12 hours -Transparent dressing change every 7 days and as needed(prn) and document external catheter length. <p>Resident #1 was admitted to the Facility in January 2024, diagnoses included Methicillin Sensitive Staphylococcus Aureus (MSSA) sepsis (a life-threatening complication of an infection), MSSA of right hip, and tenosynovitis (inflammation of the tendon sheath where muscle connects to bone) of left hand.</p> <p>Review of Resident #1's Hospital Discharge Summary, dated 01/04/24, indicated once intravenous (IV) Vancomycin (antibiotic) was completed on 1/16/24, remove the PICC line and start Bactrim (antibiotic) by mouth until reevaluated at the infectious disease clinic.</p> <p>Review of Resident #1's Physician's Order, dated 01/17/24, indicated he/she had an order to discontinue the PICC line.</p> <p>(continued on next page)</p>

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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of Resident #1's Medication Administration Record (MAR) for the month of January 2024, indicated the following:</p> <ul style="list-style-type: none"> -1/16/24, last dose of IV antibiotic administered. -1/16/24, oral antibiotic , Bactrim DS, started. -1/17/24, no documentation to support nursing discontinued (removed) the PICC line. -1/17/24 through 1/31/24, no documentation to support nursing flushed, monitored and maintained PICC line. <p>Review of Resident #1's Nursing Progress Notes from 2/01/24 through 2/08/24, indicated there was no documentation to support that nursing flushed, monitored or maintained his/her PICC line.</p> <p>Review of Resident #1's Medication Administration Record (MAR) from 2/01/24 through 2/08/24 indicated there was no documentation related to care, treatment, monitoring and maintenance of his/her PICC line.</p> <p>During an interview on 04/22/24 at 2:31 P.M., Nurse #1 said he received an order to discontinue Resident #1's PICC line on 1/17/24 and he notified the supervisor. Nurse #1 said only RN's can remove PICC lines. Nurse #1 said he was on duty 2/08/24 when Resident #1 was being discharged , and that Resident #1 told him the PICC line was already removed. Nurse #1 said he did not check to verify. Nurse #1 said PICC lines are supposed to be removed before discharge.</p> <p>During an interview on 04/22/24 at 3:41 P.M., the Staff Development Coordinator (SDC) said she reviewed Resident #1's Medication Administration Record for the month of January 2024 and that the order for nursing to discontinue the PICC line was not followed through on, but had been documented as completed. The SDC said the PICC line should have been discontinued (removed) per the 1/17/24, MD order.</p> <p>During an interview on 04/22/24 at 3:13 P.M., the Director of Nurses (DON) said they were not aware Resident #1 still had the PICC line in at time of his/her discharge and said they were informed by the Hospital about a month after he/she left the facility, that Resident #1 was being treated for an infection that was associated to his/her PICC line. The DON said the PICC line should have been discontinued (removed) per the 1/17/24, MD order. The DON said documentation by nursing for maintenance of the PICC line should be on the Medication Administration Record (MAR) and the Treatment Administration Record (TAR).</p> <p>On 04/22/2024, the Facility presented the Surveyor with a Plan of Correction that addressed the areas of concern identified in this survey; the Plan of Correction provided is as follows:</p> <ul style="list-style-type: none"> A. The Facility conducted an internal investigation into Resident #1's admission, physician orders related to the PICC line and his/her discharge process. B. The Director of Nursing (DON) completed a facility wide audit of residents with PICC lines. C. The Interdisciplinary team (IDT) meets daily and reviews residents with PICC lines. <p>(continued on next page)</p>		

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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>D. On 03/08/2024, staff education was completed by Nursing Admin staff with licensed nursing staff related to removing PICC lines prior to discharge and documentation.</p> <p>E. The Director of Nursing and the Staff Development Coordinator will follow up with licensed nurses to ensure they notify the RN to remove PICC line once discharge is confirmed, or infusion therapy is completed.</p> <p>F. On 3/27/2024, a Quality Assurance Performance Improvement (QAPI) meeting was conducted and the incident related to Resident #1's PICC line was discussed.</p> <p>G. The IDT will continue to discuss PICC line at quarterly QAPI meetings.</p> <p>H. The Director of Nursing and/or designee are responsible for overall compliance.</p>