| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 265694 | A. Building<br>B. Wing | 05/16/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Salt River Community Care | 142 Shelby Plaza Road<br>Shelbina, MO 63468 |

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) |
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| F 0658<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Ensure services provided by the nursing facility meet professional standards of quality.<br><br>Refer to FL1K12.<br><br>Based on observation, interview, and record review, the facility failed to obtain an order for port-a-catheter (device connected to a vein in the chest or neck by a small, thin tube/catheter with an injectable disc that can be accessed for administration of IV (intravenous) medications or fluid) care for one resident (Resident #1), in a review of one resident with a port-a-catheter, per the discharge instructions after the placement of the device. The census was 58.<br><br>Review of the facility policy, IV Therapy: Central Line Management Protocol, effective 03/11/21, showed the following:<br><br>-Purpose: To outline the nursing management of residents who have a central line catheter and to specify nursing responsibilities in obtaining samples;<br><br>-Interdependent (requires physician order to implement);<br><br>-Flushes: Flush all unused or intermittently used IV ports with ten milliliters (ml's) of normal saline as follows:<br><br>-Every 12 hours;<br><br>-After the infusion of any medications;<br><br>-Flush used port with five ml Heparin (blood thinner) after each infusion;<br><br>-Flush other unused ports with five milliliters of heparin daily (10 units/ml).<br><br>Review of Resident #1's physician order sheet, dated June 2024, showed an order for the following:<br><br>Port: left chest, access port and flush with ten milliliters (mls) normal saline and five mls Heparin (blood thinner) monthly (once a day on the 13th of the month) 6:00 A.M. - 2:00 P.M. Deaccess once complete.<br><br>Review of the resident's hospital discharge instructions, Implanted Port Insertion (procedure to put in a port and catheter), dated 06/14/24, obtained from the resident's facility medical record, showed the following:<br><br>(continued on next page) |



| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
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| F 0658<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | -Hand written note on front of sheet: Left side port removed and new port placed on the right side;<br><br>-The implanted port is used as a long term intravenous (IV) access;<br><br>-The port will need to be flushed and checked as told by your health care provider, usually every few weeks;<br><br>-No documentation staff acknowledged reviewing these instructions.<br><br>Review of the resident's progress notes showed there was no documentation staff communicated with any physician regarding the care of the resident's right sided chest port-a-cath as the hospital discharge instructions of 06/14/24 instructed.<br><br>Review of the resident's physician order sheets (POS), Medication Administration Record (MAR), Treatment Administration Record (TAR) and Injectable Administration History, dated June 2024, showed no orders for the care of a right sided chest port-a-cath.<br><br>Review of the resident's POS, MAR, TAR and Injectable Administration History, dated July 2024, showed no orders for the care of a right sided chest port-a-cath.<br><br>Review of the resident's POS, MAR, TAR and Injectable Administration History, dated August 2024 through October 2024, showed no orders for the care of a right sided chest port-a-cath.<br><br>Review of the resident's POS, dated 10/17/24 to 10/31/24, showed the following:<br><br>-An order dated 10/18/24, procedure to verify patency (unobstructed) of subclavian (large vein in the upper chest) port; no specific location documented;<br><br>-An order dated 10/22/24, portogram procedure (diagnostic imaging used to assess the function of a port) to verify patency of port; no specific location documented. Physician requesting dye test to ensure patency of port; no specific location documented.<br><br>Review of the resident's portogram result from the hospital, dated 10/28/24, showed the impression read: Contrast readily flows through the tip of the port device (no specific location of port indicated) with no reflux along the margins of the distal catheter that would suggest presence of a fibrous plug. The port freely draws blood as was demonstrated clinically prior to injecting the contrast. No evidence of thrombosis (blood clot) or fibrosis (formation of fibrous tissue) (define). There was no suggested follow up care or orders for the port listed.<br><br>Review of the resident's POS, MAR, TAR, Injectable Administration History and progress notes, dated November 2024, showed no orders for the care of a right sided chest port-a-cath or communication to the physician related to the resident's right sided chest port.<br><br>Review of the resident's POS, MAR, TAR and Injectable Administration History, dated December 2024 thru January 2025, showed no orders for the care of a right sided chest port-a-cath.<br><br>Review of the resident's POS, MAR, TAR and Injectable Administration History, dated February 2025 thru April 2025, showed no orders for the care of a right sided chest port-a-cath.<br><br>(continued on next page) |

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| F 0658<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Review of the resident's POS, MAR, TAR and Injectable Administration History, dated May 2025, showed no orders for the care of a right sided chest port-a-cath.<br><br>Observation on 05/16/25 at 1:00 P.M., showed the resident sat in his/her wheelchair at the nursing desk. He/She had a small nodule located on the right upper chest area with an approximate four-centimeter incision line directly above it. The resident acknowledged the area was his/her port-a-cath.<br><br>During interviews on 05/15/25 at 2:02 P.M. and 05/16/25 at 1:09 P.M., Licensed Practical Nurse (LPN) C said the following:<br><br>-He/She believed there was only one resident (not Resident #1) who had a port-a-cath;<br><br>-He/She believed Resident #1's port-a-cath had been discontinued;<br><br>-He/She would know if a resident had a port-a-cath if there was an order to do something with it as it would show up on the POS and MAR. It would be specific to a Registered Nurse (RN), who would be qualified to ensure the order was completed;<br><br>-Staff should be aware if a resident has a port-a-cath present;<br><br>-The MAR/TAR would list the correct location of the port.<br><br>During an interview on 05/16/25 at 2:07 P.M., RN B said the following:<br><br>-He/She was aware the resident had had a port-a-cath a few weeks ago, but had assumed it had been discontinued as there were no orders to flush it;<br><br>-Normally, a port was flushed monthly despite usage;<br><br>-Flushing the port kept it open in case it would need to be used in the future;<br><br>-The physician should know if a port was not being used;<br><br>-He/She would have expected the resident to have orders for flushing the port after the patency was checked at the hospital.<br><br>During an interview on 05/23/25 at 2:39 P.M., RN D said the following:<br><br>-He/She was aware the resident had a port-a-cath (was not specific to location) and had flushed it in the past;<br><br>-At one time they were flushing the port-a-cath monthly and at some point he/she thought the flush had been missed; He/She phoned Physician I's office and was told by the Physician Assistant not to do anything with the port as the office would be handling the care of the port (flushes, blood draws).<br><br>During an interview on at 05/23/25 at 3:07 P.M. and 05/30/25 at 2:04 P.M., RN E said the following:<br><br>(continued on next page) |

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| F 0658<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | -Port-a-caths are usually flushed monthly, but they would follow the physician's orders;<br><br>-Physician orders should be followed;<br><br>-He/She recalled receiving an order to discontinue the flushes for the resident's port-a-cath and he/she discontinued it from the electronic record;<br><br>-He/She could not recall why he/she had received that order;<br><br>-He/She could not recall which side the resident's port was located.<br><br>During an interview on 05/16/25 at 2:15 P.M , the Director of Nursing (DON) said the following:<br><br>-Staff should be aware of the presence of a resident's port-a-cath;<br><br>-The presence of the device (implanted device) should be in the medical record;<br><br>-She would expect there to be documentation in the medical record to show the care of a port or at least the presence of it;<br><br>-Ports should be flushed timely and as ordered;<br><br>-Her experience with ports was that they should be flushed every four to six weeks if maintaining patency;<br><br>-She expected nursing to document any conversation they had with the physician who said there was no longer a need to flush the port so there would not be a situation like this;<br><br>-Staff call the physician and go over orders upon a resident's return from the hospital, but the nurse who received the resident back may not have known why the resident was sent out due to staffing being moved around in the building;<br><br>-If hospital discharge instructions noted the port would need to be flushed and checked as told by the health care provider, usually every few weeks, she would have expected staff to call the provider at that time to obtain an order. She thought they had, but there was no documentation of that;<br><br>-She was aware the resident had a right sided chest port;<br><br>-When staff are are a resident has an implanted port-a-cath, they should ensure facility policy is followed and orders obtained for care of the port-a cath; again, she thought that had been addressed with the resident's physician and no orders for care had been given;<br><br>-She was not aware of any staff being responsible for reviewing physician orders to ensure proper care was provided.<br><br>During an interview on 05/16/25 at 2:31 P.M., the Administrator said the following:<br><br>-She would expect staff to be aware of the presence of the resident's port-a-cath;<br><br>(continued on next page) |

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| F 0658<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | -She would expect any conversations with the physician regarding the care of the port to be documented in the progress notes.<br><br>During an interview on 05/16/25 at 11:11 A.M., Physician G said the following:<br><br>-He would expect a port-a-cath to be flushed monthly to keep it patent;<br><br>-Missed flushes could cause the catheter to clot off making it un-useable;<br><br>-He would recommend for staff to follow the recommendation of the facility/physician which placed the catheter.<br><br>During an interview on 05/22/25 at 9:32 A.M., the resident's current primary physician, Physician H, also the facility medical director, said the following:<br><br>-Port-a-caths were normally flushed every 30 days with heparin to keep the port patent;<br><br>-If a port-a-cath was left in place and not flushed, it would clog from non-use;<br><br>-If a resident returned from the hospital with an incision/port-a-cath, he would expect staff to inquire about care of the port if no orders were were received.<br><br>MO253801 |