

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  265764	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  09/12/2024
NAME OF PROVIDER OR SUPPLIER  Bethesda Dilworth		STREET ADDRESS, CITY, STATE, ZIP CODE  9645 Big Bend Blvd Saint Louis, MO 63122	

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>37672</p> <p>Based on observation, interview and record review, the facility failed to ensure residents received care consistent with professional standards. Staff failed to ensure a resident admitted from the hospital with a peripherally inserted central catheter (PICC, a thin, flexible tube that is inserted into a vein in the upper arm and guided (threaded) into a large vein above the right side of the heart, used to administer long term antibiotics and other medications) line, had orders for the PICC line including PICC line maintenance. Staff failed to verify why the PICC line was in place and failed to obtain and ensure continuity of antibiotic administration from the hospital related to a bacterial infection. The resident was not administered antibiotic medication for two days after admission into the facility (Resident #1). In addition, the facility failed to ensure a resident admitted with a PICC line placed at the hospital on 8/23/24, when admitted to the facility received PICC line orders including PICC line maintenance and dressing change orders (Resident #2). The facility identified 3 residents whom had intravenous (IV) or PICC lines in place. Resident #2 was not included on that list. The census was 152.</p> <p>Review of the facility's central vascular access device (CVAD) dressing change policy, dated 2021, showed:</p> <ul style="list-style-type: none"> <li>-To be performed by: the nurse is responsible and accountable for obtaining and maintaining competence with infusion therapy within the scope of practice;</li> <li>-Considerations:</li> <li>-CVADs include PICC;</li> <li>-The catheter insertion site is a potential entry site for bacteria that may cause a catheter related infection;</li> <li>-A transparent (clear) dressing is the preferred dressing;</li> <li>-The preferred skin antiseptic agent is below 0.5 percent (%) chlorhexidine (used to prevent infection) in alcohol solution;</li> </ul> <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>-Nurses caring for patients receiving infusion therapies must adhere to aseptic non-touch technique (ANTT, the practice of avoiding contamination by not touching key elements, the inside surface of a sterile dressing where it will be in contact with a wound) for all infusion related procedures as a critical aspect of infection prevention;</p> <p>-Guidance:</p> <p>-Performing sterile dressing changes using ANTT:</p> <p>-Upon admission, if transparent dressing is dated, clean, dry and intact the admission dressing change may be omitted and scheduled for 7 days from the date on the dressing label. Ensure orders are in place;</p> <p>-Upper arm circumference with PICC, and external catheter length measurements must still be completed as part of the initial assessment;</p> <p>-At least weekly;</p> <p>-If the integrity of the dressing has been compromised (wet, loose or soiled);</p> <p>-Assessment of the vascular access site is performed:</p> <p>-Upon admission and during dressing changes;</p> <p>-Before and after administration of intermittent infusion;</p> <p>-At least once a shift when not in use;</p> <p>-Routinely for signs and symptoms of infusion related complications;</p> <p>-Assessment of vascular site and the entire arm with PICC, for infusion related complications include the absence or present of:</p> <p>-Erythema (redness);</p> <p>-Drainage;</p> <p>-Swelling in induration (compare arm circumferences to baseline measurement to detect possible catheter-associated venous thrombosis (clot), a 3 centimeter (cm) increase in arm circumference and edema were associated with upper-arm deep vein thrombosis (DVT, a clot lodged in a deep vein or artery blocking blood flow);</p> <p>-Change in the skin temperature or tenderness at the site;</p> <p>-Integrity of transparent dressing;</p> <p>-Numbness or tingling;</p> <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>-Length of external catheter is obtained:</p> <p>-Upon admission;</p> <p>-During dressing changes;</p> <p>-Upon suspicion in change of length;</p> <p>-If signs or symptoms of complication are present;</p> <p>-PICCs, upper arm circumference (10 cm above antecubital space elbow joint) is obtained:</p> <p>-Upon admission if no insertion measurement is available, then weekly;</p> <p>-If signs or symptoms of complications are present;</p> <p>-Compare to baseline measurement to detect possible catheter associated thrombosis is present.</p> <p>Review of the prescribing and ordering medication policy, dated 4/2002, showed:</p> <p>-Purpose: to establish guidelines for properly obtaining physician orders and processing the orders;</p> <p>-Policy:</p> <p>-There must be evidence of a diagnosis, condition, or indication for use on the medical record for medications;</p> <p>-Admission orders:</p> <p>-Obtain admission orders from the physician. Note: check the transfer sheet from the discharging facility as a reference. Transfer orders may only be used as a guide. They may not be used as admission orders. Check with the resident and/or family also to determine what medications they resident may have been on;</p> <p>-When obtaining admission orders from the physician, review the list of medication they resident has been on and clarify what the physician wants to be discontinued and what medications the resident should remain on.</p> <p>1. Review of Resident #1's hospital attending physician note, dated 8/8/24, showed:</p> <p>-History of Present illness (HPI): the patient suspected of seizure activity. In the emergency department the patient noted to have a fever, elevated heart rate and irregular laboratory results. He/She met sepsis (blood infection) criteria. IV fluids and antibiotics started. Due to patient difficulty in communication, health information gathered from next of kin at bedside;</p> <p>-Assessment and plan:</p> <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>-Sepsis with septic shock and organ dysfunction suspect due to bacterial infection:</p> <p>-Plan:</p> <p>-Admit to intensive care unit (ICU) for further therapy and treatment;</p> <p>-Begin IV vancomycin (antibiotic) or IV ceftriaxone (antibiotic).</p> <p>Review of the hospital interventional radiology nurse note, dated 8/13/24, showed: PICC placed to the left brachial vein.</p> <p>Review of the hospital discharge summary, dated 8/16/24, showed:</p> <p>-Hospital course: the blood culture tested positive for and grew group B strep (infection) and started on IV ceftriaxone. The patient improved and transferred out of the ICU for step down monitoring. He/She had a PICC line placed in the left upper extremity on 8/13/24 and will be discharged to a nursing facility with plans to receive a once a day ceftriaxone until 8/25/24 and weekly laboratory values per infectious disease (ID);</p> <p>-Medication list: did not include antibiotic orders;</p> <p>-Antibiotic surveillance labs: complete blood count (CBC, tests for general overall health), Chemistry 7 (chem 7, monitors various chemicals and minerals in the blood), and c-reactive protein (CRP, tests for inflammation).</p> <p>Review of the facility's admission flow sheet, dated 8/16/24, showed:</p> <p>-IV: yes.</p> <p>Review of the admission Physician Order Sheet (POS), showed no admission orders regarding PICC or IV antibiotics.</p> <p>Review of the progress notes, showed no documented attempts to contact the resident's physician or the discharging hospital regarding the PICC line.</p> <p>Review of the facility's Nurse Practitioner's progress note, dated 8/19/24, showed:</p> <p>-HPI: resident history of Down syndrome (a condition in which a person has an extra copy of chromosome 21) and seizure disorder. The resident had a recent hospital stay related to bacterial septicemia. He/She was discharged to the skilled nursing facility for skilled therapy and IV antibiotics;</p> <p>-Interval history: NOK is at bedside and reported the resident did not get his/her IV antibiotics over the past weekend. The NOK stated the concerns were expressed to weekend nursing staff and no changes occurred. The facility Assistant Director of Nursing (ADON) and the hospital ID contacted. Orders were obtained. The hospital discharge paperwork did not include orders for IV antibiotics;</p> <p>-IV ABT not on DC list, added this morning;</p> <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>-Ceftriaxone 2g (2,000 mg) once every 24 hours.</p> <p>Review of the POS, showed:</p> <p>-On 8/19/24: Change IV tube every 24 hours;</p> <p>-On 8/19/24: Ceftriaxone 2 g/50 milliliter (ml) osomotic dexrose IV solution, first dose: 8/19/24 and stop: 8/28/24 for strep bacterium;</p> <p>-On 8/19/24: Heparin flush 10 units/ml. For PICC line maintenance every 12 hours.</p> <p>Review of the Medication Administration Record (MAR), showed:</p> <p>-On 8/19/24, administration of Ceftriaxone 2G completed.</p> <p>During an interview on 9/12/24 at 3:58 P.M., the Director of Nursing (DON) said the resident was admitted with a PICC line in place. Staff attempted to contact the physician for orders regarding the PICC line and the physician did not return the call over the weekend. The nurse should have called the discharging hospital for additional orders for the PICC line. The hospital discharge paperwork showed the resident was receiving antibiotics through a PICC line and the antibiotics were to continue, but the discharge medication list did not list the antibiotic. On the following Monday, the ADON called the hospital ID physician and obtained the order for continued antibiotics. The resident did not receive the antibiotics over the weekend.</p> <p>2. Review of Resident #2's hospital transfer orders, dated 8/27/24, showed:</p> <p>-Discharge diagnoses: pyelonephrisis (kidney infection) and renal abscess;</p> <p>-PICC line placed left brachial vein on 8/23/24;</p> <p>-Additional instructions: Osteomyelitis on left hip. ID was consulted and recommended to continue antibiotics for 8 weeks. Meropenem (antibiotic) 1 G (1,000 mg) in 0.9 percent (%) normal saline in 50 ml for 49 days;</p> <p>-Insertion site above antecubital: 11 cm;</p> <p>-Initial limb circumference: 23 cm;</p> <p>-Catheter length: 43 cm.</p> <p>Review of the resident's POS, showed:</p> <p>-Admit to facility: 8/27/24;</p> <p>-An order, dated 8/28/24: Meropenem 1, 000 mg per IV every 8 hours for 49 days. First dose: 8/29/24, Stop date: 10/16/24. Indication: antibiotic for abscess;</p> <p>-No orders were noted for PICC line maintenance or dressing changes.</p> <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>Review of the facility admission flow sheet, dated 8/27/24, showed:</p> <p>-IV: yes.</p> <p>During observation and interview on 9/12/24 at 12:55 P.M., the resident said he/she had an infection in his/her kidney and needed antibiotics for 30 days. He/She pulled up his/her left shirt sleeve and exposed a PICC to the left brachial vein. The dressing was undated. The edges of the transparent dressing were rolled up and appeared gray in color. The resident said the dressing had not been changed since he/she admitted into the facility. The staff administer the antibiotic every day. The access site is not painful.</p> <p>During an interview on 9/12/24 at 2:58 P.M., Registered Nurse (RN) F said when a resident is admitted to the facility with an intact IV or PICC line, it is the admitting nurse's responsibility to verify why the access line is in place. All IVs and PICC lines should have orders for dressing changes and maintenance. If an access line dressing or the line itself is not maintained, the resident could develop an infection or the line could become blocked and unusable.</p> <p>During an interview on 9/12/24 at 3:58 P.M., the DON said if a resident is admitted with an IV or PICC line in place, the admitting nurse is responsible to verify why the line is present. If the hospital discharge paperwork does not address the reason for the IV or PICC, the nurse should call the hospital or the physician for additional information. All IVs and PICCs should have corresponding orders for dressing changes and maintenance. All PICC line dressings should be dated, timed and changed every 7 days.</p> <p>MO00241346</p>		