

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  505239	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  11/13/2024
NAME OF PROVIDER OR SUPPLIER  Park Rose Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  3919 South 19th Street Tacoma, WA 98405	

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><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46827</b></p> <p>Based on observation, interview, and record review, the facility failed to follow physician orders and perform scheduled central line dressing changes for 2 of 10 sampled residents (Residents 1 and 2) reviewed for Peripherally Inserted Central Catheter (PICC) line (a long thin tube inserted through a vein in your arm and passed through to the larger veins near the heart) management. The failure placed residents at risk for infection, medical complications, and a decreased quality of life.</p> <p>Findings included .</p> <p>Review of a policy titled Central Vascular Access Device (CVAD) Dressing Change, revised January 15, 2004, documents under the title Guidance, Perform sterile dressing changes using Standard- ANTT: 1.1 Upon admission 1.1.1 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 .1.2 At least weekly .</p> <p>Resident 1</p> <p>Review of the electronic health record (EHR) documented Resident 1 readmitted to the facility with multiple diagnoses including severe sepsis (when one or more of your body's organs is damaged from the body's inflammatory response), septic encephalopathy (brain dysfunction mediated by the septic inflammatory response), cellulitis (a bacterial infection that affects the skin and tissues causing inflammation and swelling) on 10/03/2024 and discharged to another skilled nursing facility on 10/17/2024. Review of the Medicare 5-day minimum data set (MDS), an assessment tool, dated 10/07/2024, documented Resident 1 as cognitively intact.</p> <p>Review of provider's orders, dated 10/06/2024, showed Central venous/Midline Catheter site dressing change: on admission every week and PRN (as needed) with transparent dressing OR every 48 hours and PRN with gauze dressing. Included was, change catheter securement device every week and PRN one time a day every Tuesday.</p> <p>Review of the electronic Medication Administration Record (eMAR) documented this being completed on 10/08/2024 and due again on 10/15/2024. The 10/15/2024 documentation was signed as having been refused.</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 a statement from Resident 1's current skilled nursing facility, dated 11/07/2024, showed Resident 1 was observed and assessed on 10/17/2024 with a PICC line transparent dressing dated 09/25/2024 upon admission to their facility (dated prior to the October dressing change date above indicating the PICC line dressing was never changed at the facility).</p> <p>Resident 2</p> <p>Review of the EHR documented Resident 2 readmitted to the facility on [DATE] with multiple diagnoses including Methicillin-Resistant Staphylococcus Aureus (MRSA, a type of staph bacteria that is resistant to many common antibiotics) pneumonia (PNA, a lung infection that causes the air sacs in the lungs to fill with fluid or pus, making it difficult to breathe). Review of the Medicare 5-day MDS on 10/19/2024 documented Resident 2 as having severely impaired cognition.</p> <p>Review of provider's orders dated 10/22/2024 documented Central venous/Midline Catheter site dressing change: on admission, every week and PRN with transparent dressing. Change catheter securement device every week and PRN one time a day every Tuesday.</p> <p>Review of the November 2024 eMAR documented this as completed on 11/05/2024 and due again on 11/12/2024.</p> <p>On 11/07/2024 at 12:50 PM an observation of Resident 2's left upper arm PICC line site showed a transparent dressing in place with a date of 10/29/2024, nine days old and two days after the signed eMAR.</p> <p>During an interview, on 11/13/2024 at 12:40 PM, Staff C, Licensed Practical Nurse (LPN), stated usually PICC/midline dressing are changed weekly or sometimes monthly. Staff C said she was responsible for changing the PICC/midline dressing when it showed up on the eMAR. Staff C said if the PICC/midline was not changed then the next nurse should change it. Staff C said the PICC/midline dressings were monitored and assessed each shift and the nurse should be looking at it for signs and symptoms of infection. Staff C said the dressing should be dated. Staff C said if it's supposed to be changed weekly and the date shows it is past the 7 day mark it should be reported to the supervisor and changed.</p> <p>At 1:03 PM, Staff B, LPN/Resident Care Manager (RCM), said all PICC line dressings should be transparent and changed weekly. Staff B said there were batch orders that were placed in the eMAR. Staff B said usually the order to change the PICC/midline dressing would fire on day shift. Staff B said if the dressing was not changed it should not be signed off so that the next nurse will see the order as red in point click care (PCC-the eMAR system) and change the dressing.</p> <p>At 1:30 PM, Staff A, Registered Nurse (RN)/Director of Nursing Services (DNS) said it was the expectation for the floor nurse to sign off the eMAR after having completed the task. Staff A said PICC line dressings were changed weekly and if the nurse assigned did not change the PICC line dressing, then it should not be signed off causing it to be red so that the oncoming nurse will be able to see that the task had not been completed. The on-coming nurse should complete the tasks that are red or make a plan with the floor supervisor.</p> <p>Reference WAC 388-97-1060(1)</p>		