

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  505499	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/30/2024
NAME OF PROVIDER OR SUPPLIER  Cottesmore of Life Care		STREET ADDRESS, CITY, STATE, ZIP CODE 2909 14th Avenue Northwest Gig Harbor, WA 98335	

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 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure services provided by the nursing facility meet professional standards of quality.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 40226</b></p> <p>Based on observation, interview and record review, facility failed to ensure professional standards were met for 2 of 2 sampled residents (Resident 1 &amp; 2) reviewed for physicians orders and care of residents with peripherally inserted central catheter lines (PICC, lines placed through the upper arm in a large vein near the heart). Failure to follow physician orders and professional standards of care when assessing and performing PICC line dressing changes placed residents at risk for medical complications including bloodstream infections.</p> <p>Findings included .</p> <p>Facility policy, Nurses' Infusion Manual, dated 2021, documented that residents with PICC lines had potential for serious complications including bloodstream infections related to PICC line catheter migration (movement of the catheter from its proper place in vein to another area of body).</p> <p>According to the Nurses' Infusion Manual, approaches to prevention of PICC line catheter migration included:</p> <ul style="list-style-type: none"> <li>&gt; Documentation of catheter tip placement verification prior to use of PICC line</li> <li>&gt; Measurement of upper arm circumference at admission, weekly with each dressing change and as needed to monitor for swelling that would indicate complications</li> <li>&gt; Comparison of measurements to those taken at time of PICC line insertion and previous measurements and notify prescriber promptly if changes found</li> <li>&gt; Measurement of PICC line external catheter length on admission, weekly with each dressing change and as needed to compare with insertion and previous measurements and determine if there was movement of catheter, reporting changes in measurement promptly to prescriber</li> <li>&gt; Use of PICC line external catheter securement product</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 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Infusion Nurses Society Standards of Practice for Infusion Therapy, revised in 2024, documented that dressings containing chlorhexidine gluconate (antimicrobial) should be used (Standard 47) along with a recommended catheter securement product as an adjunct to the primary dressing to stabilize and secure PICC lines and prevent dislodgement (Standard 36). Per the Standards, rolled bandages should never be used as securement (Standard 42); and regular assessment and care of the PICC line site including condition of site, dressing change, type of catheter securement and measurements of upper arm and external catheter should be documented in the electronic health record to promote communication among health care team (Standard 10).</p> <p>Resident 1</p> <p>Resident 1 was admitted to the facility on [DATE] with diagnoses including pancreatitis (inflammation of pancreas, a gland that helps with digestion and blood sugar control) and history of severe sepsis (occurs when one or more of your body's organs is damaged from an inflammatory response to an infection).</p> <p>Admission Physician Orders, dated 04/22/2024, documented Resident 1 was to receive antibiotics via a PICC line every 8 hours for 14 days. Admission Orders included to measure Resident 1's upper arm circumference and the length of the PICC line external catheter with comparison to measurements taken at the time of PICC line insertion at the hospital. Physician Orders documented that Resident 1's PICC line site was to be assessed every shift for signs and symptoms of infection and the weekly dressing change was to include measurements of the external catheter to monitor for possible migration. Physician Orders included notification to Resident 1's physician if there was concern regarding movement of the PICC line catheter. No mention was made of the type of securement or antimicrobial dressing to be used.</p> <p>Admission Nursing Note, dated 04/22/2024, noted Resident 1 had a PICC line to the right arm. No documentation of an admission dressing change or measurement of the arm's circumference or the length of the external catheter was included.</p> <p>Treatment Administration Record (TAR) for April 2024, documented Resident 1's dressing was changed on 04/28/2024. There was no documentation of the measurements to Resident 1's arm or external catheter length.</p> <p>Nursing Progress Note, dated 05/05/2024, showed Resident 1's PICC line dressing was changed but no documentation of the measurement of the arm's circumference or length of the catheter was found. The progress note did not describe the method used for securement of the dressing to prevent dislodgement.</p> <p>Nursing Progress Note, dated 05/08/2024 at 5:58 AM, documented that after Resident 1 received an infusion of fluids, Resident 1's PICC line was noted to be coming out. No documentation of an as needed dressing change was found. No measurements to Resident 1's upper arm circumference or external catheter were found. Resident 1's provider was notified and there were no new orders.</p> <p>Nursing Progress Note, dated 05/08/2024 at 2:26 PM, documented Resident 1's PICC line was likely infiltrated. The infectious disease physician was consulted and informed of Resident 1's declining condition and resident was sent to the hospital.</p> <p>(continued on next page)</p>		

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<p>F 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Hospital History and Physical (H&amp;P) Note, dated 05/08/2024, documented Resident 1 was admitted to the emergency department from the facility with a diagnosis of septic shock, acute renal failure and pneumonia. The H&amp;P Note documented the PICC line is likely the source of patient's infection as there was no proper sterile dressing overlying the PICC line when patient arrived to the ER.</p> <p>On 05/09/2024 at 3:57 PM, Staff C, Licensed Practical Nurse (LPN) stated Resident 1's dressing was changed on 05/05/2024 and upon Staff C's return to work 05/08/2024, the dressing was off and the PICC line was coming out so a temporary dressing was placed using gauze on the top of the PICC line site and a rolled gauze bandage was placed as securement. Staff C said that the transparent film dressing that was ordered to be used for the PICC line dressing could not be used because Resident 1 had flaking skin and the dressing wouldn't stick nor would tape. Staff C said the dressing was a temporary measure to hold the PICC line in place during transfer to the hospital.</p> <p>At 4:30 PM, Staff B, Director of Nursing Services (DNS), indicated awareness that Resident 1 did not have a PICC line dressing in place that was consistent with facility policy and standards of care. Staff B stated staff were re-educated regarding PICC line dressings. When asked about the expected practice for PICC line dressing changes and prevention of catheter migration, Staff B stated that the facility policy was to change PICC line dressings per orders at admission and to measure the circumference of the upper arm and measure the external catheter at admission and with each dressing change to compare it to the measurement taken at the time of PICC line insertion to monitor for migration or risk for dislodgement. Staff B stated these things should be documented in the medical record. Staff B indicated that when there was concern for dislodgement, the external catheter should be measured, compared against previous measurement and the results reported to the physician and documented in Resident 1's record.</p> <p>Resident 2</p> <p>Resident 2 was admitted to the facility on [DATE] with history of severe sepsis.</p> <p>Physician Orders, dated 04/29/2024, documented Resident 2 was to have a dressing change to the PICC line site on admission and weekly on Sundays. Orders documented measurements would be taken of the upper arm circumference and the external catheter length. No mention was made of the type of securement or antimicrobial dressing to be used.</p> <p>Nursing Admission Note, dated 04/29/2024, did not mention Resident 2's PICC line dressing change or that measurements were performed per Physician Orders.</p> <p>Nursing Progress Note, dated Sunday 05/05/2024, documented Resident 2's PICC line dressing change was completed but there was no mention of measurements of the upper arm circumference and the external catheter length.</p> <p>TAR, dated Monday 05/13/2024, documented Resident 2's PICC line dressing change was completed and that measurements of the arm and external catheter were n/a (non-applicable).</p> <p>(continued on next page)</p>		

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