STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555323	A. Building B. Wing	11/14/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Aviara Healthcare Center	944 Regal Road Encinitas, CA 92024

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)
F 0694 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide for the safe, appropriate administration of IV fluids for a resident when needed. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47466 Based on interview and record review, the facility failed ensure a Peripherally Inserted Central Line catheter (PICC- a long ,flexible tube inserted into a vein the arm use to deliver medications, fluid, blood directly to the heart) was kept flushed (pushing any residual medication or fluid through the intravenous line) for one of two sampled residents (Resident 1) for intravenous therapy. This failure had the potential for Resident 1 to have a clogged Picc line and an infection that would affect Resident 1 ' s health condition and or decline. Findings: The Department received a complaint related to quality of care and treatment on 10/7/24. An unannounced visit to the facility was conducted on 10/18/24. Resident 1 was admitted to the facility on [DATE] with diagnoses that included protein-calorie malnutrition (a nutritional status in which reduced availability of nutrients leads to body changes in body composition and function) and functional quadriplegia (paralysis of all four limbs and the body from the neck down). A review of Resident 1 ' s medical record was conducted. There was no physician order related to flushing the picc line. There was no documentation of flushing the picc line in the medication administration record (MAR). There was no care plan related specifically to picc line care. On 10/18/24 at 1:40 P.M., an interview with Licensed Nurse (LN) LN 1 was conducted. LN 1 stated we need a physician ' s order related intravenous medications, fluids. LN 1 further stated a picc line should be flushed at least every shift or before and after every medication administration to maintain its patency and prevent obstruction . On 11/14/224 at 2:10 P.M., an interview with LN 2 was conducted. LN 2 stated, picc lines should be flushed before and after medication administration to prevent coagulation (blood changes from a liquid to a gel) and maintain patency. (continued on next page)

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0694 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 11/14/24 at 3:00 P.M., an interview with the Director of Nursing (DON) was conducted. The DON stated there was no order in Resident1 ' s medical record regarding flushing the picc line. The DON stated there was no documentation of any flushing done on Resident 1 ' s picc line. The DON further stated the process was when a resident with a picc line was admitted to the facility , staff were to assess, monitor , flush the lines and change dressings according to the physician ' s orders. A review of the facility ' s undated policy, titled ,Peripheral and Midline IV Catheter Flushing and Locking, indicated .Purpose .to maintain catheter patency and function .Frequency .2. for catheters not being used for intermittent infusion, flush and .at least every 24 hours.