

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675035	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/12/2024
NAME OF PROVIDER OR SUPPLIER Evergreen Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 406 E Seventh St Burkburnett, TX 76354	

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 0760</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that residents are free from significant medication errors.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50133</p> <p>Based on observation, interview, and record review, the facility failed to ensure residents were free of any significant medication errors for 1 of 10 residents reviewed for medication administration. (Resident #8).</p> <p>LVN A failed to follow physicians orders when she flushed Resident #8's PICC line with Heparin flush (blood thinner) 6 ml of 10u/ml.</p> <p>This failure could place residents Resident #8 at risk of their health and safety being jeopardized.</p> <p>Findings included:</p> <p>Record review of Resident #8's admission record dated 12/11/2024 indicated she was a [AGE] year-old female originally admitted to the facility on [DATE] and readmitted to the facility on [DATE] with a diagnosis of Other acute osteomyelitis (bone infection), other site - Right Great Toe.</p> <p>Record review of Resident #8's physician's order report dated 12/11/2024 indicated that she was not prescribed Heparin flush 50units/5ml via PICC.</p> <p>Record review of Resident #8's care plan dated, 11/22/204 indicated [in part]: Problem: Infection Alert - Osteomyelitis of Right Great Toe. Goal: Resolve infection. Interventions: Infection control per protocol. Meds as ordered. Monitor for S/S of infection. Monitor wound/lesion status and progress. VS every shift.</p> <p>Observation on 12/10/24 at 12:03 PM revealed LVN A entered Resident #8's room to disconnect IV antibiotic (Meropenem). Upon disconnecting IV from PICC, LVN A administered normal saline flush 10ml then administered Heparin flush 6ml via PICC line to right arm.</p> <p>In an interview on 12/10/24 at 12:06 PM LVN A stated, I just gave saline flush 10 cc and then cleaned it and gave Heparin flush 6 ml, which is what was in the syringe. She further stated that she had already clicked it off on the screen and was unable to show surveyor order on her screen.</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 0760</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>In an interview on 12/11/24 at 1:58 PM LVNA stated Our normal protocol is SASH method (saline, antibiotic, saline and heparin flush). She further stated that she didn't recall the physician order for heparin flush that was given to Resident #8 the previous day. She stated the expectation for medication administration is to review the MAR and medications before giving. She stated that administering a medication to a resident without a physician's order could cause an adverse reaction, specifically, in this case, redness or bleeding from PICC line.</p> <p>Observation on 12/11/24 at 4:09 PM of medication cart on east hall revealed Heparin flush Lock Flush solution 50 units/5ml with each syringe having 6ml in syringe. There was no pharmacy label on the Heparin flush that included a resident name or directions.</p> <p>In an interview on 12/11/24 at 4:16 PM with the Medical Director regarding heparin flush being used in SASH method after PICC IV antibiotic infusion for Resident #8, he stated I did not order that. I was not aware. He stated that administration of heparin flush in PICC is always a risk of bleeding. He stated his expectation is that a nurse should not administer anything without an order and doing so could cause harm.</p> <p>In an interview on 12/11/24 at 4:44 PM with RNC she stated that her expectation for medication I expect them (facility staff) to check the physician orders, make sure nothing has changed, I expect orders to be checked and followed. I expect for them to be given within the time frame unless the resident is requesting different. She further stated, I probably don't have a specific administration thru a PICC line policy, they should the generalized IV medication administration policy. She stated that there are no standing orders for PICC lines, nor is the SASH method (saline, antibiotic, saline and heparin flush) facility protocol. She further stated that her expectation is not to administer a medication like heparin flush without an order. She further stated that she expects the physician to be contacted. She stated an Adverse outcome of Resident receiving heparin flush without order the resident could have issues with her blood clotting. She stated that she was not aware that heparin flush was administered. She verified that the heparin flush prefilled syringe on the medication cart had 6ml per syringe.</p> <p>In a telephone interview on 12/12/24 at 10:07 AM with Pharmacist, he stated that the pharmacy only sends Heparin flushes if it is specifically ordered for a resident by a physician or for the facility's emergency kit. He stated a staff member would need an order to access medication in emergency, and that would be patient specific.</p> <p>In an interview on 12/12/24 at 4:28 PM ADM stated that medications are to be given only with a physician's order. The ADM stated that an allergic reaction could be an adverse outcome of giving someone a medication without a physician order.</p> <p>Record review of LVN A personnel file revealed Validation Checklist for Flushing and Locking Central Venous Access/Midline/PICC Catheter dated 9/12/24 revealed that nurse was satisfactory in procedure observed and included Reviewed care plan and orders and Lock CVAD's with either preservative-free 0.9% sodium chloride or heparin flush 10units/ml (or according to manufacturer's directions).</p> <p>Record review of facility policy, Specific Medication Administration Procedure, dated 06/21/2022 indicated the following [in part]:</p> <p>C. Review 5 Rights (3) times:</p> <p>(continued on next page)</p>		

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<p>F 0760</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>1. Prior to removing the medication package/container from the cart/drawer;</p> <p>a. Check MAR/TAR for order.</p> <p>b. Note any allergies or contraindications the resident may have prior to drug administration.</p> <p>c. If unfamiliar with the medication, consult a drug reference, manufacturer package insert, or pharmacist for more information.</p> <p>d. Check for vital signs, other tests to be done during/prior to medication administration.</p> <p>e. Prepare resident for medication administration.</p> <p>2. Prior to removing the medication from the container</p> <p>a. Check the label against the order on the MAR.</p> <p>b. Note any supplemental labeling that applies (fractional tablet, multiple tablets, volume of liquid, shake well, give with another medication, etc.).</p> <p>c. Due to the complexity and length/amount of instructions, some medications may be labeled use as directed. Refer to the MAR for instruction details.</p> <p>Record review of Drugs.com accessed on 12/18/24 at Heparin flush Uses, Side Effects & Warnings revealed in part:</p> <p>Heparin flush is used to flush (clean out) an intravenous (IV) catheter, which helps prevent blockage in the tube after you have received an IV infusion</p> <p>Heparin flush is injected directly into the catheter lock of your IV (intravenous) line. You may be shown how to use heparin flush at home.</p> <p>Do not use heparin flush if you do not fully understand how to flush your IV line and properly dispose of used needles, IV tubing, and other items used to inject your medicines. Follow your doctor's instructions.</p>