| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 675904 | A. Building<br>B. Wing | 05/19/2026 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Windflower Health Center | 5500 SW 9th Ave<br>Amarillo, TX 79106 |

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<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Provide for the safe, appropriate administration of IV fluids for a resident when needed.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review the facility failed to ensure parenteral fluids and central venous catheter care were provided in accordance with professional standards of practice and in accordance with physician's orders and the resident's goals and preferences for 1 (Resident #1) of 8 residents reviewed for parenteral therapy services.The facility failed to ensure timely PICC (external access line for medication) line dressing changes were completed as ordered and failed to ensure ongoing assessment and monitoring of the PICC line dressing for integrity and signs of infection for Resident #1. This failure could place residents at risk of harm due to infection.Findings Included:Record review of Resident #1's admission record dated 05/19/26 revealed a [AGE] year-old female admitted to the facility on [DATE] with diagnoses that included, but were not limited to, cellulitis of left lower limb (bacterial skin infection that affects the deep layers of the skin and underlying tissues), type 2 diabetes mellitus(inability to process sugar), morbid (severe) obesity due to excess calories (excess body fat due to high caloric intake), unspecified atrial fibrillation (irregular heart rhythm), and acute-on-chronic systolic heart failure (stable history of heart failure and reduced pumping capacity with a sudden, severe, worsening of symptoms).Record review of Resident #1's admission Minimum Data Set assessment dated [DATE] revealed a BIMS score of 15, indicating intact cognition.Record review of Resident #1's baseline care plan initiated on 05/12/26 revealed no documented interventions, monitoring, or care planning related to the resident's PICC line or intravenous antibiotic therapy. Record review of Resident #1's Order Summary Report dated 05/19/26 revealed the following orders and corresponding order start dates:05/11/26 Monitor PICC line site every shift for signs and symptoms of infection. Active order. 05/18/26 Change PICC line dressing weekly, every shift, every Monday. Active order. Record review of the Medication Administration Record dated 05/19/26 revealed documentation indicating the PICC line dressing change had been completed on 05/18/26. During an observation and interview on 05/19/26 at 1:43 PM, Resident #1's PICC line dressing was observed to be visibly stained, loosening around the edges, and dated 05/08/26. Resident #1 stated the dressing had not been changed since admission to the facility on [DATE]. During an interview on 05/19/26 at 2:48 PM, ADON A stated any nurse who was certified in PICC line care could provide care for Resident #1's PICC line. She stated for PICC lines, they follow orders for when they are to be changed. ADON A stated dressing changes were usually done once a week. She stated if they were not changed weekly or as needed, there could be a risk of infection. During an interview on 05/19/26 at 3:04 PM, ADON B stated Resident #1's PICC line dressing should have been changed yesterday. She stated if a PICC line dressing looked rough, or was coming off, then they had PRN orders to change it more frequently. She stated the RN charge nurse was going to do it today. ADON B stated a possible negative outcome of not doing PICC line dressing changes as ordered was the resident could get an infection.During an interview on 05/19/26 at 3:07 PM, RN C stated she was responsible for changing the dressing for Resident #1. She stated standard treatment for dressings on PICC lines would be once a week but if a dressing was coming off or looking bad, she would check orders, reinforce the dressing or do a PRN change. RN C stated if they were not changed, there could be a risk of infection. During an interview on 05/19/26 at 3:10 PM, the DON stated that<br>(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 |
|---|---|---|

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| F 0694<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | PICC lines are to be changed every 7 days and Resident #1's should have been changed yesterday. She realized it was late, and had just told the charge nurse to change Resident #1's dressing today. The DON stated that if dressings aren't changed as ordered, there could be a risk of infection. She also stated if a dressing was coming off or had become soiled, there are PRN orders to change as needed. Record review of facility policy titled Central Venous Catheter Care and Dressing Changes dated March 2022 revealed the following in part: Purpose: The purpose of this procedure is to prevent complications associated with intravenous therapy, including catheter-related infections that are associated with contaminated, loosened, soiled, or wet dressings. 3. Change the dressing if it becomes damp, loosened, or visibly soiled and: a. at least every 7 days for TSM Dressing. |