

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  676243	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/13/2024
NAME OF PROVIDER OR SUPPLIER  Remington Transitional Care of Richardson		STREET ADDRESS, CITY, STATE, ZIP CODE  1350 E Lookout Dr Richardson, TX 75082	

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 0694</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide for the safe, appropriate administration of IV fluids for a resident when needed.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44405</b></p> <p>Based on observation, interview, and record review, the facility failed to ensure residents received parenteral fluids administered consistent with professional standards of practice and in accordance with physician orders for 1 of 4 residents (Resident #1) reviewed for parenteral fluids.</p> <p>The facility failed to manage Resident #1's PICC line dressing per professional standards and per the physician's order.</p> <p>This failure placed residents at risk of developing an infection.</p> <p>Findings included:</p> <p>Record review of Resident #1's Admission MDS Assessment revealed the resident was a [AGE] year-old male, who admitted to the facility on [DATE] with the following diagnoses: Sepsis, Osteomyelitis of Vertebra, Sacral and Sacrococcygeal Region; Pressure Ulcer of Sacral Region, Stage 4; and CKD. Resident #1 had a BIMS summary score of 15 which suggested intact cognition. The Admission MDS Assessment revealed Resident #1 admitted with a Central IV Access.</p> <p>Record review of Resident #1's care plan, initiated 05/01/24, reflected interventions for the care of the PICC line site that included routine inspection and dressing changes as scheduled and as needed.</p> <p>Record review of Resident #1's active Physician Orders reflected:</p> <ul style="list-style-type: none"> <li>- Start Date 05/01/2024: Monitor PICC line site for redness, tenderness, edema, excessive bleeding at site, chest/neck/ear pain, numbness or tingling of affected arm/hand. Notify MD of abnormal findings every shift.</li> <li>- Start Date 05/05/2024: Dressing change to PICC site one time a day every Sun.</li> <li>- Start Date 05/05/2024: Change needleless connector to each lumen one time a day every Sun for PICC patency.</li> </ul> <p>Record review of Resident #1's May 2024 TAR reflected the following orders were signed off by the ADON on 05/12/24:</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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NAME OF PROVIDER OR SUPPLIER  Remington Transitional Care of Richardson		STREET ADDRESS, CITY, STATE, ZIP CODE  1350 E Lookout Dr Richardson, TX 75082	
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0694</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<ul style="list-style-type: none"> <li>- Change needleless connector to each lumen one time a day every Sun for PICC patency at 8:00 AM</li> <li>- Dressing change to PICC site one time a day every Sun at 8:00 AM</li> <li>- Measure the circumference of the PICC line mid-upper arm QD and PRN every day shift at 6:00 AM</li> <li>- Monitor PICC line site for redness, tenderness, edema, excessive bleeding at site, chest/neck/ear pain, numbness or tingling of affected arm/hand. Notify MD of abnormal findings every shift at 6:00 PM</li> </ul> <p>During an observation and interview on 05/13/24 at 10:57 AM, Resident #1 appeared clean, groomed, and dressed in a hospital gown. Resident #1 was observed in a semi-sitting position in bed. Resident #1 had a double lumen PICC line (two separate [purple; red] lumens [tubing] with ports) to the right upper arm covered by a transparent dressing dated 05/12/24 for IV antibiotics/fluids administration. The purple lumen did not have a needleless connector attached and the red lumen did not have a disinfectant cap placed over the end of the needleless connector to help prevent contamination. Resident #1 was Alert, attentive, and oriented to level of awareness of self, place, time, and situation. Resident #1 denied concerns about PICC line site or timeliness of care provided.</p> <p>During an observation and interview on 05/13/24 at 11:15 AM, LVN C said that each lumen had a needleless connector and disinfectant caps when she assessed Resident #1's PICC line site to the right upper arm. LVN C could not explain why the purple lumen was missing a needleless connector and the red lumen did not have a disinfectant cap. A sterile dressing change was observed to Resident #1's PICC line site at the right upper arm. There were no signs of redness, swelling, bleeding, or any other drainage around the catheter site was noted. One special disinfectant wipe was used to clean each lumen before placing a needleless connector to each lumen. Each port was flushed with 10 cc - 15 cc normal saline before a disinfectant cap was placed at the end of the connector. LVN C was observed appropriately connecting the scheduled IV antibiotic for administration.</p> <p>During an interview on 05/13/24 at 1:35 PM, the ADON indicated that she performed the task of changing Resident #1's PICC line dressing, applied new connectors to each lumen, and covered with disinfectant caps after each lumen was flushed on Sunday, 05/12/24. The ADON said that sterile dressings to PICC sites including the needleless connectors to the lumens should be changed every 7 days and PRN as reflected on the TAR. The ADON said that disinfectant caps should be placed over the end of the connector when the PICC line was not in use.</p> <p>During an interview on 05/13/24 at 1:42 PM, the DON indicated nurses were expected to change PICC/IV/CVC dressing changes every Sunday as scheduled/PRN and document. The DON stated the purpose of changing PICC/IV/CVC dressings every 7 days and as needed if appeared soiled or pulled away from the skin, place residents at risk of infection associated with IV therapy. The DON was unable to locate IV management policies. The DON stated steps of procedure for PICC/IV/CVC dressing change was reviewed with the nursing staff and ensured staff understood. The DON stated surveillance was conducted throughout the day to monitor maintenance of PICC/IV/CVC to avoid complications.</p> <p>During an interview on 05/13/24 at 2:00 PM, the NFA was not able to speak to the process of how central line dressings were changed and stated that the DON oversaw nursing clinical training and competency. The NFA could not produce related policies to IV Management.</p>		