

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 676457	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/06/2025
NAME OF PROVIDER OR SUPPLIER The Bartlett Skilled Nursing and Assisted Living		STREET ADDRESS, CITY, STATE, ZIP CODE 221 Bartlett Drive El Paso, TX 79912	

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 - Some</p>	<p>Provide for the safe, appropriate administration of IV fluids for a resident when needed.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 43871</p> <p>Based on observations, interviews, and record reviews, the facility failed to ensure they followed professional standards of practice in accordance with physician orders and facility policy for care of PICC for 1 (Residents #1) of 2 residents reviewed for parenteral and intravenous care.</p> <p>The facility failed to change Resident #1's PICC line dressing as ordered.</p> <p>This failure placed the residents at risk of complications with their PICC needed for infusion therapy.</p> <p>Findings included:</p> <p>Record review of Resident #1's face sheet dated 2/3/25 revealed a [AGE] year-old female who was admitted to the facility on [DATE] with diagnoses of repeated falls, metabolic encephalopathy (condition in which brain function is disturbed either temporarily or permanently due to different diseases or toxins in the body), and pneumonia.</p> <p>Record review of Resident #1's admission MDS assessment still in progress had a BIMS score of 12, indicating her cognition was moderately impaired.</p> <p>Record review of Resident #1's care plan dated 1/15/25 revealed a focus area for at risk for complications due to PICC line located in left upper arm with interventions of change dressing as ordered and as needed if soiled, wet, or lose.</p> <p>Record review of Resident #1's physician order dated 1/14/25 revealed Nurse to use Sterile Technique when changing PICC line dressing changes once a week per facility protocol.</p> <p>In an observation and interview on 2/4/25 at 8:50 am, Resident #1 was in bed, the PICC line dressing was dated 01/27/25 and remained intact. Resident #1 denied any discomfort or pain at the site. There were no signs of soiling or infection observed.</p> <p>In an observation and interview on 2/5/25 at 9:33 am, Resident #1 was in bed, the PICC line dressing was dated 01/27/25 and remained intact. Resident #1 denied any discomfort or pain at the site. There were no signs of soiling or infection observed.</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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 676457	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/06/2025
NAME OF PROVIDER OR SUPPLIER The Bartlett Skilled Nursing and Assisted Living		STREET ADDRESS, CITY, STATE, ZIP CODE 221 Bartlett Drive El Paso, TX 79912	
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 - Some</p>	<p>In an interview on 2/5/25 at 9:35 am, LVN C stated that Resident #1's PICC line dressing should have been changed on Monday or Tuesday, as the order required it to be changed every seven days. LVN C mentioned that anyone could have done it the previous day. LVN C stated the dressing was intact and there were no signs of infection, such as redness, swelling, or discomfort at the site. LVN C stated that the order specified Wednesday, and it appeared that someone may have changed it early, but it still should have been changed by the seventh day by a charge nurse.</p> <p>In an interview on 2/6/25 at 12:22 pm, the DON stated that nurses were responsible for managing PICC lines. The DON stated orders specified changes every Wednesday and as needed. The DON stated the as needed covered situations where the dressing was wet, peeling off, or required an early change before the seven-day mark and if exceeding the seven-day mark. The DON stated nurses were expected to check the dressing every shift and during every antibiotic administration. The DON stated the primary risk associated with PICC lines was infection. The DON stated nurses received training on PICC line care upon hire and as needed.</p> <p>In an interview on 2/6/25 at 2:43 pm, the Administrator stated that nursing staff were responsible for PICC line management and stated that a frequency was in place. The Administrator deferred further details to the DON.</p> <p>Record review of the facility's Peripheral and Midline IV Dressing Changes policy dated March 2022 read in part change dressing if it becomes damp, loosened, or visibly soiled and: a. at least every 7 days for TSM dressing.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 676457	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/06/2025
NAME OF PROVIDER OR SUPPLIER The Bartlett Skilled Nursing and Assisted Living		STREET ADDRESS, CITY, STATE, ZIP CODE 221 Bartlett Drive El Paso, TX 79912	
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 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.</p> <p>43871</p> <p>Based on observations, interviews, and record review, the facility failed to store all drugs and biologicals in locked compartments for 1 of 2 medication carts reviewed for medication storage and security.</p> <p>The facility failed to ensure LVN A secured the medication cart when it was left unattended.</p> <p>This failure: could place residents at risk for drug diversion or accidental ingestion.</p> <p>Findings included:</p> <p>In an observation on 2/3/25 at 1:34 pm, the medication cart on the 400 hall was left unattended and unlocked. 2 staff were noted in the hallway.</p> <p>In an observation on 2/3/25 at 1:35 pm, CNA B walked over to the medication cart and locked it.</p> <p>In an interview on 2/3/25 at 1:36 pm, CNA B stated that she was aware the medication cart needed to be closed and noticed that it was left unlocked while she saw the State Surveyor standing nearby. CNA B stated she then proceeded to lock the cart. CNA B stated the risk was a patient potentially accessing the medications and stated that it was the nurses' responsibility to ensure the cart remained secured.</p> <p>In an interview on 2/3/25 at 1:39 pm, LVN A stated that the unlocked medication cart was hers and explained that she had walked away to administer medication to a resident who was leaving for dialysis. LVN A stated that she had received training on locking the medication cart upon hire and stated the risk of a resident accessing the medications. LVN A stated that it was the nurses' responsibility to keep the cart secured.</p> <p>In an interview on 2/6/25 at 12:22 pm, the DON stated that medication carts were expected to be locked at all times when the nurse was not present. The DON stated nurses were responsible for locking the cart before stepping away. The DON stated the primary risk identified was unauthorized access by residents or family members. The DON stated training on medication cart security was provided upon hire and through in-services as needed.</p> <p>In an interview on 2/6/25 at 2:43 pm, the Administrator stated that medication carts were required to be locked and that the assigned nurse was responsible for ensuring security. The Administrator stated nurses received training on this requirement upon hire, as needed, and during annual training. The Administrator stated the primary risk identified was unauthorized access to medications.</p> <p>Record review of the facility's Security of Medication Cart policy dated April 2007 read in part the cart must be locked before the nurse enters the resident's room.</p>		