

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265105	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/11/2025
NAME OF PROVIDER OR SUPPLIER Delmar Gardens West		STREET ADDRESS, CITY, STATE, ZIP CODE 13550 South Outer 40 Road Town and Country, MO 63017	

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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure intravenous (IV) services provided were consistent with professional standards of practice when a Licensed Practical Nurse (LPN) removed a peripherally inserted central catheter (PICC line, a thin, soft, long catheter (tube) that is inserted into a vein in the arm, leg or neck that is used for IV medications and fluids) for one resident (Residents #142). The sample was 35. The census was 181.</p> <p>Review of the Rules of Department of Commerce and Insurance, Division 2200-State Board of Nursing, Chapter 6-Intravenous Infusion Treatment Administration, dated 5/31/24, showed:</p> <p>-Definitions: Administer: to carry out comprehensive activities involved in IV infusion treatment modalities that include, but are not limited to, the following: observing; performing; monitoring; discontinuing; maintaining; regulating; adjusting; documenting; assessing; diagnosing; planning; intervening and evaluating;</p> <p>-Central venous catheter: a catheter that is advanced through the internal jugular vein (vein in the neck), cephalic (a superficial vein in the arm) or basilic vein(vein in the upper arm) in the antecubital fossa (front of the elbow, between the arm and forearm) or subclavian vein (vein under the collarbone), with the catheter tip terminating in the superior vena cava (a large vein that carries deoxygenated blood from the head, neck, arms, and upper chest back to the heart). Central venous catheters may be used to administer prescribed IV infusion treatments modalities or to perform prescribed IV infusion diagnostic procedures and include but not limited to PICC (line);</p> <p>-Graduate practical nurses, IV-certified LPN, and LPN nurse who hold an active multistate license to practice under the nurse licensure compact shall not, under any condition, perform the following functions or duties:</p> <p>-Remove a mid-line catheter (a catheter that is inserted into a vein in the antecubital fossa and then advanced three to 12 inches into the proximal (near the center) upper arm) or any type of central venous catheter.</p> <p>Review of the facility's LPN Job Description, undated, showed:</p> <p>-IV certified LPNs may manage IVs within the restrictions of his/her certification. They may not administer IV push medications, may not add medication to IV fluids and may not access an implanted port;</p> <p>-See that all physician orders are carried out or appropriate arrangements made.</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID: Facility ID: 265105	If continuation sheet Page 1 of 4

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<p>F 0694</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of the facility's investigation, dated 1/29/25 through 1/30/25, showed:</p> <ul style="list-style-type: none"> -On 1/29/25, nurse discontinued IV PICC line on 1/28/25; -On 1/28/25, Register Nurse (RN) placed call to Infectious Disease (ID) to obtain order to remove at 9:47 A.M.; -On 1/28/25, resident requested PICC line to be discontinued; -On 1/28/25, an order was obtained (LPN) at 9:51 P.M., -On 1/29/25, no adverse outcome, educated LPN on practice; -On 1/30/25, no adverse outcome. <p>Review of the nursing schedule dated 1/28/25, showed, 2:30 P.M. through 11:00 P.M. there was two RNs scheduled and 10:30 P.M. through 7 A.M., there was one RN was scheduled.</p> <p>Review of LPN Z's employee file, showed:</p> <ul style="list-style-type: none"> -LPN had an active license and was IV certified; -The Counseling Form dated 1/29/25, showed: -When performance or behavior issues arise, a counseling session is used to help employees focus on the area of concern. The issue that leads up to this counseling is: removed PICC line; -In order to achieve acceptable level of performance, the following change(s) must take place: you must practice within your scope. LPN may insert, remove IV lines that are three inches or less in length. You may administer medications and flush a PICC line; -As an employer, we will provide the following support, training and/or coaching to help you achieve this goal: if procedures come up or orders are obtained that are not within your scope of practice you must defer the procedure to an RN or report to the Director of Nursing (DON) so he/she can delegate; -Services we suffer when we do not follow proper procedures or behave in an acceptable manner. The consequence of this is: termination on any other practice completed by you that is outside your scope of practice; -The form was signed by the LPN Z, the DON and the Administrator on 1/30/25. <p>Review of Resident #142's admission quarterly Minimum Data Set (MDS), a federally mandated assessment instrument completed by facility staff, dated 1/7/25, showed:</p> <ul style="list-style-type: none"> -Cognitively intact; -Diagnoses included: wound infection; <p>(continued on next page)</p>		

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<p>F 0694</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-Had IV access while a resident.</p> <p>Review of the resident's quarterly MDS, dated [DATE], showed:</p> <p>-Cognitively intact;</p> <p>-Diagnoses included: heart failure, high blood pressure, wound infection, anxiety and depression.</p> <p>Review of the care plan in use at the time of survey, showed:</p> <p>-Problem: Resident required IV medication;</p> <p>-Goal: Resident will not exhibit signs of complications from IV (localized infection,(infection in one part of the body), systemic infection (an infection that has spread throughout the body), electrolyte imbalance, air embolus (one or more air bubbles or gas bubbles enter a vein or artery and block it) dislodgement, infiltration (the leakage of IV fluids or medications into the surrounding tissue instead of the vein), extravasation (leakage of a solution that can cause tissue damage), phlebitis (inflammation of a vein), fluid overload (occurs when the body receives more fluid than the body can process), dehydration);</p> <p>-Interventions included: Discontinue IV at the first sign of infiltration or local inflammation. Created: 1/07/2025. Discipline: Nursing.</p> <p>Review of the progress notes dated 1/27/25 through 1/28/25, showed:</p> <p>-On 1/27/25 at 11:46 A.M., PICC line no signs and symptoms of adverse reaction noted, stop date for vancomycin (antibiotic) per pharmacy was 1/26/25;</p> <p>-On 1/28/25 at 9:47 A.M., call placed to ID office to find out about PICC line removal order or if need any lab draw or follow up appointment. Will be faxing new orders to the facility;</p> <p>-On 1/28/25 at 9:52 P.M., resident request the PICC line to be removed due to possible infiltration/line unable to be flushed and because line was dislodged and hanging from site barely intact. Call place to Medical Doctor (MD). New order, ok to remove PICC line until further orders received from infection control.</p> <p>Review of the Medication Administration Record (MAR) dated 1/1/25 through 1/31/25, showed:</p> <p>-A physician order to remove the PICC line;</p> <p>-Documentation showed on 1/28/25 at 10:00 P.M., the PICC line was removed by LPN Z.</p> <p>During an interview on 4/9/25 at 6:55 A.M., the resident said he/she did not recall any issues with his/her PICC line. The staff administered his/her medications and flushed it without any problems. The dressings were changed weekly.</p> <p>During an interview on 4/8/25 at 3:15 P.M., LPN Z said LPNs could administer medications and flush PICC lines. They could also change the dressings and remove them in an emergency. The resident had a PICC line in his/her left arm and he/she wanted it out. LPN Z went into the room to assess the</p> <p>(continued on next page)</p>		

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