STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	035143	A. BUILDING ______ B. WING _____	**09/13/2019**

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
LIFE CARE CENTER OF SCOTTSDALE	**9494 EAST BECKER LANE SCOTTSDALE, AZ 85260**

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 0658 **Level of harm -** Minimal harm or potential for actual harm **Residents Affected -** Few	**Ensure services provided by the nursing facility meet professional standards of quality.**

NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY >
Based on observations, staff interviews, clinical record review, and policy review, the facility failed to ensure services provided meet professional standards of quality for two residents (#345 and #36). The deficient practice could result in residents not receiving optimal outcomes related to central venous catheter management and antibiotic use.
Findings include:
-Resident #345 was readmitted to the facility on (MONTH) 9, 2019, with [DIAGNOSES REDACTED].
Review of the physician's orders [REDACTED].
Review of the clinical record revealed a care plan initiated 9/11/19 that the resident had an implanted port for IV push medications. The goal was the port will have no complications. Interventions included maintenance as ordered.
During an observation of resident #345 conducted on 9/11/2019 at 7:54 AM, the Licensed Practical Nurse (LPN/staff #48) was observed to remove the IV medication line and flushed the implanted port with 10 mL of NS. The LPN was not observed to flush the port with a [MEDICATION NAME] solution after the NS flush.
An interview was conducted with staff #48 on 9/11/2019 at 12:17 PM. The LPN stated that she did not recall administering [MEDICATION NAME] through resident #345's implanted port as ordered.
An interview was conducted with a Registered Nurse (RN/staff #61) on 9/12/19 at 8:51 AM. The RN stated she had not received training on central line access including implanted ports. She stated when a resident has a Peripherally Inserted Central Catheter (PICC) line; she reviews the orders for management of the access device. She stated that usually the order states to flush the line twice a day. The RN stated that it is a pretty standard order to flush with 10 mL of NS and 5 mL of [MEDICATION NAME] after administering a medication.
During an interview conducted on 9/12/2019 at 9:27 AM with a LPN (staff #98), he stated he does not know if resident #345 has a valved or non-valved implanted port but that the flushes are the same for both.
An interview was conducted with the Regional Director of Clinical Services (RN/staff #164) and the Director of Nursing (RN/staff #128) on 9/12/2019 at 10:42 AM. Staff #164 stated that if the facility does not have any information on the type of implanted port the resident has, the facility treats all implanted ports as non-valved. She stated this practice was deemed best by the pharmacy to ensure that [MEDICATION NAME] and NS would be used to flush the ports. Staff #128 stated that staff development provides the training on IV access. She stated all RNs and LPNs with IV certification are checked off to ensure they remain competent.
Review of the facility's policy on Implanted Venous Access Port Flushing and Locking revised 5/1/2016, revealed flushing/locking is performed to ensure and maintain catheter patency and to prevent the mixing of incompatible medications/solutions. If unable to determine if the port is valved or nonvalved, treat the port as nonvalved.
Review of the facility's Infusion Maintenance Table revealed that the maintenance for a non-valved implanted venous port is flushing with 10 mL of NS followed by 5 mL of [MEDICATION NAME] and for a valved implanted venous port is flushing only with 10 mL of NS.
-Resident #36 was admitted to the facility on (MONTH) 29, 2019 with [DIAGNOSES REDACTED].
Review of a nurse progress note for dated (MONTH) 29, 2019 revealed resident #36 was admitted this afternoon.
Review of the physician's orders [REDACTED].
Review of the Medication Administration Record [REDACTED].
Review of an order administration note dated (MONTH) 29, 2019 at 9:00 p.m. revealed Bactrim was pending from the pharmacy.
However, review of the facility's Omnicell list of available medications revealed Bactrim/[MEDICATION NAME]-[MEDICATION NAME] was available.
The MAR for (MONTH) 2019 revealed the first dose of Bactrim documented as administered to the resident was on (MONTH) 30, 2019 at 8:00 a.m.
An interview was conducted with a Registered Nurse (RN/staff #71) on (MONTH) 12, 2019 at 9:45 a.m. She stated that when a resident is admitted , she compares the admission orders [REDACTED]. She stated that if an ordered medication has not arrived from the pharmacy, but is available in the Omnicell, the ordered medication should be taken from the Omnicell and administered to the resident. The RN stated that Bactrim is available in the Omnicell and should have been administered as scheduled. She stated that provider ordered medications should be administered timely and that patient care is a priority. The RN stated that residents should not be missing any doses of an antibiotic medication.
An interview was conducted with the Director of Nursing (DON/staff #128) on (MONTH) 12, 2019 at 11:27 a.m. She stated that if a medication has not arrived from the pharmacy and the medication is available in the Omnicell, the medication should be administered as scheduled. She stated that the scheduled antibiotic for resident #36 should have been given as scheduled as it was available in the Omnicell.
Review of the facility's policy on Administration of Medications revealed all medications are administered safely and appropriately per physician order [REDACTED]. The policy included medication administration is the responsibility of the nursing professional.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

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.