

Department of Veterans Affairs Community Living Center Survey Report

This document or report and the information contained herein, which resulted from the Community Living Center Unannounced Survey, has been de-identified to remove individually identifiable health information (also known as protected health information) in accordance with the Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule and other federal and state laws. De-Identification was completed in accordance with guidance published by the Office for Civil Rights to protect the privacy of the Community Living Center's residents.

General Information:

CLC: Carl T. Hayden VA Medical Center (Phoenix, AZ)

Dates of Survey: 10/30/2018 to 10/31/2018

Total Available Beds: 46

Census on First Day of Survey: 32

F-Tag	Findings
<p>F281</p> <p>483.20(k)(3)(i) <i>The services provided or arranged by the facility must (i) Meet professional standards of quality;</i></p> <p>Level of Harm - No actual harm with potential for more than minimal harm that is not immediate jeopardy</p> <p>Residents Affected - Few</p>	<p>Based on observation, interview and record review, the CLC did not ensure services provided met professional standards of quality. Findings include:</p> <p>On 10/31/18 at 10:30 a.m. the acting chief of nursing (ACON) provided Elsevier's clinical skill quick sheet titled, "Midline Catheter: Maintenance and Dressing Change," and dated July 2018. In the section titled, "Catheter Flushing and Locking," the clinical skill stated, "Attach a 10-ml [milliliter] syringe filled with preservative-free 0.9% sodium chloride to the appropriate port on the midline catheter....Open the clamp and gently aspirate until a blood return is visible in the tubing...."</p> <p>Elsevier's clinical skill dated July 2018 and titled, "Peripherally Inserted Central Catheter [PICC]: Maintenance and Dressing Change," was retrieved online and stated, "Attach a 10-ml (milliliter) syringe filled with preservative-free 0.9% sodium chloride to the appropriate port on the catheter....Open the clamp and gently aspirate until a blood return is visible in the tubing...."</p>
	<p><u>Resident #204, [LOCATION]</u></p> <ul style="list-style-type: none"> • According to Resident #204's admission history and physical dated [DATE], Resident #204 was admitted to the CLC for wound care. The resident's comprehensive Minimum Data Set (MDS) dated 10/24/18 indicated the resident's Brief Interview for Mental Status (BIMS) score was 15 suggesting intact cognition. • Resident #204 had a left arm, double lumen peripherally inserted central catheter (PICC). • The resident had a current provider's order for "Ertapenem [antibiotic] powder 1 Gram in sodium chloride 0.9% injectable 100 milliliters. IVPB [intravenous piggyback] infuse over 30 minutes every 24 hours intravenous for 3 days then reevaluate use...." • On 10/30/18 at 2:00 p.m., a registered nurse (RN) was observed administering Resident #204's antibiotic. The RN attached a 10-ml syringe filled with preservative-free 0.9% sodium chloride to one of the two ports of the double lumen PICC. The catheter was flushed with the 10 milliliters without difficulty; the RN did not aspirate for blood return before flushing the PICC. When asked if the port could be aspirated for a blood return, the RN confirmed blood could be aspirated and that blood samples were drawn from the PICC. The resident confirmed this and said, "They [nursing staff] drew blood from it this morning." <p><u>Resident # 104, [LOCATION]</u></p> <ul style="list-style-type: none"> • Resident #104 was admitted to the CLC on [DATE] diagnoses including a non-healing ulcer of the right foot. • Resident #104 had a provider's order dated 10/24/18 for "Cefazolin 2 GM/100 ml [2 grams in 100 milliliters] to infuse over 30 minutes every 8 hours IV [intravenous]...." • On 10/30/18 at 2:16 p.m., a different RN than the RN observed administering medication for Resident #204 was observed administering Resident #104's intravenous cefazolin. The RN assembled supplies including a 10-ml syringe of preservative-free 0.9% sodium chloride. After disinfecting the port of the resident's midline catheter, the

RN inserted the tip of the 10 ml syringe of normal saline into the port and flushed the port without first aspirating for blood return.
