

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 056183	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/29/2020
NAME OF PROVIDER OF SUPPLIER VALLEY HEALTHCARE CENTER		STREET ADDRESS, CITY, STATE, ZIP 1680 NORTH WATERMAN AVENUE SAN BERNARDINO, CA 92404	
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 0694 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	<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**</p> <p>Based on interview, and record review, the facility failed to ensure the peripheral intravenous line (PIV- small hollow tube inserted into a vein for administration of medication, fluids, or blood products) was removed after a therapy was completed, and in accordance to the facility's policy and procedure, for one of three sampled residents (Resident 1). This failure had the potential for Resident 1 to acquire a bloodstream infection, which could place him at risk [MEDICAL CONDITION] (life-threatening condition caused by the body's response to an infection). Findings: During a review of Resident 1's clinical record, the face sheet (contains demographic information) indicated Resident 1 was admitted on [DATE], with [DIAGNOSES REDACTED]. During a review of Resident 1's physician's orders [REDACTED]. (hours) for 7 days . DC</p> <p>(Discontinue) date: 04/18/20 (April 18, 2020) . During a review of Resident 1's Medication Administration Record [REDACTED]. Further review indicated the last dose (April 18, 2020 at 9 PM) was refused by Resident 1 and was not administered. During a review of Resident 1's Nursing Notes, dated May 21, 2020, at 3:52 PM, documented by the Director of Nursing (DON), indicated On 5-1-20 (May 1, 2020) received call from (Name of Acute Hospital) ER (emergency room) stating that resident (Resident 1) was sent to ER from urology appointment for low blood pressure .They did express that he had a PIV in forearm that was dated 4-12-20 (May 12, 2020). This writer could not dispute nor observe PIV. When questioned whether there were any area of concern to residents (resident's) skin, the ER representative stated that there was not . On 5-4-20 this writer assessed residents (resident's) skin on bilateral arms and found them to be free of any redness, irritation, swelling, discharge that might have been related to a PIV left in place too long . During a concurrent interview and record review of Resident 1's clinical record, with the DON, on May 28, 2020, at 4:18 PM, the DON stated It (Resident 1's PIV dated April 12, 2020) was never taken out. The DON further stated the Registered Nurse should have removed Resident 1's PIV last April 18, 2020 after administering the last dose of his antibiotic. During a concurrent interview and record review, with the DON, on May 28, 2020, at 4:31 PM, the DON reviewed the facility's policy and procedure titled Removal of a Peripheral IV (Over the Needle, Peripheral Short) Catheter revised September 2011, and stated it was not followed because Resident 1's PIV was not removed timely. The DON stated that it was important to remove it timely to prevent blood borne pathogens [MEDICAL CONDITION]. She further stated the licensed staff were expected to follow the facility's protocol. During a review of the facility's policy and procedure titled Removal of a Peripheral IV (Over the Needle, Peripheral Short) Catheter revised September 2011, indicated 3. The peripheral IV catheter is also removed when therapy is discontinued.</p>		

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.