

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>235422</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>09/03/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>REGENCY AT CHENE</b>		STREET ADDRESS, CITY, STATE, ZIP <b>2295 E VERNOR HIGHWAY DETROIT, MI 48207</b>	
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  <b>Level of harm</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Few	<p><b>Provide for the safe, appropriate administration of IV fluids for a resident when needed.</b></p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b></p> <p>Based on observation, interview and record review the facility failed monitor and ensure completion of an intravenous (IV) antibiotic as ordered by a physician, for one resident (Resident #317), of one residents reviewed with orders for intravenous infusions, resulting in the potential for infiltration (fluid infuses into tissue surrounding the IV site) of IV and medications given not to be therapeutic Findings include: Resident #317 In an observation on 9/1/20 at 10:36 a.m., Resident #317 had a PICC (peripherally inserted central catheter) in the right upper arm. Review of an Admission Record revealed, Resident #317 admitted to the facility on [DATE] with pertinent [DIAGNOSES REDACTED]. Review of a Physician order [REDACTED]. Upon entrance in Resident #317's room the IV pump alarm sounded. A medication bag of [MEDICATION NAME] 2 G/100ml [MEDICATION NAME] with a date of 9/3/20 and time 0500 and circled staff initials hung from the IV pole and was full. The screen read infusion complete. In an observation and interview on 9/3/20 at 7:41 a.m., Nurse C sat in the COVID unit breakroom. Nurse C stated They did not tell me pump was sounding, when asked if he heard Resident #317's IV pump sounding. In an observation and interview on 9/3/20 at 7:42 a.m., Nurse C entered Resident #317's room and looked at the IV pump. Nurse C reported he did not hang the IV. The IV line was attached to the PICC in Resident #317's right arm. In an interview on 9/3/20 at 7:48 a.m., Nurse C reported he is going to unhook Resident #317 from the IV line, flush with saline and then tiger text the physician. In an observation on 9/3/20 at 7:54 a.m., Nurse C stopped the pump and removed the line from Resident #317's right arm. In an interview on 9/3/20 at 8:09 a.m., Unit Manager D for COVID unit reported the midnight nurse should have finished the IV administration for Resident #317. Review of a September Medication Administration Record [REDACTED]. Review of a Administration of an Intermittent Infusion document with a revised date of 5/1/16 revealed, .Licensed nurses according to state law and facility policy. The nurse is responsible and accountable for obtaining and maintaining competence with infusion therapy within his or her scope of practice . In an interview on 9/03/20 1:48 p.m., the Director of Nursing (DON) reported the nurse should have checked on resident during administration to ensure completion. The DON stated, Yes when asked if the nurse should have monitored the resident during IV administration to be sure there was no complications with PICC line such as infiltration.</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.