Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: \_ COMPLETED C IL6009112 B. WING 02/04/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 3800 NORTH CALIFORNIA AVENUE PAULHOUSE & HEALTH CR CTR CHICAGO, IL 60618 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) S 000 Initial Comments S 000 Complaint 2280860/IL143063 S9999 Final Observations S9999 Statement of Licensure Violations: 300.1210b) 300.1210d)6) 300.3240a) Section 300.1210 General Requirements for Nursing and Personal Care b) The facility shall provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychological well-being of the resident, in accordance with each resident's comprehensive resident care plan. Adequate and properly supervised nursing care and personal care shall be provided to each resident to meet the total nursing and personal care needs of the resident. Restorative measures shall include, at a minimum, the following procedures: Pursuant to subsection (a), general nursing care shall include, at a minimum, the following and shall be practiced on a 24-hour. seven-day-a-week basis: All necessary precautions shall be taken to assure that the residents' environment remains as free of accident hazards as possible. All nursing personnel shall evaluate residents to see that each resident receives adequate supervision Attachment A and assistance to prevent accidents. Statement of Licensure Violations

llinois Department of Public Health

ABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Illinois Department of Public Health FORM APPROVED STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION (X3) DATE SURVEY **IDENTIFICATION NUMBER:** A. BUILDING: COMPLETED C IL6009112 B. WING 02/04/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 3800 NORTH CALIFORNIA AVENUE PAUL HOUSE & HEALTH CR CTR CHICAGO, IL 60618 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X5) COMPLETE **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) S9999 Continued From page 1 S9999 Section 300.3240 Abuse and Neglect a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident. (Section 2-107 of the Act) These Regulations were not met as evidenced Based on interview and record review facility's pharmacy did not follow the terms of the Pharmacy Services Agreement Contract by not rendering services safely to one resident (R1) reviewed for intravenous care. This failure resulted in R1 sustaining Upper Bilateral Humeral Fractures during the insertion of a PICC line (peripherally inserted central catheter) by the subcontractor. Findings Include: R1' medical diagnosis includes Contracture of muscle, multiple sites. R1's Communication - with Family/NOK (next of kin)/POA (Power of Attorney) Text dated 1/21/2022 18:15 (6:15pm) states: Spoke with POA and informed about Doctor order for Meropenem (antibiotic) and that resident will need a PICC line. POA Agreed and gave consent for the PICC line. R1's Health Status Note Text dated 1/21/2022 at 17:45 (5:45pm) states: Spoke with Doctor and he ordered to start Meropenem 500mg IVAB (Intravenous antibiotic) every 8hrs x 2weeks. Contacted Vascular for PICC line insertion. R1's vascular access treatment form dated 1/21/22 at 21:50 (9:50pm) denotes three attempts. Right basilic vein, catheter size 4 lumen

	Department of Public	Health			FORM	APPROVE	
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DAT	(X3) DATE SURVEY COMPLETED	
, .		IL6009112	B. WING			C	
NAME 0	F PROVIDER OR SUPPLIER	STREET AL	DDRESS CITY 5	STATE, ZIP CODE	02/04/2022		
PAUL	OUSE & HEALTH CR			RNIA AVENUE			
		CHICAGO	O, IL 60618				
(X4) ID PREFIX TAG			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETE DATE	
S9999	Continued From page	ge 2	S9999		3 to		
	5:52am states: Resiconnected to G-tube well. With scheduled every 8 hours via Pladverse reaction not administration. Wou (treatment) done. Ket R1's vascular access denotes swelling at a measured 31cm, placorrect position, recon DVT (deep vein throw R1's Health Status N17:00 (5pm) states: Falert and awake. Not distress. Vitals as foll PR 105, RR 18, O2 sonoted resident's right site is swollen. Notified Supervisor came to coniece. Vascular accest there is no available to unable to tell when the MD and said will talk a called back with order hospital. Called ambit will be available to pick Report given to Hospital Called ambit will be available to pick Report given to Hospital checked the PICC line line is in place but the resident was picked upstretcher.	ept cleaned (sic) and dry.  s company dated 1/27/22  arm with PICC line, arm cement checked line in mend doppler to rule out mbosis).  Note Text dated 1/27/2022 at Received resident in bed in any form of respiratory ows: BP 124/8, temp 98.7, at 94% at room air. Writer arm where the PICC line and DON and supervisor. heck. Notified, resident's ss notified and said that V nurse at the moment, e nurse can come. Notified to, resident's niece. MD to send resident to ulance and per ambulance k up resident at 5PM. ital ER nurse. Niece notified to PM IV nurse came and e site and said that the PICC re is DVT noted. At 5PM					

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<u> Illinois I</u>	Department of Public	Health			FORM	APPROVE	
STATEME	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE CONSTRUCTION			1000	
AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		IDENTIFICATION NUMBER:	A. BUILDING:			(X3) DATE SURVEY COMPLETED	
	*	IL6009112	B. WING		•	С	
NAMEOF	PROVIDER OR SUPPLIER	STOCET AS			02/	04/2022	
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PAULHO	OUSE & HEALTH CR	CHICAGO	CIH CALIFOR ), IL 60618	RNIA AVENUE			
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			TAG	CROSS-REFERENCED TO THE APPRO DEFICIENCY)	PRIATE	DATE	
S9999	Continued From pa	ge 3	S9999				
		Ī )	29999				
	resident has 2 from	lent's status and per nurse					
	Fractures.	ures -Upper Bilateral Humeral					
	ridotares,						
	R1's hospital radiolo	gy report dated 1/27/22					
	denotes lateral x-ray	/ right humerus. Findings			51		
	minimally displaced	fracture through the right					
- 1	temoral neck (right i	upper arm fracture)					
	Impression proxima	right humeral fracture. R1's				î î	
	fracture through the	enotes minimally displaced					
	Impression: Proxima	al humeral fracture (left upper			B: 11		
	arm fracture).	indifferent fracture (left upper				ii.	
	Í					la la	
	V18 (Medical Directo	or) stated on 2/4/22 at 12:00	1				
1	pm that the older you	get the inflammatory					
- 1	response takes long	er to come up. V18 stated	1				
1	a few days for the su	h older residents that it took velling to appear. V18 stated	1		1	1	
1	depending on the sid	le that R1 favored or laid on,	i i		1		
	the overall swelling w	/Ould be more and/or less					
	V18 stated the area t	hat was fractured in R1's					
1.0	case is under the sho	oulder, which is called the					
1.1	Proximal area. V18 s	tated in a contracted					
	resident like R1 if you	pull the arms away from	1				
	mo body it call cause	a break in proximal area.			9		
	V8 (Doctor) stated on	1/28/22 at 2:30 pm R1 and					
	⊀3 have been under ∣	his care for a while. V8				1	
5	stated if the x-ray fror	n the hospital showed	8			1	
(	displaced fracture it n	neans that some type of				1	
1	orce was applied tha	t would cause a break.				- 1	
F.	racture to her left on	hital x-ray R1 had displaced					
8	stated if forced mover	right humeral neck. V8					
C	contracted extremity	it can cause a fracture, and				[	
] 17	nhis medical opinion	the fractures were					
u	ınintentional. V8 state	ed R3 is alert, credible, and					
C	an remember things	and tell the history of an				1	
l e	vent.	, = = =				- 1	

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Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: \_ С IL6009112 B. WING 02/04/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 3800 NORTH CALIFORNIA AVENUE PAUL HOUSE & HEALTH CR CTR CHICAGO, IL 60618 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE TAG **DEFICIENCY**) S9999 Continued From page 4 S9999 R3 stated on 1/28/22 at 2:00 pm that she (R3) was awake and resting in her bed which is next to her daughters (R1's) bed when V2 (Vascular Registered Nurse) came into their room. R3 stated V2 was making her nervous because she kept going back and forth around R1's bed looking at R1's arms. R3 stated it took V2 about 1½ hours to get the IV in her daughters' (R1) arm. R3 stated she spoke to V2 before V2 left the room and V2 told her that she had trouble getting the IV in R1's arm but was able to get it. V6 (Certified Nurse Aide) stated on 1/28/22 at 11:40 am that he works with R1 often and R1 needs an adult diaper change a couple of times and would slowly turn. V6 stated R1 does not resist care and since her hands and arms are contracted, she does not move. V6 was working on the pm shift on 1/21/22 and at that time R1 and R3 were in their room. V6 stated R3 is R1's mother and always on the lookout to make sure R1 is getting taken care of. V6 stated V6 saw when V2 went into their (R1, R3's) room and remembered that she was there a long time, over an hour. V3 (Vascular Lab Owner) stated on 1/28/22 at 10:45am when a facility requests an PICC line insertion they confirm the orders. V3 stated it is not necessary to view both arms because they prefer the right arm. V3 stated the only reason to look at the left arm is if you're looking for a better vein for access. If the right arm shows good access there is no reason to go back and forth to the other side of the person's body unless you're looking at the other arm to find a vein. V3 stated the arm needs to be positioned so they can see the bottom part of the arm near the elbow during line placement. V3 stated ideally would like the

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resident to extend the arm but if the resident is

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(X3) DATE SURVEY COMPLETED

IL6009112

B. WING

С 02/04/2022

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

A. BUILDING:

## PAULHOUSE & HEALTH CR CTR

3800 NORTH CALIFORNIA AVENUE

SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  Continued From page 5	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE	(X5) COMPLETE
Continued From page 5		DEFICIENCY)	DATE
contracted, they can't. V3 stated they assess the arm with ultrasound and once they find a good vein they proceed. If no problems occur it would take about 45 minutes to an hour to establish a PICC line.  V2 (Vascular Registered Nurse) stated on 1/28/22 at 10:15 am she's been doing PICC (peripherally inserted central catheter) for one year. V2 stated	S9999		
order, face sheet and consent. V2 stated she got to the facility last week and R1's primary nurse gave her R1's face sheet, the order, and a consent. V2 stated she reviews the diagnosis on the face sheet to see if there are any constraints. V2 stated when she went into R1's room and observed that R1 was very contracted. V2 stated they like to use the right arm because it has better access to the central veins. V2 stated she pulled R1's arm out slowly away from her body at about 45 degrees to get the ultrasound probe on			
arm and was able to see the image of R1's vein. V2 stated once she located a good vein, inserted the needle with a guide wire but had to keep R1's arm at 45-degree angle while inserting the PICC because the vein has to be straight so the PICC can go in correctly. V2 stated once the PICC line was inserted, required to aspirate for blood return, and then attaches the (name of machine, used to visualize line placement) machine to the			
shoulder and underneath the breast that tells her that the PICC line is in the correct vein, the superior vena cava (large vein that returns blood to the top right of the heart). V2 stated she did not move/touch R1's other (left) arm while she was there. V2 stated there was no one else in R1's room when she placed the PICC line, and after she finished R1 went to sleep. V2 stated she had			
	V2 (Vascular Registered Nurse) stated on 1/28/22 at 10:15 am she's been doing PICC (peripherally inserted central catheter) for one year. V2 stated before starting a PICC line it requires a doctor's order, face sheet and consent. V2 stated she got to the facility last week and R1's primary nurse gave her R1's face sheet, the order, and a consent. V2 stated she reviews the diagnosis on the face sheet to see if there are any constraints. V2 stated when she went into R1's room and observed that R1 was very contracted. V2 stated they like to use the right arm because it has better access to the central veins. V2 stated she pulled R1's arm out slowly away from her body at about 45 degrees to get the ultrasound probe on the arm. V2 placed the probe on R1's upper right arm and was able to see the image of R1's vein. V2 stated once she located a good vein, inserted the needle with a guide wire but had to keep R1's arm at 45-degree angle while inserting the PICC because the vein has to be straight so the PICC can go in correctly. V2 stated once the PICC line was inserted, required to aspirate for blood return, and then attaches the (name of machine, used to visualize line placement) machine to the shoulder and underneath the breast that tells her that the PICC line is in the correct vein, the superior vena cava (large vein that returns blood to the top right of the heart). V2 stated she did not move/touch R1's other (left) arm while she was there. V2 stated there was no one else in R1's room when she placed the PICC line, and after	V2 (Vascular Registered Nurse) stated on 1/28/22 at 10:15 am she's been doing PICC (peripherally inserted central catheter) for one year. V2 stated before starting a PICC line it requires a doctor's order, face sheet and consent. V2 stated she got to the facility last week and R1's primary nurse gave her R1's face sheet, the order, and a consent. V2 stated she reviews the diagnosis on the face sheet to see if there are any constraints. V2 stated when she went into R1's room and observed that R1 was very contracted. V2 stated they like to use the right arm because it has better access to the central veins. V2 stated she pulled R1's arm out slowly away from her body at about 45 degrees to get the ultrasound probe on the arm. V2 placed the probe on R1's upper right arm and was able to see the image of R1's vein. V2 stated once she located a good vein, inserted the needle with a guide wire but had to keep R1's arm at 45-degree angle while inserting the PICC because the vein has to be straight so the PICC can go in correctly. V2 stated once the PICC line was inserted, required to aspirate for blood return, and then attaches the (name of machine, used to visualize line placement) machine to the shoulder and underneath the breast that tells her that the PICC line is in the correct vein, the superior vena cava (large vein that returns blood to the top right of the heart). V2 stated she did not move/touch R1's other (left) arm while she was there. V2 stated there was no one else in R1's room when she placed the PICC line, and after she finished R1 went to sleep. V2 stated she had no trouble putting the PICC line in R1's arm and	PICC line.  V2 (Vascular Registered Nurse) stated on 1/28/22 at 10:15 am she's been doing PICC (peripherally inserted central catheter) for one year. V2 stated before starting a PICC line it requires a doctor's order, face sheet and consent. V2 stated she got to the facility last week and R1's primary nurse gave her R1's face sheet, the order, and a consent. V2 stated she reviews the diagnosis on the face sheet to see if there are any constraints. V2 stated when she went into R1's room and observed that R1 was very contracted. V2 stated they like to use the right arm because it has better access to the central veins. V2 stated she pulled R1's arm out slowly away from her body at about 45 degrees to get the ultrasound probe on the arm. V2 placed the probe on R1's upper right arm and was able to see the image of R1's vein. V2 stated once she located a good vein, inserted the needle with a guide wire but had to keep R1's arm at 45-degree angle while inserting the PICC because the vein has to be straight so the PICC can go in correctly. V2 stated once the PICC line was inserted, required to aspirate for blood return, and then attaches the (name of machine, used to visualize line placement) machine to the shoulder and underneath the breast that tells her that the PICC line is in the correct vein, the superior vena cava (large vein that returns blood to the top right of the heart). V2 stated she did not move/touch R1's other (left) arm while she was there. V2 stated there was no one else in R1's room when she placed the PICC line, and after she finished R1 went to sleep. V2 stated she had no trouble putting the PICC line in R1's arm and

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STATCHE	NIT OF DEFICIENCIES	ANA PROMPTO	Ť ·				
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY	
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		•	17.0	DEFICIENCY)	DEKIATE	DATE	
S9999	Continued From pa	ge 6	S9999				
		•	29999				
	did not go on the oti	her side of R1's bed to look at					
	her left arm.	i				1	
	\/44 /Linemand D	Carl Marca N. d. d. a.				6	
	VII (Licensed Prac	tical Nurse) stated on 2/1/22					
8	at 1. 15pm that she	was assigned to R1 when V2					
k (2)	stated R1s' roommo	to insert the PICC line. V11					
	stated R1s' roommate (R3) was in the room when V2 was there. V11 did think that V2 was in R1's					8	
	room a long time an	d even asked an aide to go				8 8	
	check to see if V2 w	as still there. V11 stated V2					
	finally came out of F	R1's room and mentioned that					
	the PICC line was in	and could be used. V11					
	stated she did not ha	ave to touch R1's arms					
		start antibiotics was not until					
	the next shift. V11 m	ainly provided R1 with gastric				1	
	tube care and prope	r repositioning.					
	V5 (Registered Nurs	e) stated on 1/28/22 at 11:20				1	
1	am that she been a	nurse for ten years and took					
1	care of K1 while she	was at the facility. V5 stated				1	
	Ki was transferred t	o her side on Sunday (1/23).					
j	va stated on wedne	sday she took care of R1					
	did not have to move	ine to give her antibiotics and her arm to connect the IV					
-	tubing to the ports of	ath. V5 stated she did not					
		eft arm at all during her care.					
	V5 worked 7am-7nm	on Thursday (1/27) and				Į I	
1	when about to give R	R1's antibiotic noticed that					
	R1's right arm was s	wollen. V5 stated called DON					
	(Director of Nursing)	and the supervisor (V7) who				100	
- 1	came in to check R1'	's arms. V5 stated she called		335			
	the doctor and that h	e would call her back. V5					
	stated called the vas	cular contractor to come and					
	they came out that at	fternoon. V5 stated the					
	vascular nurse came	and checked the patency of					
	the PICC line. V5 sta	ted the vascular nurse told					
	her that the site was	patent but that it might be a					
[1]	DVT. V5 stated she of	alled the doctor back and				1	
0	the doctor ordered R	t1 to be sent to the hospital					
	to be evaluated.		- 20				

FORM APPROVED Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: IL6009112 B. WING 02/04/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 3800 NORTH CALIFORNIA AVENUE PAULHOUSE & HEALTH CR CTR CHICAGO, IL 60618 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) S9999 Continued From page 7 S9999 V7 (Registered Nurse Supervisor) stated on 1/28/22 at 12:00 pm that V5 informed her that R1's right arm was swollen. V7 went to R1's room, assessed R1's right arm and noticed that right arm was swollen. V7 tried to move R1's arm to observe site, but R1 grimaced in pain, V7 looked at R1's left arm to compare them and noticed that R1 had some discoloration inside the upper aspects of her left bicep. V7 stated she noticed a small needle prick inside the discoloration part of R1's left arm. V7 stated from her experience it looked like someone had tried to start an IV on R1's left arm but was unsuccessful. V14 (Director of Nursing) on 2/1/22 at 2:15 pm. stated she been an Registered Nurse for over twenty years. V14 stated V5 told her about R1's arm swelling and received a call from R1's family member to check on R1's arms. V14 went to R1's room and looked at the right arm at the PICC line site and noticed that it was red and swollen, V14 stated she then assessed R1's left arm and saw some discoloration and a needle prick inside the area of discoloration on R1's left arm. V14 stated she was puzzled because it looked like someone tried to start an IV in R1's left arm. V14 stated she convinced R1's family member to send R1 to the hospital because thought they should rule-out a Deep Vein Thrombosis (DVT) or cellulitis. V1 (Administrator) stated on 1/28/22 at 10:00 am that he was told by nursing that R1 had a PICC line for antibiotic infusion, and staff noted that R1's arm was swollen. V1 stated the vascular company came to the facility last week to insert the PICC line. V1 stated from talking to V14 and V7 he was made aware that vascular tried to put

the PICC line in both arms but was only

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FORM APPROVED Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION (X3) DATE SURVEY **IDENTIFICATION NUMBER:** A. BUILDING: COMPLETED C IL6009112 B. WING 02/04/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 3800 NORTH CALIFORNIA AVENUE **PAUL HOUSE & HEALTH CR CTR** CHICAGO, IL 60618 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX (X5) COMPLETE (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE **DEFICIENCY**) S9999 Continued From page 8 S9999 successful with the right arm. V1 stated R1's arm is contracted and the vascular nurse probably moved R1's contracted arms to far to put the PICC line in. V1 stated they are cancelling their contract with the lab company. Facility's Pharmacy Service Agreement denotes Pharmacy shall provide the services set forth in this Agreement to Client and persons in care of the Customer (the "Residents" or "Patients") in accordance with the terms and conditions of this Agreement, and any Schedules, 2. Obligations of the pharmacy A. Pharmacy shall provide to Client and deliver to the Customer prescription and non-prescription drugs, biologicals, and intravenous solutions, supplies and equipment (the "Products or Medications"), and Services as set forth in this Agreement, in accordance with the orders of the Residents' licensed prescribers as provided to Pharmacy by Customer, and Customer's own orders. I. Select and prepare parenteral Products, as appropriate, and maintain IV administration Products for IV drug therapy. Section E. Subcontract. Pharmacy has the right to subcontract its duties hereunder, however. Pharmacy will remain liable for all performance under this Agreement. Therapy/Service peripheral, midline and PICC IV insertions and clinical support. This contract automatically renews successive on 1/31/21 for one year unless otherwise terminated. (A)