

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 455544	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/17/2025
NAME OF PROVIDER OR SUPPLIER Paradigm at Stevens		STREET ADDRESS, CITY, STATE, ZIP CODE 204 Walter St Yoakum, TX 77995	
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)		
<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 39075</p> <p>Based on observation, interview and record review the facility failed to maintain an infection prevention and control program designed to provide a safe, sanitary, and comfortable environment and to help prevent the development and transmission of communicable diseases and infections and handle, store, process, and transport linens to prevent the spread of infection for 2 of 47 residents (Resident #1 and Resident #2) reviewed for infection control.</p> <p>The facility failed to report to the State Survey Agency (HHSC) an outbreak of scabies infection.</p> <p>These failures could place residents at risk of a delay of identification infectious outbreaks and lack of timely follow-up on recommended interventions to prevent harm, or impairment.</p> <p>The findings included:</p> <p>1. Record review of Resident #1's face sheet, dated 1/17/25 revealed a [AGE] year-old male admitted to the facility on [DATE] and readmitted on [DATE] with diagnoses that included diabetes (a long-term condition in which the body has trouble controlling blood sugar and using it for energy) with other skin complications, Alzheimer's disease (a progressive disease that destroys memory and other important mental functions), traumatic brain injury with loss of consciousness of unspecified duration, and need for assistance with personal care.</p> <p>Record review of Resident #1's most recent quarterly MDS assessment, dated 12/20/24 revealed the resident was severely cognitively impaired for daily decision-making skills and required substantial/maximal assistance with mobility and transfers.</p> <p>Record review of Resident #1's Order Summary Report, dated 1/17/25 revealed the following:</p> <ul style="list-style-type: none"> - Enhanced Barrier Precautions - PPE: Gloves/Gown during high-contact resident care activities every shift with order date 1/14/25 - Skin Scraping Test one time only to rule out scabies for one day, with order date 1/13/25 - Ivermectin Oral Tablet 3 MG, give 3 mg tablet by mouth one time only for scabies for 1 day, with order date 1/13/25 <p>(continued on next page)</p>		

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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Record review of Resident #1's microbiology report dated 1/13/25 revealed the resident was positive for scabies.</p> <p>Record review of Resident #1's comprehensive care plan dated 1/15/25 revealed the resident had scabies and was treated with Ivermectin.</p> <p>2. Record review of Resident #2's face sheet, dated 1/17/25 revealed a [AGE] year-old female admitted to the facility on [DATE] with diagnoses that included atopic dermatitis (also known as eczema; a chronic inflammatory skin condition characterized by itchy, red, dry, and cracked skin), prurigo nodularis (chronic skin condition characterized by the presence of intensely itchy, firm, dome-shaped nodules on the skin), bed confinement status, basil cell carcinoma of skin (a form of skin cancer) of left lower limb including the hip and reduced mobility.</p> <p>Record review of Resident #2's most recent quarterly MDS assessment, dated 12/24/24 revealed the resident was cognitively intact for daily decision-making skills and required substantial/maximal assistance with mobility and transfers.</p> <p>Record review of Resident #2's Order Summary Report, dated 1/17/25 revealed the following:</p> <ul style="list-style-type: none"> - Enhanced Barrier Precautions - PPE: Gloves/Gown during high contact resident care activities every shift with order date 1/15/25 - Ivermectin Oral Tablet 3 MG, give 1 tablet by mouth one time only for prophylaxis for rash for 1 day, with order date 1/15/25 <p>Record review of Resident #2's microbiology report dated 1/14/25 revealed the resident was positive for scabies.</p> <p>Record review of Resident #2's comprehensive care plan dated 1/15/25 revealed the resident had scabies and was treated with Ivermectin.</p> <p>During an interview on 1/15/25 at 10:10 a.m., the DON revealed the facility had several residents on enhanced barrier precautions, but Resident #1 and Resident #2 were on contact isolation due to confirmed scabies. The DON further revealed there were two staff confirmed positive for scabies.</p> <p>During a follow-up interview on 1/15/25 at 11:00 a.m., the DON stated, CNA A last worked on Friday 1/10/25, called in on Saturday 1/11/25 and then received a text from CNA A on Sunday evening 1/12/25 to report that she was confirmed positive for scabies. The DON stated, staff reported Resident #1 had a rash and a skin scraping confirmed Resident #1 was positive for scabies. The DON stated, after talking to CNA A, CNA A stated she did not have contact with Resident #1 but had worked with Resident #2. The DON revealed she then went to assess Resident #2, who already had several skin issues, and observed a rash that resembled a scabies rash. The DON stated she obtained orders to test Resident #2 and results confirmed she also had scabies. At the time of the interview, the DON stated there were now three more staff, CNA B, LVN C, and CNA D who were confirmed positive for scabies.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 1/15/25 at 4:09 p.m., the Administrator stated, she was made aware CNA A was confirmed positive for scabies on Sunday 1/12/25 and the potential for residents being infected with scabies. The Administrator stated she discussed the possibility of reporting the scabies cases to HHSC with the facility corporate office but it was not a notifiable incident. The Administrator further stated, after confirming there were at least two people confirmed positive with scabies that it was now considered an outbreak and should have been reported to HHSC because of the potential of the infection spreading and if you're not monitoring it can be a bad situation.</p> <p>During an interview on 1/16/25 at 4:43 p.m., the DON stated, any infection such as flu or an infection that affects two or more residents was considered an outbreak, including scabies. The DON stated it was the Administrator's responsibility to report to HHSC. The DON stated it was important to report an outbreak so I don't put other residents, staff and the community in general, at risk.</p> <p>During an observation and interview on 1/17/25 at 8:06 a.m., Resident #2 stated she did not know about having been confirmed positive for scabies but believed she had been infected all the time. Resident #2 was observed with several scratch marks to the upper arms and shoulders. Resident #2 stated she had always had skin issues and had seen the dermatologist routinely.</p> <p>During an observation and interview on 1/17/25 at 8:24 a.m., Resident #1 stated he was told he had a rash by the nurses but was not sure what type of rash he had. Resident #1 was observed with several scratch marks to the upper arms. Resident #1 stated he was given a pill for the rash.</p> <p>An attempt at a telephone interview on 1/17/25 at 9:22 a.m. with CNA A was unsuccessful. A message was left on CNA A's voicemail requesting a call back.</p> <p>During a telephone interview on 1/17/25 at 9:35 a.m., CNA D stated she was confirmed positive for scabies on 1/15/25 but did not know how she became infected. CNA D further stated she had experienced a similar rash like scabies back in November 2024 but had never reported the rash to the DON or the Administrator.</p> <p>During a telephone interview on 1/17/25 at 1:33 p.m., LVN C stated she was confirmed positive for scabies on Wednesday, 1/15/25. LVN C further stated she had developed symptoms a month ago or so and believed the dry itchy rash was related to the dry weather. LVN C stated she discussed the rash with other staff but did not inform the DON or the Administrator because she never saw them. I didn't call them either. LVN C revealed she worked the overnight shift from 6:00 p.m. to 6:00 a.m. LVN C revealed she had provided services to Resident #1 and noted the resident with the rash. LVN C stated when she reported Resident #1's rash to the DON she also informed the DON that she had a similar rash.</p> <p>During an interview on 1/17/25 at 2:18 p.m., CNA B stated she was confirmed with positive scabies on Monday 1/13/25. CNA B stated she reported to the DON a rash to her left upper shoulder and was told to leave the building and see a doctor. CNA B stated she often worked with Resident #2 but was not sure if that was how she became infected.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Record review of the facility policy and procedure titled, Abuse, Neglect, and Exploitation Prevention Policy and Procedure, undated, revealed in part, .The facility Administrator, or his/her designee, will be designated as the facility's ANE Coordinator and will be responsible for overseeing the ANE Prevention Program and directing any such investigation .The Administrator, Director of Nursing, or his/her designee shall report all alleged violations .to the state agency and to all other agencies as required and take all necessary corrective actions depending on the results of the investigation .</p>		