

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 455554	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/24/2024
NAME OF PROVIDER OR SUPPLIER Coral Rehabilitation and Nursing of McGregor		STREET ADDRESS, CITY, STATE, ZIP CODE 414 Johnson Dr MC Gregor, TX 76657	

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** 46708</p> <p>Based on observation, interview, and record review, the facility failed to maintain an Infection Control Program designed to help prevent the development and transmission of disease for 2 (Residents #1 and Resident #2) of 8 residents reviewed for infection control during medication pass.</p> <p>LVN A failed to remove her gloves and wash her hands before putting on a new set of gloves and after touching the peg tube of Resident #1, and then touching the tube of Resident #2.</p> <p>These failures placed residents at an increased risk of exposure to infections, decreased quality of life or hospitalization s.</p> <p>Findings include:</p> <p>1. Review of Resident #1's face sheet, dated 08/24/24, reflected he was a [AGE] year-old male admitted to the facility on [DATE] and readmitted on [DATE] diagnosed with supraventricular tachycardia (erratic heartbeat), anoxic brain damage (occurs when the brain is deprived of oxygen), and personal history of traumatic brain injury.</p> <p>Review of Resident #1's quarterly MDS assessment dated [DATE] reflected a BIMS was not conducted because the resident was rarely/never understood). Section K Swallowing/Nutritional Status revealed feeding tube.</p> <p>Review of Resident #1's care plan revealed a focus of nothing by mouth due to dysphagia (difficulty swallowing). He was a high nutrition/hydration risk as dependent on PEG to meet all nutrition needs.</p> <p>2. Review of Resident #2's face sheet, dated 08/24/24, reflected he was a [AGE] year-old male admitted to the facility on [DATE] and readmitted on [DATE] diagnosed with reduction deformities of brain and cerebral palsy (damage to or abnormalities inside the developing brain that disrupt the brain's ability to control movement).</p> <p>Review of Resident #2's quarterly MDS assessment dated [DATE] reflected a BIMS was not conducted because the resident was rarely/never understood). Section K - Swallowing/Nutritional Status revealed feeding tube.</p> <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>Review of Resident #2's care plan revealed a focus of Resident #2 has potential for nutritional/hydration/aspiration risk due to G-TUBE in place for nutritional and hydration due to diagnosis of cerebral palsy and dysphagia.</p> <p>In an observation on 08/24/24 at 12:26 p.m., LVN took 2 sets of disposable gloves from the box and placed one set of gloves on her hands and pulled up Resident #2's clothing to expose the g-tube. LVN A touched Resident #2's g-tube. LVN did not remove the first set of gloves or wash her hands before putting on the second set of gloves. After touching Resident #1 she immediately she pulled up the clothing of Resident #1 to expose Resident #1's PEG and touched his PEG.</p> <p>In an interview on 08/24/24 at 5:03 p.m., LVN A revealed she touched Resident #2's g-tube and his clothing and Resident #1's PEG tube and his clothing without using an alcohol-based hand rub or washing her hand in between changing her gloves. She revealed that the facility infection policy was to remove gloves and use and alcohol-based hand rub or wash hands before donning a second set of gloves and touching another resident. She revealed that if you do not wash hands or use an alcohol-based hand rub in between changing and touching other residents, residents can get sepsis and an infection.</p> <p>In an interview on 08/24/24 at 3:15 p.m., the DON revealed that staff had to absolutely wash hands in between removing gloves and donning a second set of gloves and touching another resident. If you do not wash hands, there could be cross contamination and residents could get an infection if are germs was passed from one resident to another.</p> <p>Review of facility policy on infection control dated 02/2012 reflected employees must wash their hands for 10 to 15 seconds using antimicrobial or non-antimicrobial soap and water under the following conditions:</p> <p>before and after direct contact with the residents</p> <p>after removing gloves</p> <p>In most situations, the preferred method of hand hygiene is with an alcohol-based hand rub. If hands are not visibly soiled, use an alcohol-based hand rub containing 60 to 95% ethanol or isopropanol for all the following situations:</p> <p>before and after direct contact with residents</p> <p>before donning sterile gloves</p> <p>after contact with a residence's intact skin</p> <p>after removing gloves.</p>		