STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	455563	A. Building B. Wing	05/16/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Denison Nursing and Rehab	601 E Hwy 69 Denison, TX 75021

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 0727 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Have a registered nurse on duty 8 hours a day; and select a registered nurse to be the director of nurses on a full time basis. 48560 Based on interview, and record review, the facility failed to use the services of a registered nurse for at least 8 consecutive hours a day, 7 days a week for 3 of 7 days reviewed for RN coverage. The facility failed to provide RN coverage for 8 consecutive hours daily on 5/4/2024, 5/5/2024, 5/11/2024 in May 2024. This deficient practice had the potential to affect residents in the facility by leaving staff without supervisory coverage for RN-specific nursing activities. Findings included: Record Review of facility's Staff schedule for May 11- May 16 reflected the following: 05/11/2024 reflected LVN C, CNA D, and LVN E. There was no RN coverage on Saturday May 11, 2024. Staffing sheets were requested for 5/1/24 to 5/10/24 but were not provided by the facility at the date and the time of exit. Review of CMS PBJ staffing reports reflected the facility triggered for no RN hours for the last 4 quarters Quarter 1 2024 (October 1 - December 31), Quarter 4 2023 (July 1 - September 30), Quarter 3 2023 (April 1 - June 30), Quarter 2 2023 (January 1 - March 31) since the last licensure survey. In a phone interview on 5/16/24 at 12:10 PM with LVN C revealed that there was no RN coverage on May 4, May 5, and May 11 when she worked double shifts from 6 am - 2 pm and 2pm -10 pm on those days. She stated that LVN E was the night shift LVN. She stated she would like to have a registered nurse in the facility for any emergencies that required RN specific Nursing activities. In a phone interview on 5/16/24 at 2:25 PM with LVN E revealed she worked the night shift of 5/11/2024. She was not aware if there was RN coverage for the morning and afternoon shifts on 5/11/2024. She stated that RN coverage was important to ascertain that any resident who needed RN specific Nursing activities while in the facility promptly received them. (continued on next page)

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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F 0727 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	In an interview on 5/16/24 at 10:54 AM with the DON revealed she started working as the DON on May 1, 2024, at the facility. Prior to that , she worked as a weekend RN supervisor in the facility. The DON stated that she was the only RN employed by the facility since May 1, 2024. She stated that she did not work in the facility on 5/4/2024, 5/5/2024 and 5/11/2024 since she was promoted to being the DON. She stated that she was responsible for creating Nursing schedules and knew the facility needed 8 hours of RN coverage each day in the facility. She stated that the Corporate Nursing team was aware there was no RN coverage for the three days in May. She stated LVNs could contact her by phone if they needed something urgent, but they did not have an RN who came to the facility on weekends since she was promoted to the DON position. She stated the risk of not having an RN for consecutive 8 hours per day in the facility was there was no supervisory oversight, and her years of knowledge were helpful for decision making in terms of emergencies. She stated that the facility was looking for weekend RN coverage and had posted the position. In an interview on 5/16/24 at 11:25 AM with the Administrator revealed she started working in the facility in February 2024. She stated that the previous DON's last day was Thursday May 2, 2024. The current DON used to cover as a Weekend RN supervisor, but since she was promoted as the DON, there was no RN coverage for 5/4/24, 5/5/24 and 5/11/24. The Administrator revealed the facility did not have a waiver for RN coverage. She stated the lack of RN coverage on the weekends could place residents at risk for not getting the services they require from RNs. She also stated that the DON did not have to fill out any timesheets for DON so all she had was the staffing sheets. Attempted Interview with CNA D; called and left voice message for CNA D on 5/16/24 at 9:20 AM and 1:20 PM. CNA D did not return the calls before the date and the time of exit. Review of facility's policy titled Department Duty Hours, Nursing Services revised April 2006 reflected 1. A Registered or Licensed Practical/Vocational Nurse is on duty twenty-four hours per day, seven days per week to supervise the nursing services activities in accordance with physician orders and facility policy. 2. A Registered Nurse is employed as the Director of Nursing Services .is on duty during the day shift Monday through Friday. The policy did not reflect about RN coverage on the weekends.

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F 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist. 42971 Based on observation, interview, and record review, the facility failed to provide pharmaceutical services, including procedures that assure the accurate acquiring, receiving, dispensing, and administering of all drugs and biologicals, to meet the needs of each resident for 1 (Nurses' Medication Cart Hall 100) of 2 carts reviewed for pharmacy services. The facility failed to ensure LVN G, who was responsible for Nurses' Medication Cart Hall 100, counted controlled drugs every shift change. This failure could place residents at risk of not having the medication available due to possible drug diversion and at risk of not receiving the intended therapeutic benefit of the medication. Findings Included: Record review and observation on 05/14/24 at 12:24 PM of Nurse Medication Cart Hall 100, with LVN G revealed missing signatures for Off duty and On duty for 05/01/2024 of the narcotic count sheet. Interview on 05/14/2024 at 12:40 PM, LVN G stated nurses and medication aides should have signed the narcotic sheet after counting the narcotics on 05/01/24. She stated the risk would be potential for drug diversion. Interview on 05/16/24 at 8:36 AM, the DON stated she expected nurses to sign the narcotic count sheet at the beginning and at the end of their shift after they completed count with the incoming and off-going nurse. The DON stated if the staff was not signing the narcotic count sheets, she was unable to prove they were counting. The DON stated it was important to ensure a drug diversion did not occur. The DON stated she was supposed to check the cart randomly for monitoring. Review of the facility's policy Controlled Substances revised November 2022, reflected the following: . Controlled substances are counted upon delivery. The nurse receiving the medication, along with the person delivering the medication, must count the controlled substances together. Both individuals sign the designated controlled substance record.

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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42971 Based on observation, interview, and record review the facility failed to label drugs and biologicals used in the facility in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable for 1 medication room of 1 reviewed for pharmacy services in that: The facility failed to ensure the medication room did not have 11 expired COVID-19 Antigen self-tests for infection detection. This failure could affect residents resulting in diminished effectiveness, and not receiving the therapeutic benefits of the medications. The findings include: Observation on [DATE] at 12:47 PM of the medication room with LVN G revealed 11 expired COVID-19 Antigen self-tests for infection detection. The COVID-19 Antigen self-tests expired [DATE]. Interview on [DATE] at 12:49 PM, LVN G stated she had not seen the expired COVID-19 Antigen self-tests and would have removed them immediately . She stated the risk would be to get a wrong result. Interview on [DATE] at 8:36 AM, the DON stated nurses had to check for expired medication in the carts and in the medication room. She stated the risk of using an expired COVID-19 Antigen self-test would be potential for inaccurate result and inaccurate treatment. Review of the facility's policy Medication Labeling and Storage revised February 2023, reflected the following: .If the facility has discontinued, outdated or deteriorated medications or biologicals, the dispensing pharmacy is contacted for instructions regarding returning or destroying these items .

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. 48560 Based on observations, interviews and record review, the facility failed to store, prepare, distribute, and serve food in accordance with professional standards for food service safety for the facility's only kitchen in that: 1. The facility failed to ensure food items in the facility refrigerator, freezer and dry storage were dated or labeled. 2. The facility failed to ensure Cook B used sterile technique during lunch meal service on 5/14/24. These failures could affect residents who received their meals from the facility's only kitchen, by placing them at risk for food-borne illness if consumed, and food contamination. Findings included: Observation in facility's kitchen refrigerator on 05/14/24 at 9:33 AM revealed one packet of Chicken pot pie filling and Liquid egg yolks were not dated. Observation in facility's kitchen's dry storage on 5/14/24 at 9:36 AM revealed a loaf of bread and 6 hamburger buns were not dated or labeled. Observation in facility's freezer on 5/14/24 at 9:40 AM revealed 6 hamburger patties and bread were not dated and labeled. Observation of lunch meal service on 5/14/24 at 12:05 PM revealed that Cook B donned gloves while serving food to residents in the facility kitchen. Cook B did not use a scoop to serve fried okra. She scooped up several pieces of okra with her gloved hand and put them on the resident's plate. The plate was then delivered to the resident in the dining room. In an interview with Cook B on 5/14/24 at 12:29 PM revealed she did not use a scooper to scoop fried okra while serving the lunch meal. She stated it was a mistake, and she knew she should always use a spoon to serve meals unless it was an individually wrapped item. She stated not using sterile utensils to serve food can increase the risk of food borne illness. Cook B stated everyone in the kitchen, including herself, was responsible for dating and labeling items in the kitchen . She stated it was important to label and date all food items in the kitchen; so that older items can be used first and decrease the risk of any food borne illness. (continued on next page)

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	In an interview on 5/14/24 at 12:36 PM with Food Service Manager stated all kitchen staff including cooks and herself were responsible for dating and labeling items. She stated she had conducted in-services for all kitchen staff for dating and labeling items in the past and will make sure to in-service them again. She stated it was important to always use utensils to serve food to residents since the risk of food contamination and infection would be higher if not done so. She stated her expectation was that all staff follow adequate kitchen hygiene. She stated the risk of not dating and labeling food items was possible risk of food borne illness. Record Review of the Facility's Food receiving and storage, revised October 2017, reflected 7.Dry foods that are stored in bins will be removed from original packaging, labeled, and dated (use by date). Such foods will be rotated using a first in - first out system. 8. All foods stored in the refrigerator or freezer will be covered, labeled, and dated (use by date). All facility storage areas will be maintained in an orderly manner that preserves the condition of food and supplies . Review of the Food and Drug Administration Food Code, dated 2022, reflected, .3-302.12 Food Storage Containers, Identified with Common Name of Food. Except for containers holding food that can be readily and unmistakably recognized such as dry pasta, working containers holding food, or food ingredients that are removed from their original packages for use in the food establishment, such as cooking oils, flour, herbs, potato flakes, salt, spices, and sugar shall be identified with the common name of the food 3-305.11 Food Storage.(B) .refrigerated, ready-to eat time/temperature control for safety food prepared and packaged by a food processing plant shall be clearly marked, at the time the original container is opened in a food establishment and if the food is held for more than 24 hours, to indicate the date or day by which the food shall be consumed on the premises, sold, or discarded, based on the temperature and time combinations specified in (A) of this section and: (1) The day the original container is opened in the food establishment shall be counted as Day 1; and (2) The day or date marked by the food establishment may not exceed a manufacturer's use-by date if the manufacturer determined the use-by date based on food safety

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42971 Based on observation, interview and record review, the facility failed to maintain an infection prevention and control program designed to prevent the development and transmission of infection for one of two residents (Resident #7) observed for infection control. Facility failed to ensure CNA A performed hand hygiene while providing incontinence care to Resident # 7. This failure could place the residents at risk for infection. Findings include: A record review of Resident #7's Comprehensive MDS assessment, dated 03/08/2024, reflected Resident #7 was an [AGE] year-old female admitted to the facility on [DATE] with diagnoses including chronic kidney disease, elevated blood pressure, and breast cancer. Resident #7 had a BIMS score of 13 which indicated Resident #7's cognition was intact. Resident#7 required extensive assistance of 2-person physical assistance with toileting hygiene. In an observation on 05/15/24 at 9:05 AM revealed CNA A and CNA F entered Resident #7's room to provide incontinence care. Both CNAs washed hands and donned gloves. CNA A cleaned the front pubic area using wipes. The resident was assisted onto her side. CNA F held resident and CNA A cleaned the resident's buttocks area using several wipes. CNA A removed her gloves and re-gloved without performing hand hygiene, and she placed a clean brief under resident. Both CNAs repositioned the resident back on her back. Both CNAs gathered the dirty clothes and trash, removed their gloves, and washed hands. In an interview on 05/15/24 at 9:17 AM, CNA A stated she was to wash hands before and after care. CNA A also stated she was supposed to complete hand hygiene after removing the dirty gloves. CNA A stated she did not complete hand hygiene between change of gloves because she forgot to carry the hand sanitizer. CNA A stated she was supposed to complete hand hygiene to prevent the spread of infection. In an interview on 05/16/24 at 8:36 AM, the DON stated during incontinent care the staff were to complete hand hygiene before and after care. The DON also stated in between care CNA was to complete hand hygiene and change gloves because her hands were considered dirty after cleaning the resident. The DON stated the staff were to complete hand hygiene between change of gloves to prevent the spread of infection. Record review of the facility policy reviewed August 2019, titled Hand Hygiene reflected, . This facility considers hand hygiene the primary means to prevent the spread of infections . Use an alcohol-based hand rub . for the following situations: . After removing gloves .