

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 455611	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/31/2024
NAME OF PROVIDER OR SUPPLIER Grace Care Center of Olney		STREET ADDRESS, CITY, STATE, ZIP CODE 1402 W Elm Olney, TX 76374	

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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46641</p> <p>Based on observation, interview and record review, the facility failed to ensure residents receive treatment and care in accordance with professional standards of practice and the comprehensive person-centered care plan for 1 of 2 residents reviewed for quality of care (Resident #1).</p> <p>The facility failed to ensure the nurses initialed and dated wound dressings when wound care was performed on Resident #1.</p> <p>This failure could result in residents with wounds of not having their treatments performed as ordered, wounds becoming infected wounds, and decreased wound healing.</p> <p>Findings include:</p> <p>Record review of face sheet dated 5/29/24 indicated Resident #1 was a [AGE] year-old female admitted initially to the facility on [DATE] and readmitted on [DATE] with diagnoses including TYPE 1 Diabetes (an autoimmune disease that originates when cells that make insulin are destroyed by the immune system), TYPE 2 Diabetes (high blood sugar, insulin resistance, and lack relative lack of insulin), Anemia (blood disorder in which the blood has reduced ability to carry oxygen), protein-calorie malnutrition (lack of energy due to the deficiency of all the macronutrients and many micronutrients), Hyperlipidemia (high levels of any or all lipids in the blood), Hypokalemia (low level of potassium in the blood serum), Cerebrovascular disease (arteries supplying oxygen to the brain are damaged).</p> <p>Record review of the physician orders dated 5/29/24 indicated Resident #1 had an order to cleanse right great toe with normal saline, pat dry, apply layer of hydrogel to wound bed followed by collagen sheet cut to fit wound bed. Cover with calcium alginate cut to fit wound bed, cover with non-adherent dressing, and secure with tape. Frequency: every day.</p> <p>Record review of the MDS dated [DATE] indicated Resident #1 had a BIMS of 8 and was moderately cognitive impaired.</p> <p>Record review of the care plan revised 5/13/24 indicated Resident #1 had a diabetic foot ulcer of the left great toe related to poor circulation with interventions including wound care as ordered.</p> <p>Record review of the TAR dated 5/24/24 through 5/28/24 indicated Resident #1 wound care treatment to the right great toe was being performed daily by facility.</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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Interview on 5/29/24 at 1:35 am Resident #1 stated she received wound care daily and did not have any pain while care was being performed.</p> <p>During an observation and interview on 5/29/24 at 1:40pm, LVN A performed wound care on Resident #1. The wound dressing on the right great toe was not dated or initialed. LVN A stated she performed wound care yesterday and forgot to date and initial. LVN A removed the dressing and performed wound care following physician orders. LVN A stated the importance of performing wound care daily as ordered was because Resident #1's wound had been infected and would easily become infected again especially with her diagnoses of diabetes. LVN A stated it is important to date and initial wound care bandage because, if different nurses were working the hall, or the nurse was not going to be there the next day the dressing should be initialed and dated to show wound care has been performed.</p> <p>During an interview on 5/30/24 at 3:40 p.m. the DON stated she expected staff to date and initial wound dressings. The DON stated dating and initialing wound dressing verified the wound care was performed. The DON stated she expected staff to sign off on the TAR when wound care was completed. The DON stated if the TAR was not signed off and bandage was not dated and initialed there was no way to prove wound care had been performed as ordered.</p> <p>Record review of the facility's undated Dressing Change Procedure indicated Document date, time dressing changed, and initials on a piece of tape and place on dressing.</p>		