

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 455638	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/16/2024
NAME OF PROVIDER OR SUPPLIER Greenview Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 401 Owen LN Waco, TX 76710	

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 - Some</p>	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45070</p> <p>Based on observation, interview and record review, the facility failed to maintain an infection and prevention control program that included, at a minimum, a system for preventing and controlling infections for 4 of 6 residents (Residents #1, #2, #3, and #4) reviewed for infection control, as indicated by:</p> <p>MA A and MA B did not clean and disinfect the wrist blood pressure monitor while using it on Resident #1, Resident # 2, Resident #3, and Resident #4.</p> <p>This failure could place the residents at risk of transmission of disease and infection.</p> <p>Findings included:</p> <p>Review of Resident #1's face sheet dated 07/16/24 reflected, Resident #1 originally admitted to the facility on [DATE] and readmitted on [DATE]. She was a [AGE] year-old female diagnosed with Paranoid schizophrenia, Type 2 Diabetes, Hypertension, Peripheral vascular disease (blood vessels narrowing) , Chronic Obstructive Pulmonary Disease (Breathing difficulty) , Coronary Artery Disease, (blood supply to the heart limited due to plaque buildup),Unsteadiness on feet, Anxiety disorder, and Muscle weakness.</p> <p>Record review of Resident #1's MDS dated [DATE], reflected she was unable to complete the assessment.</p> <p>Record review of Resident #1's care plan dated 07/02/24 revealed she had altered cardiovascular status related to Hypotension and Coronary Artery Disease (blood supply to the heart limited due to plaque buildup) . Relevant interventions were observing Vital signs daily and PRN and notify MD of significant abnormalities.</p> <p>Review of Resident # 1's MAR for July 2024, reflected:</p> <p>Coreg Tablet 25 MG (Carvedilol): Give 1 tablet by mouth two times a day for Hypertension Hold for SBP<100; DBP<60; or HR<55.</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 - Some</p>	<p>Review of Resident #2's face sheet, dated 07/16/24, reflected Resident #2 initially admitted to the facility on [DATE] and readmitted on [DATE]. She was a [AGE] year-old female diagnosed with type 2 diabetes, Muscle Weakness, Dysphagia (Difficulty to swallow), Unsteadiness on feet, Lack of coordination, Muscle wasting and atrophy and Cognitive Communication Deficit.</p> <p>Record review of Resident #2's MDS assessment dated [DATE], reflected she was unable to complete the assessment.</p> <p>Record review of Resident #2's care plan dated 04/25/24 revealed, she had hypertension and relevant intervention was obtaining blood pressure readings and giving anti-hypertensive medications as ordered.</p> <p>Review of Resident # 1's MAR for July 2024 reflected:</p> <p>Metoprolol Tartrate Oral Tablet 25 MG (Metoprolol Tartrate): Give 1 tablet by mouth two times a day related to essential (primary) hypertension, give with food.</p> <p>An observation on 07/16/24 at 10:20 a.m., revealed MA A failed to sanitize the wrist blood pressure monitor after using it on Resident #1 and before and after using it on Resident #2. MA A took the blood pressure of Resident #1 with the wrist blood pressure monitor and without sanitizing the monitor she kept it on the top of the medication cart. After administering the medications to Resident #1, she moved on to Resident #2 and used the same blood pressure monitor on her without sanitizing it.</p> <p>During an observation and interview on 07/16/24 at 11:30 a.m., MA A said she was an MA for about [AGE] years and works at the facility as a PRN staff for the last three years. She stated she did not compromise the infection control protocol by not sanitizing the blood pressure cuff in between Resident #1 and Resident #2. The DON was standing next to her and listening to the conversation at that time. MA A stated, strict infection control protocol started implementing at nursing facilities only during Covid time. She added, there was no compulsion of such practices prior to Covid period, and no harm occurred. When the investigator asked her if she believed sanitizing medical equipment in between the residents would not minimize the risk of spreading infectious disease, MA A replied she think it would not make any difference. MA A stated, by cleaning the blood pressure cuffs at the end of every shift, before storing it away for the next day would be sufficient to control the spreading of infectious diseases. When the investigator asked what the policy of the facility was, she stated she did not know what it was and stated in the facility policy regarding sanitization of medical equipment. MA A stated she received trainings on infection control quite often however could not remember if there were any in-services specifically related to sanitation of medical equipment.</p> <p>Review of Resident #3's face sheet, dated 07/16/24, reflected Resident #3 initially admitted to the facility on [DATE] and readmitted on [DATE]. He was a [AGE] year-old male diagnosed with Hypertension, Heart failure, Tachycardia (increased frequency of heartbeat), Unsteadiness on feet, Muscle weakness, Lack of coordination, Dementia, Type 2 diabetes, and Major depressive Disorder.</p> <p>Record review of Resident #3's MDS assessment dated [DATE], reflected he had a BIMS score of 10, indicating moderate cognitive impairment.</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 - Some</p>	<p>Record review of Resident #3's care plan dated 07/14/24 revealed he had hypertension, and the relevant intervention was observing/documenting/reporting any signs and symptoms of hypertension and giving anti-hypertensive medications as ordered.</p> <p>Review of Resident # 3's MAR for July,2024 reflected:</p> <p>Metoprolol Tartrate Oral Tablet 50 MG (Metoprolol Tartrate) Give 50 mg by mouth two times a day for Tachycardia with meal.</p> <p>Review of Resident #4's face sheet, dated 07/16/24, reflected Resident #4 was initially admitted to the facility on [DATE] and readmitted on [DATE]. He was a [AGE] year-old male diagnosed with Dementia, Type 2 Diabetes, Hypertension, Heart Failure, Chronic Kidney Disease, Muscle Weakness, and History of falling.</p> <p>Record review of Resident #4's MDS assessment dated [DATE], reflected he had a BIMS score of 03, indicating severe cognitive impairment.</p> <p>Record review of Resident #4's care plan dated 07/02/24 revealed he had hypertension, and the relevant intervention was obtaining blood pressure readings as ordered.</p> <p>Review of Resident # 4's MAR for July 2024, reflected:</p> <p>AmLODIPine Besylate Oral Tablet 5 MG (Amlodipine Besylate): Give 1 tablet by mouth one time a day related to Essential (primary) Hypertension. Hold if SBP< 100 or DBP< 60.</p> <p>An observation on 07/16/24 at 11:00 a.m., revealed MA C was administering medications under the supervision of MA B. MA B was helping MA C by taking blood pressures of the residents using a wrist blood pressure monitor. MA B took the blood pressure of Resident #3 with the wrist blood pressure monitor and kept it on the med cart top. They then moved on to Resident #4 and took the blood pressure using the same blood pressure cuff. Neither MA B nor MA C sanitized the monitor before and after using it on Resident #3 and Resident #4.</p> <p>During an interview on 07/16/24 at 11:15 a.m., MA B stated sanitizing blood pressure cuffs in between the residents was important. She continued, mistakes could happen with anyone and the best way to resolve it was learning from their mistakes. MA B stated following infection control protocol was important to minimize spreading diseases from one resident to another. MA B stated she received trainings on infection control previous month and there were no in-services on sanitizing medical equipment.</p> <p>During an interview on 07/16/24 at 11:20 a.m., MA C stated she started working at the facility 2 days ago. MA C said she was concentrating on dispensing medications for the residents and did not give attention to blood pressure cuff. She said it was important to follow infection control policies to minimize the risk of contagious diseases. She said since she was very new to the facility she had not received any in-services so far.</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 - Some</p>	<p>During an interview on 07/16/24 at 1:30 p.m., the DON stated she heard MA A stating sanitizing medical equipment in between residents was not effective in controlling infections. She stated what MA A's understanding about infection control was not satisfactory and was not acceptable at the facility. The DON stated the facility policy provide very clear guideline about the importance of sanitizing medical equipment. The DON said MA A needed one to one education as she had very limited insight about infection control practices. She stated her expectation was, the nursing staff follow the facility policy/procedure for handwashing and sanitization of medical equipment that included sanitizing the blood pressure monitor every time after the use on residents. She added, this was essential to stop spreading transmittable diseases.</p> <p>Review of the in-service records from 04/01/24 to 07/16/24 revealed there were no in services conducted on disinfection of medical equipment.</p> <p>Review of facility's policy titled Cleaning and disinfecting non. Critical Resident care Items revised in June 2011 reflected.</p> <p>Purpose:</p> <p>The purpose of this procedure is to provide guidelines for disinfection of non-critical resident care items</p> <p>.Reusable items are cleaned and disinfected or sterilized between residents (e.g: Stethoscopes, durable medical equipment) .</p>