

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 455675	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/15/2025
NAME OF PROVIDER OR SUPPLIER Landmark of Amarillo Rehabilitation and Nursing Ce		STREET ADDRESS, CITY, STATE, ZIP CODE 5601 Plum Creek Dr Amarillo, TX 79124	

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 0699</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide care or services that was trauma informed and/or culturally competent.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48161</p> <p>Based on interviews and record review, the facility failed to ensure residents who were trauma survivors receive culturally competent, trauma-informed care in accordance with professional standards of practice and accounting for residents' experiences and preferences in order to eliminate or mitigate triggers that may cause re-traumatization of the resident for 1 of 18 residents (Resident #18) reviewed for trauma-informed care.</p> <p>The facility did not ensure Resident #18 had a trauma screening that identified possible triggers when Resident #18 had a history of trauma.</p> <p>These failures could put residents at an increased risk for severe psychological distress due to re-traumatization.</p> <p>The findings included:</p> <p>Record review of the face sheet, dated 01/15/2025, indicated Resident #18 was a [AGE] year-old male, admitted to the facility on [DATE] with diagnoses of unspecified Dementia (disease that destroys memory and other important mental functions), post-traumatic stress disorder (a mental health condition that can develop in people who experience or witness a traumatic event), generalized anxiety disorder (condition in which a person has excessive worry and feelings of fear, dread, and uneasiness).</p> <p>Record review of the quarterly MDS assessment, dated 11/14/2024 , revealed Resident #18 had a BIMS of 02, which indicated severe cognitive impairment. The MDS Assessment revealed Resident #18 had PTSD as an active diagnosis.</p> <p>Record review of the comprehensive care plan, revised on 11/14/2024, had no documentation of Resident #18's post-traumatic stress disorder.</p> <p>Record review of Assessments in Resident #18's clinical filed revealed no Trauma Informed Care Assessment.</p> <p>During an interview on 01/14/2025 at 10:05 AM, LVN B stated a Trauma Assessment should be documented in the resident's clinical file including the care plan and stated a possible negative outcome for not having documentation would be a resident could be triggered by an event.</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 0699</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 01/14/2025 at 4:53 PM, the SW stated she was responsible for ensuring trauma assessments were done on admission, however, the company that owned the facility prior to the current owners took documents with them and she was not sure if the assessment was completed.</p> <p>During an interview on 1/15/2025 at 10:20 AM, the DON stated she expected trauma assessments to be done on admission or anytime the need arises. The DON stated the trauma assessment was the social services responsibility. The DON stated the trauma assessment was important because it allows the staff to give the resident the best possible care. The DON stated the interventions should be in the resident's care plan and stated the failure of not having a trauma assessment could cause the resident to be retraumatized.</p> <p>During an interview on 1/15/2025 at 10:28 AM, the CRN stated trauma assessments were to be done on admission and documented in the resident's clinical file. The SW was responsible for ensuring the assessments were completed. The CRN said a possible negative outcome for not having the assessment would be a resident could be retraumatized.</p> <p>During an interview on 1/15/2025 at 10:46 AM, the ADON stated trauma assessments were to be done at admission and the SW or the charge nurse on duty was responsible for ensuring the assessment was completed. The ADON stated the interventions should be documented in the care plan. The ADON said a possible negative outcome for not having the assessment would be staff wouldn't know what the resident's triggers were and the resident could be retraumatized .</p> <p>Record review of the facility's policy titled Trauma-Informed Care revised on 10/2022, indicated:</p> <p>The facility should collaborate with resident trauma survivors and as appropriate, the family or friends and implement individualized interventions. Resident specific approaches must be developed and included in the residents care plan.</p> <p>Facilities must monitor the effects of their approaches to ensure they are implemented as intended and are having the desired effect to achieve the measurable objectives and the resident's goals for care. For residents with a history of trauma, in particular, facilities must evaluate whether the interventions mitigate or reduce the impact of identified triggers.</p>		

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>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.</p> <p>47854</p> <p>Based on observation, interview, and record review, it was determined the facility failed to ensure drugs and biologicals were stored in locked compartments and labeled in accordance with currently accepted professional principles and include the appropriate accessory and cautionary instructions, and the expiration date when applicable on 3 of 3 medication carts and 1 of 2 medication rooms reviewed for medication storage.</p> <p>-LVN F left medications for Resident #4 unattended on top of her medication cart.</p> <p>-2C South medication cart contained 2 insulins for Resident #68 that were expired. Lantus and Humalog insulin both had open dates of 12/10/2024.</p> <p>-2C South Medication room refrigerator contained Acetaminophen 650mg suppositories for Resident #71 with an expiration date of 10/2024.</p> <p>-1C North Medication cart contained 1 loose pill identified as Benzonatate 100mg for Resident #45.</p> <p>-1C South medication cart contained the following:</p> <p>*1 loose pill identified as Citalopram 20ng for Resident #73, Arnuity Ellipta for Resident #73 with no open date written on inhaler or tray.</p> <p>*Trelegy Aero for Resident #21 with no open date written on inhaler or tray,</p> <p>*Breo Ellipta for Resident #55 with no open date written on inhaler or tray, Admelog inj. for resident #55 with an open date of 12/08/2024.</p> <p>*Breo Ellipta for resident #47 with no open date written on inhaler or tray.</p> <p>-Medication cup with white pill was left on Resident #27's bedside table.</p> <p>The facility's failures could place residents receiving medication at risk for drug diversion, lack of drug efficacy, and adverse reactions.</p> <p>Findings included:</p> <p>During an observation on 01/13/25 at 08:56 AM LVN F left 2 medications unattended on the top of a medication cart while she went into Resident # 4's room. Other residents were in the common area where the medication cart was located.</p> <p>During an interview on 01/13/25 at 09:16 AM LVN F stated that the negative outcome for leaving medications unattended would be that another resident could get a hold of them.</p> <p>(continued on next page)</p>		

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an observation and interview on 01/13/25 at 09:59 AM 2C South medication cart revealed Lantus Solostar for Resident #68 with an open date of 12/10/2024 and a Humalog with an open date of 12/10/2024. RN D stated that Lantus was given on 01/11/2025 and 01/12/2025 at 09:00pm. RN D then stated that the Humalog was given to the resident on 01/11/2025 at 8:30pm and 01/13/2025 Resident #68 received 2 units.</p> <p>During an interview on 01/13/2025 at 10:10AM RN D stated that a negative outcome for giving expired medications could lead to a negative outcome.</p> <p>During an observation and interview on 01/13/25 at 10:12 AM Medication room for 2 C south revealed an Acetaminophen 650mg suppository for Resident #71 that had expired 10/2024. RN D stated that Resident #71 received the medication on January 4th, 2025.</p> <p>During an observation on 01/13/25 at 10:23AM Medication cart for 1C North revealed 1 loose pill identified as Benzonatate 100mg for Resident #45. Pill was identified by RN E.</p> <p>During an interview on 01/13/25 at 10:35AM RN E stated that a negative outcome for having loose medications could lead to a resident missing a dose of medication.</p> <p>During an observation on 01/13/25 at 10:39 AM Medication cart for 1 C south revealed 1 loose pill identified by LVN A as Citalopram 20mg for Resident #73.</p> <p>Multiple inhalers were not dated with the date of opening on them.</p> <ol style="list-style-type: none"> 1. Trelegy Aero 100mcg for Resident #21 had a date medication of 11/06/2024, discard date should have been 12/18/2024. 2. Breo Ellipta for Resident #55 had no date written on medication to indicate when medication was opened. 3. Arnuity Ellipta for Resident #73 had no open date written on medication to indicate when medication was opened. 4. Breo Ellipta for resident #47 had a date of 11/07/2024 when medication was opened, discard date should have been 12/19/2024. <p>Insulin was discovered for Resident #55- Admelog inj. 100U/ml with an open date of 12/08/2024, medication should have been discarded on 01/05/2025.</p> <p>During an interview on 01/13/25 at 10:58 AM LVN A stated that a negative outcome for having a loose pill in medication cart was that You don't know what it is, and it could have an adverse reaction for the resident. LVN A stated that giving medications that are expired could lead to the medication not working appropriately.</p> <p>During an interview on 01/14/25 at 02:01 PM DON stated that a negative outcome for giving a resident a medication with no open date on it was, Giving an expired med a med that is past the manufacturer's good date.</p> <p>(continued on next page)</p>		

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an observation on 01/14/25 at 04:13 PM revealed medication cup with an unidentified medication in a medication cup on Resident #27's bedside table. CNA I said she did not know what the medication was</p> <p>During an interview on 01/14/25 at 04:15 PM LVN A stated that she knew what the medication cup was on Resident #27's bedside table. From the doorway of Resident 27's room, LVN A stated that it was a Gabapentin. LVN A was asked how she knew that and LVN A stated, Well, I gave it to him. LVN A stated that she did not witness the resident taking the medication. LVN A stated that a negative outcome for not staying with the resident until he consumed the medication would be that he didn't take it, and I guess I will have to stand over him now.</p> <p>During an interview on 01/14/25 at 04:22 PM ADON stated that a negative outcome for not staying with a resident during the medication administration could lead to the resident not taking the medication (s) correctly or at all.</p> <p>During an interview on 01/15/25 at 10:08 AM ADON stated that a negative outcome for administering expired medications would lead to adverse reactions, no reactions at all and the medication would not be effective.</p> <p>During an interview on 01/15/25 at 10:13 AM DON stated that a negative outcome for administering expired medications would be that the medication would not have an effective therapeutic level. DON stated that the negative outcome of not writing the open date on medications could lead to the medication being used after it has expired.</p> <p>During an interview on 01/15/25 at 10:18 AM CRN stated that a negative outcome for administering expired medications or medications with no open date was that the resident would not get the full effect of the medication.</p> <p>Record review of the facility provided policy titled, Discontinued Medications, dated 2003, revealed the following:</p> <p>The nurse that receives the order to discontinue a medication is responsible for: .</p> <p>.Removing the medication from the medication storage .</p> <p>Record review of the facility provided policy titled, Recommended Medication Storage, dated 07/2012, revealed the following:</p> <p>Medications that require an open date as directed by the manufacturer should be dated when opened in a manner that is clear when the medication was opened.</p> <p>No medication cart or med room storage policy was provided.</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>31882</p> <p>Based on observation, interview, and record review, the facility failed to store, prepare, and serve food under sanitary conditions in 1of 1 kitchens when they failed to:</p> <p>A. Ensure stored food was properly labeled and dated.</p> <p>B. Ensure hairnets were worn.</p> <p>C. Ensure frozen foods were properly stored according to the label.</p> <p>These failures could place residents who ate food served by the kitchen at risk of cross contamination and food-borne illness.</p> <p>Findings included:</p> <p>In an observation and interview on 1/13/25 at 8:20 am, DA was observed in the kitchen dishwashing room, washing the dishes with no hairnet on. DA stated she had no hairnet on because she could not find any hairnets that morning. She stated all kitchen staff were to wear hairnets while in the kitchen. She stated the consequences of not wearing a hairnet in the kitchen were cross contamination. DA stated the DM had trained her to always wear a hairnet in the kitchen.</p> <p>An observation on 1/13/25 at 8:25 am, of the cooler located in the kitchen preparation area the following was observed:</p> <p>1. An opened box of crinkle cut fries with 3 bags in the box. The box was opened. The box label stated to Keep food frozen. The bags of crinkle cut fries were soft to the touch and were not frozen.</p> <p>2. A box of corn dogs uncovered and open to air. The box stated Keep Frozen. The corn dogs were soft to the touch and not frozen.</p> <p>.</p> <p>An observation of the walk-in freezer on 1/13/25 at 8:30 am, revealed the following:</p> <p>1. 1 box of cherry pie bites, opened to air.</p> <p>2. 7 plastic bags of biscuits, unlabeled, undated and not in original box</p> <p>3. A cooked pumpkin pie dated 12/31/24 was uncovered and open to air.</p> <p>An observation on 1/14/25 at 10:25 am of the cooler located in the kitchen preparation area the following was observed:</p> <p>(continued on next page)</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>1. An opened box of crinkle cut fries with 3 bags in the box. The box was opened. The box label stated to Keep food frozen. The bags of crinkle cut fries were soft to the touch and were not frozen.</p> <p>2. A box of corn dogs uncovered and open to air. The box stated Keep Frozen. The corn dogs were soft to the touch and not frozen.</p> <p>An observation of the walk-in freezer on 1/14/25 at 10:30 am, revealed the following:</p> <p>1. 1 box of cherry pie bites, opened to air.</p> <p>2. 7 plastic bags of biscuits, unlabeled and not in original box</p> <p>3. A cooked pumpkin pie uncovered and open to air.</p> <p>In an observation and interview on 1/15/25 at 10:05 am, the DM stated of the frozen bread in the freezer that it should have been labeled and dated. She stated the uncovered food should have been tightly covered. She stated she expected all staff to label and date all foods. She stated the pie should have been covered completely and would be thrown out. Observation of the cooler with potatoes and corn dogs revealed the temperature of the cooler was 41 degrees. The DM stated the cooler was a freezer and the foods should have been kept frozen. She stated the foods would be thrown out and she would get the cooler fixed. The DM stated the consequences of the issues in the kitchen would be cross contamination. She stated she had been trained by the Dietician and she trained all staff in their kitchen duties. The DM stated she expected all staff to wear hairnets and beard covers while in the kitchen. She stated she expected all staff to exhibit cleanliness in the kitchen.</p> <p>Record review for the facility's policy titled Dietary Food Service Personnel Policy and Procedures dated 2012, documented: All employees receive instruction in sanitation during orientation and through in-service training programs. Hair nets or hats covering the hair are to be worn at all times. [NAME] guards are required for facial hair. All unused foods must be securely covered. All items are to be dated and labeled as to their contents All foods must be kept at the safest temperature.</p> <p>Record review for the facility's policy titled Food Storage and Supplies dated 2012, documented: Perishable foods that are refrigerated are dated once opened and used within 7 days. Opened packages of food are stored in closed containers with covers or in sealed bags and dated as to when opened.</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>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46534</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 to help prevent the development and transmission of communication diseases and infections for 2 (Resident #11, and Resident #27) of 18 Residents in that:</p> <ol style="list-style-type: none"> 1. The facility failed to ensure Resident #27's catheter bag and tubing were kept off the floor and below the level of his waist. 2. The facility failed to ensure CNA G performed hand hygiene and a glove change during incontinent care of Resident #11. 3. The facility failed to ensure CNA C performed hand hygiene and glove changes while performing catheter care for Resident #27 as well as cross contaminating Resident #27's belongings. <p>These failures had the potential to affect residents in the facility by placing them at risk of contracting, spreading, and/or exposing them to bacterial or viral infections that could lead to the spread of communicable diseases.</p> <p>Findings included:</p> <p>Resident #11:</p> <p>Record Review of Resident #11's admission record dated 01/14/2025 revealed an [AGE] year-old female admitted to the facility on [DATE] with diagnoses that included, but were not limited to, dementia in other diseases classified elsewhere, unspecified severity, without behavioral disturbance, psychotic disturbance, mood disturbance, and anxiety, neuromuscular dysfunction of bladder, need for assistance with personal care, retention of urine.</p> <p>Record review of Resident #11's most current MDS completed on 12/06/2024 revealed the following:</p> <p>Section C: Resident #11 had a BIMS score of 09 which indicated moderately impaired cognition.</p> <p>During an observation on 01/14/25 at 02:56 PM Foley catheter and incontinent care was performed by CNAG and CNA H. CNA G was observed cleaning the buttocks of Resident #11 then proceeded to take a clean brief and place it under Res #11 and then removed her gloves and performed HH. Hand Hygiene and glove change was not performed between the dirty (cleaning soiled buttocks) and placing a clean brief under this resident.</p> <p>During an interview on 01/14/25 at 03:13 PM CNA G stated that not performing HH and a glove change in between dirty (cleaning soiled buttocks) and placing a clean brief on resident could cause an infection for the resident.</p> <p>Resident #27:</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 Resident #27's admission record dated 01/13/25 revealed a [AGE] year-old male admitted to the facility on [DATE] with diagnoses that included, but were not limited to, cognitive communication deficit, need for assistance with personal care, benign prostatic hyperplasia without lower urinary tract symptoms, and neuromuscular dysfunction of bladder.</p> <p>Record review of Resident #27's quarterly MDS completed on 11/10/24 revealed the following:</p> <p>Section C: Resident #27 had a BIMS score of 15 which indicated intact cognition.</p> <p>Record review of Resident #27's care plan completed on 11/10/24 revealed no mention of staff educating him regarding catheter care and no mention of him having negative behaviors when educated regarding catheter care. The care plan noted Resident #27 preferred to empty his own catheter bag, staff should ensure the catheter bag was kept below waist level, and staff should ensure the catheter bag and tubing were kept off the floor. The care plan noted Resident #27 was on enhanced barrier precautions and the associated goal was there would not be any transmission of infection from or to Resident #27.</p> <p>Record review of Resident #27's order summary report dated 01/13/25 revealed the following orders:</p> <p>Order with start date of 01/31/21 to Monitor foley catheter q shift for secured tubing and location to prevent displacement/trauma, tubing may not be on floor, privacy bag as needed. [sic] every shift.</p> <p>During an observation on 01/13/25 at 09:53 AM Resident #27 was seated in a motorized wheelchair in his room. In front of the wheelchair on the floor was his catheter bag and approximately 1.5 feet of tubing. The tubing ran from the bottom of his pants leg on his right leg onto the floor of his room. Resident #27 was buckling the seatbelt of his wheelchair and when he finished, he reached down and grabbed his catheter bag and hung it on the handle of his wheelchair with the tubing pointing up in an arch approximately 6 inches in length. The tubing and the catheter bag were above waist level.</p> <p>During an observation and interview on 01/14/25 at 10:41 AM Resident #27 was lying on his back in his bed covered with a large coat. His wheelchair was next to his bed and his catheter bag was lying on the seat of the wheelchair. The bag was not below waist level. Resident #27 stated staff had not educated him to keep his catheter bag and tubing off the floor to prevent infection. He stated staff had not educated him to keep his catheter bag below the level of his waist to enable urine to drain to gravity and to avoid infection. He said, They don't say nothing here!</p> <p>During an interview on 01/14/24 at 11:30 AM LVN A stated Resident #27 knew he was supposed to keep his catheter bag and tubing off the floor and below waist level. She stated, He is very difficult and does things his own way. He screams and yells when we try to redirect him. She stated a possible negative outcome of a catheter bag and tubing on the floor and/or not below waist level was all kinds of infection, big time infection and UTI. LVN A stated, We [staff and Resident #27] talk about it [proper catheter bag and tubing positioning] all the time. It is behaviors and choices; he chooses to act this way.</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 01/14/25 at 01:39 PM DON stated a possible negative outcome of catheter bag and/or tubing on the floor was the tubing could be stepped on or kinked. She stated having a catheter bag and/or tubing above the waist of the resident could cause backflow [of urine in the tubing toward the bladder] and can cause UTI.</p> <p>During an observation on 01/14/25 at 04:18 PM Foley catheter care and incontinent care of Resident # 27 was performed by CNA I and CNA C. CNA C removed her gloves to look for more incontinent wipes for Resident #27. CNA C picked a brief up off of the floor and placed the brief on the bedside table for later use. CNA C was observed not performing hand hygiene after removing and placing clean gloves back on to assist CNA I with the continuation of foley catheter care for Resident #27.</p> <p>During an interview on 01/14/25 at 04:32 PM CNA C stated that a negative outcome for not performing hand hygiene in between glove changes could lead to cross contamination and stated that she would throw the brief away that was on the floor so that it doesn't get used.</p> <p>During an interview on 01/15/25 at 10:08 AM ADON stated that a negative outcome for not performing HH and glove changes at the appropriate times during incontinent care could lead to lack of infection control.</p> <p>During an interview on 01/15/25 at 10:13 AM DON stated that a negative outcome for not performing HH and glove changes at the appropriate times during incontinent care could lead to lack of infection control.</p> <p>During an interview on 01/15/25 at 10:18 AM CRN stated that a negative outcome for not performing HH and glove changes at the appropriate times during incontinent care could lead to lack of infection control.</p> <p>Record review of the facility provided policy titled, Infection control plan: Overview, dated 2019, revealed the following:</p> <p>. Preventing the spread of Infection .</p> <p>(3) the facility will require staff to wash their hands after each direct resident contact for which hand washing is indicated by accepted professional practice.</p> <p>Record review of facility policy titled Catheter Care and dated February 13, 2007 revealed the following:</p> <p>. 4. When the resident is ambulatory the bag must be held lower than the bladder at all times to prevent the urine in the tubing and drainage bag from flowing back into the urinary bladder. 5. Check the resident frequently . Keep tubing off floor . 9. Review the resident's plan of care daily for changes. 10. Be sure the catheter tubing and drainage bag are kept off the floor.</p> <p>No Hand hygiene policy provided.</p> <p>47854</p>		