

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 455727	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/30/2024
NAME OF PROVIDER OR SUPPLIER Park Village Healthcare and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 207 E Parkerville Rd Desoto, TX 75115	

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 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 32581</p> <p>Based on interviews, observations, and record reviews the facility failed to provide a safe environment for five (Residents #1, #2, #3, #4, #5) of 12 residents reviewed for safe environment.</p> <p>The facility failed to ensure Residents #1, #2, #3, #4, #5's rooms were free from black ants from 08/04/24 to 08/26/24.</p> <p>Theses failures could place all residents at risk for ant bites, which could cause skin infections, allergic reactions, skin tears, scratches, scarring, and rashes resulting in pain and decline in health and psychosocial well-being.</p> <p>Findings included:</p> <p>1) Record review of Resident #1's Quarterly MDS assessment dated [DATE] revealed, a [AGE] year-old male who admitted [DATE] with the ability to express ideas and wants, able to see in adequate light without corrective lenses. He had a staff assisted BIMS score of 01 (Modified independence cognition) and upper and lower one-sided weakness. He used a wheelchair and was diagnosed with anemia (low iron), renal insufficiency (kidney failure), Diabetes Mellitus, Cerebral Vascular Accident (Stroke), Hemiplegia (Partial paralysis), Malnutrition, Anxiety, depression, and pressure ulcer.</p> <p>Record review of Resident #1's Nurse Progress Note dated 08/04/24 at 10:12 pm by LVN A revealed, Note Text: This Nurse was called to resident's room and noted a minimal amount of ants on the floor. Resident was transferred to his wheelchair, this Nurse sprayed the areas, disinfected the bed, and asked resident if he wanted a shower, resident stated I quote No I will get a bed bath when my bed is ready. After reassessing the resident's room this Nurse noted no more ants in the area at the time. Will continue with plan of care.</p> <p>Interview and observation on 08/28/24 at 12:26 pm, Resident #1 stated a couple of weeks ago, while he was in bed, he had little black ants all over him but none bit him. He stated they sprayed and cleaned his room and he had not seen any more ants since then. He stated they were little black ants, more than 20 ants all over his body and the staff were aware. He stated afterwards no one assessed him but they did shower him and stated he had not had any itchiness since then. He stated Maintenance sprayed his room again two days ago. There was a 1/4 inch gap between the wall and AC unit and light could be seen coming through the upper left side of the AC unit.</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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 455727	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/30/2024
NAME OF PROVIDER OR SUPPLIER Park Village Healthcare and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 207 E Parkerville Rd Desoto, TX 75115	
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 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Interview on 08/29/24 at 2:25 pm, FM Q stated about two weeks ago Resident #1 complained about black ants in his room and that they were all over him and it was reported to the nurse. He stated he did not get a call from the nurses about the ants on him either. He stated there were no issue with ants since then.</p> <p>2) Record review of Resident #2's Significant Change MDS assessment dated [DATE] revealed, a [AGE] year-old female who admitted [DATE] with the ability to express ideas and wants and see in adequate light and without corrective lenses. She had a staff assisted BIMS score of 01 (Modified independence cognition) with no upper or lower weakness and used a motorized scooter. Resident #2 was diagnosed with Heart Failure, Hypertension(high blood pressure), Diabetes Mellites (high blood sugar), Aphasia (speech loss), Cerebrovascular Accident, Multiple Sclerosis (nerve damage), Malnutrition and Anxiety and Depression.</p> <p>Record review of Resident #2's Nurse Progress Notes from 08/20/24 and thereafter, did not reveal any Progress Notes from anyone, including LVN A about ants being found in her room and outcome of her skin assessment and notifications to other department heads.</p> <p>Interview and observation on 08/27/24 at 12:08 pm, Resident #2 stated two weeks ago she was bitten by little black ants, they were in the corner of her room. Maintenance came and sprayed her room, but no one assessed her after she told LVN A she was bitten by ants. She stated there was around 25 black ants behind two boxes in the corner of her room but had not seen any ants since then. There was a 1/4 inch gap between the wall and AC unit and light could be seen coming through the lower left side of the AC unit.</p> <p>3) Record review of Resident #3's Admission MDS assessment dated [DATE] revealed, a [AGE] year-old male who admitted [DATE] with the ability to make self-understood, able to see in adequate light with corrective lenses. His BIMS Score was 12 (Moderate cognitive impairment), upper impairment of both sides, used a cane/crutch and walker. He was diagnosed with Cancer, atrial fibrillation,(irregular heart rate) heart failure, gastroesophageal reflux, renal insufficiency (Kidney failure), urinary tract infection and hyperlipidemia (high fat lipids).</p> <p>Record review of Resident #3's Nurse Progress Notes from 08/09/24 to 08/29/24 revealed no documentation of ants in his room and steps done to address, prevent and notify department heads.</p> <p>Interview on 08/30/24 at 11:30 am, Visitor S stated a week and a half ago she saw four or five small black ants on Resident #3's bed and two or three on the floor and Resident #3 was sitting in his wheelchair. She stated she told RN H who assessed him and added she had not seen any ants since then.</p> <p>4) Record review of Resident #4's Admission MDS assessment dated [DATE] revealed, a [AGE] year-old male who admitted [DATE] with an ability to express ideas and wants and see in adequate light with corrective lenses. His staff assisted BIMS score of 01 (Modified independence cognition) and with upper and lower impairment and no use of device. He was diagnosed with hypertension (high blood pressure), renal insufficiency (kidney failure), pneumonia, Diabetes mellitus (high blood sugar), hyperkalemia (high potassium), cerebrovascular accident (stroke), hemiplegia (partial paralysis), and dependence on renal dialysis.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 455727	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/30/2024
NAME OF PROVIDER OR SUPPLIER Park Village Healthcare and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 207 E Parkerville Rd Desoto, TX 75115	
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 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Record review of Resident #4's Nurse Progress Note dated 08/22/24 at 4:11 pm, by RN H revealed, Note Text: Residents FM P showed writer several white pustules to right elbow. Resident denies any itching or c/o. NP U notified. Orders noted: Lotrisone Ointment BID X2 weeks and Bactrim DS 1 TAB po BID X 8 days. Skin infection. FM P and resident notified of orders.</p> <p>Interview and observation on 08/29/24 at 10:40 am, Resident #4 stated last week he saw little black ants coming from his AC unit, his brown chair across from his bed and on his bed sheets. He stated he did not feel any bites initially and was showered and his nurse did not assess him; and he moved to another room while his room was cleaned and sprayed. He lifted his right arm and said he had some bites on his arm but they went away because he was given skin cream and antibiotics and his skin cleared up. He stated he had not seen any ants since then. There was a 1/4 inch gap between the wall and AC unit and light could be seen coming through the upper left and lower right sides of the AC unit.</p> <p>Interview on 08/29/24 at 12:14 pm, FM P stated around last Wednesday (08/21/24) at 6:00 pm or 7:00 pm she saw little black ants moving around underneath Resident #4's bed. She stated they were coming from Resident #4's AC unit and at the end of his bed but she did not see any on him but Resident #4 said there were ants on him. She stated she reported it to the nurse at the nurses station and ask the nurse to go to check him out and the nurse said she would take care of it. She stated the nurse called housekeeping and said she would notate it in his record. She stated she returned the next day and she did not see any more black ants. She stated she had not spoken to the DON and Administrator about the ants because she notified the nurse.</p> <p>5) Record review of Resident #5's Quarterly MDS assessment dated [DATE] revealed, a [AGE] year-old male who admitted [DATE] and rarely/never understood the ability to express ideas and wants with highly impaired vision. His staff assisted BIMS score was 03 (severely impaired cognition) with upper and lower impairments of both sides and used a wheelchair. He used a catheter with was diagnosed with anemia, hypertension, neurogenic bladder (bladder dysfunction), hemiplegia (partial paralysis), Multiple sclerosis (nerve damage), seizure disorder and malnutrition.</p> <p>Record review of Resident #5's Nurse Progress Note dated 08/25/24 at 1:03 pm by Agency LVN E revealed, Note Text: Resident remains in stable condition. Resting easy and comfortable in bed. As this nurse was administering medications to pt and noted 3 ants. This nurse assessed pt from head to toe. No bites and redness noted to skin. Pt denies any pain or itchiness. This nurse proceeded promptly with CNA to get pt out bed and into wheelchair. As pt was up in wheelchair, this nurse examined bed mattress, and no ants noted. CNA disinfected mattress with cleaning solution. This noted notified responsible party FM R and weekend RN manager. Weekend RN Manager stated that she would have housekeeping to do a deep clean to room. And responsible party the FM R was appeased that I called and informed her of the current situation and pt was promptly up in wheelchair. FM R went on a rant. Per FM R she knew this very thing was going to happen because housekeeping poorly cleans Resident #5's rooms.</p> <p>Record review of Resident #5's Nurse Progress Notes on 08/26/24 did not reveal any documentation about LVN A seeing ants in his room on 08/26/24 at 7:30 am, and no documentation of what was done and notifications to department heads.</p> <p>Observation on 08/27/24 at 12:30 pm, Resident #5 was not interviewable. But there was a 1/4 inch gap between the wall and AC unit and light could be seen coming through the upper left side of the AC unit.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 455727	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/30/2024
NAME OF PROVIDER OR SUPPLIER Park Village Healthcare and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 207 E Parkerville Rd Desoto, TX 75115	
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 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Interview on 08/29/24 at 3:56 pm, FM R stated last Sunday 08/25/24 she received a call from Agency LVN E saying they had to get Resident #5 out of bed because ants were on it. She stated LVN A said he was assessed and not bitten and they said he was okay. She stated last Monday 08/26/24, LVN A called her early that morning around 7:00 am or 9:00 am saying he had ants on his bed. She stated being told he was showered and they just wanted her to be aware and said she had never noticed any ants in his room. She stated she was very diligent about Resident #5's care, because he was nonverbal and could not speak for himself. She stated she checked Resident #5 this week and did not notice any ants or ant bites and rashes on him.</p> <p>Interview on 08/27/24 at 6:23 pm, the DON stated she heard about some ants in Resident #2's room about a week ago. She stated Maintenance inspected and sprayed her room and she was assessed and she had no bitemarks. She stated she heard about ants in Resident #1's room last week and added the issue with ants had been going on since last week. She stated pest control came out last week and today (08/27/24) and said she had not seen any ants at the facility and not aware of any residents being bitten by any.</p> <p>Interview on 08/28/24 at 1:12 pm, CNA C stated the morning of 08/12/24, a couple of weeks ago, she saw ants in Resident #1's room. She stated she saw five black sugar ants on the floor in Resident #1's room and pulled his covers back and checked him out and did not see any ants on him or his bed. She stated she reported seeing the ants to an agency nurse and Maintenance sprayed Resident #1's room.</p> <p>Interview on 08/29/24 at 12:35 pm, Agency LVN E stated last weekend, she worked the 6:00 am - 2:00 pm shift. She stated on Sunday 08/25/24 around 7:00 am, she went to Resident #5 to administer his medications through his g-tube and noticed three black baby ants on top of his bed and draw sheet that he was laying on. She stated she assessed Resident #5 and he did not have any bite marks or red marks and no signs and symptoms of pain. She stated the CNAs came in to get him out of bed and took his sheets and draw sheet out of the room and showered him and he was assessed again with no bite marks seen. She stated Resident #5 stayed in his wheelchair while his room was cleaned and sanitized and sprayed and she did not see any ants after that.</p> <p>Interview on 08/29/24 at 1:38 pm, CNA F stated she worked the 6:00 am to 2:00 pm shift and saw ants a week or two weeks ago in Resident #1's room around 11:30 am. She stated she saw a trail of ants on the floor by the side of the wall of his AC unit and reported it to his nurse and the Maintenance Director. She stated there was a trail, a lot of little black ants on the floor and they were going toward Resident #1's bed. She stated she was not sure if the nurse checked him but she said he was showered and she did not see any ant bites on him or on his bed or bed sheets. She stated he went to another room while his room was cleaned and sprayed and notified the DON about the ants and that he was changed to another room. She stated she did not think she had to report it to the Administrator because he was not bitten or abused. She stated the Maintenance Department came and sprayed and they resolved the problem. She stated ant bites could cause the resident to get sores that could hurt them or their skin could get infected.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 455727	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/30/2024
NAME OF PROVIDER OR SUPPLIER Park Village Healthcare and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 207 E Parkerville Rd Desoto, TX 75115	
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 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Interview on 08/29/24 at 2:32 pm, RN H stated she was not aware of any ants in Resident #4's room but he had a rash on his right elbow, little white pustules on it. She stated there was no mention from Resident #4 and FM P about him having ant bites or ants in his room. She stated she called his doctor and an order for Lotrisone cream and oral antibiotic was started. She stated she was not aware of any reports of ants in Resident #3's room and had not seen any ants in his room. She stated if a resident were to get bitten by ants could cause them to get a skin infection, have an allergic infection or inflammation. She stated ant bites could get systemic really quickly.</p> <p>Interview on 08/29/24 2:54 pm, LVN A stated there was some issues with some ants this past Monday 08/26/24 around 7:30 am. LVN A stated Resident #5 was in his room and there was one or two little black sugar ants on his blanket at the foot area of his bed. She stated she did not see any ants on him or rashes but she assessed and showered him with no evidence of ants. She stated he was up in his chair while housekeeping and maintenance went and cleaned and sprayed his room. She stated she notified Doctor M when he came to the facility that same day and he asked were there any bitemarks and she said no. She stated she had not seen any ants since then and added if residents were bitten, they could end up scratching them and could open up a sore. She stated she reported the ant sighting to the DON, Administrator and housekeeping and Maintenance cleaned and sprayed the room.</p> <p>Interview on 08/29/24 at 3:22 pm, LVN I stated not being aware of any ants in Residents #1, #4 and #5's rooms. He stated if he were to get ant reports or saw them, he would remove the resident and assessed them notify housekeeping and maintenance to clean and spray the room. He stated the main thing was to get the resident out of the room and get the room sterilized and sprayed. He stated ant bites could cause residents to get bruised or have a skin reaction.</p> <p>Interview on 08/29/24 at 4:53 pm, Maintenance/Housekeeping Director J stated the facility was having issues with black ants in the last couple of weeks. He stated it started on the 100 hall and then the 300 and 400 halls. He stated not being aware of ants on the sides of the residents' AC units but some needed re-foamed insulation. He stated Resident #2 had ants in her room and they moved her to another room and added every time they had ants, they spray treated the room and other rooms around. He stated the housekeeping and nursing staff were good at notifying him about the ant sightings and said he spoke to the nursing staff about making sure the residents' snacks were not left out to attract ants. He stated their pest control provider recommended cleanliness and spraying the outside perimeter was needed. He stated he was in the process of getting foam put around some of the AC units with gaps from the wall. He stated he honestly, did not know what could happen to the residents if they were bitten but knew it would not be comfortable. He stated he was responsible for ensuring pest control services was effective and added the dryness outside caused the ants to look for moisture, crumbs on the floor and ant season made it challenging.</p> <p>Interview on 08/29/24 at 5:26 pm, the DOR stated on 08/20/24 Resident #2 had a lot of little black specks crawling (approximately 10 ants) around some crumbs on the floor. He stated he reported in their electronic maintenance system and to LVN A to do a skin assessment. He stated he saw LVN A go down to Resident #2's room.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 455727	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/30/2024
NAME OF PROVIDER OR SUPPLIER Park Village Healthcare and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 207 E Parkerville Rd Desoto, TX 75115	
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 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Interview on 08/29/24 at 5:53 pm, the DON stated she heard about ants on Resident #5's bed sheet from LVN A earlier this week, on 08/26/24. She stated LVN A took Resident #5 out the bed. She stated LVN A said she got the Maintenance Director to spray treat the room and it was cleaned. She stated not being aware of any ant reports for Residents #3 and #4 and was not aware ants were found in Resident #5's room Sunday 08/25/24. She stated hearing about Residents #1 and #2 having ants in their rooms last week, but Resident #1 ate a lot of food that got on the floor.</p> <p>Interview on 08/29/24 at 6:51 pm, the Administrator stated he was not aware of ant sightings in Residents #1, #3, #4 and #5's rooms. He stated the only ant sighting he was aware of was in Resident #2's room last week 08/20/24. He stated he would talk to the DON about checking the residents out. He stated he spoke to Resident #1 daily and he never reported ants in his room or on him.</p> <p>Interview on 08/30/24 at 10:56 am, CNA D stated she had not seen any ants and all she could do was report ant sightings in the Electronic Maintenance System but she reported the ant sighting in Resident #3's room. She stated she did not look at the floor for any ants because she was too busy taking care of Resident #3. She stated Visitor S said he had ants in his room but she did not see them and did not go into Resident #3's room because it was a busy day and did not shower Resident #3. She stated she did not report the ant sighting to the nurse because she saw Visitor S report the ant sighting to RN H and saw RN H going to Resident #3's room.</p> <p>Interview on 08/30/24 at 12:37 pm, Maintenance Assistant K stated they just recently started having an ant problem about one or two weeks ago on the 100 hall, in Resident #2's room. He stated he saw regular black ants around the boxes of Resident #2's clothes which had four empty bags of potato chip the ants were eating on. He stated they spray treated that room then and again about two days ago. He stated he told the residents and the nursing staff about making sure food was in plastic containers or zip top bags. He stated Resident #1 told him a few weeks ago, he had ants in his room but not any of the staff reported that, he did not see any ants but he spray treated his room. He stated their pest control provider came on a regular basis and was coming out more to get rid of the ants. He stated the problem was that he asked the CNAs and nurses to sweep up crumbs if they saw them but they did not at times. He stated he was spray treating the 300 and 400 halls as well and there had not been any ant sightings since last Monday 08/26/24. He stated the Administrator was aware of the issue with the nursing staff needing to help when the housekeepers were not working and unable to clean and sweep the floors. He stated the nurses had access to a mop bucket, broom, and dustpan in a storage closet by the nurses' stations. He stated he was not sure if all of the nursing department knew about the cleaning tools but planned to do a staff training about it. He stated he was not aware of any issues in Resident #5's room on 08/25/24 and 08/26/24 and was not sure if the Maintenance Director spray treated that room. He stated he did not want the residents to get bitten, because ant bites could really hurt the residents. He stated whenever he received reports of ants he went immediately to inspect inside and outside to inspect and spray treat. He stated he sprayed between the pest control Provider treatments. He stated they were in the process of sealing up the AC unit gaps and felt their pest control provider was good. He stated they just needed to continue to monitor the residents' rooms with food and drinks and talk to the nursing staff about using the zip top bags and sweeping the residents food.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 455727	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/30/2024
NAME OF PROVIDER OR SUPPLIER Park Village Healthcare and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 207 E Parkerville Rd Desoto, TX 75115	
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 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Interview on 08/30/34 at 1:26 pm, the Maintenance/Housekeeping Director J stated they spray treated every room for ants on the back side of 100 hall last Monday 08/26/24. He stated they sprayed the outside as well and they had not had any more reports of ants since earlier this week. He stated the nursing staff helped out sometimes with getting food off of the floor and stated last Monday 08/26/24 he was told about the ants in Resident #5's room and his AC unit had a gap on the side of it. He stated if the residents were bitten it could really be really uncomfortable for them. He stated yesterday 08/29/24 they trained the staff on cleaning food and drinks off the floor to help the housekeepers because they only worked from 6:00 am - 6:00 pm.</p> <p>Interview on 08/30/34 at 2:49 pm, ADON B stated they had a few residents with ant sightings like Residents #1 and #5 within the past 30 days. She stated she did the head-to-toe assessment of Resident #1 on 08/04/24 around 10:30 am. She said she did his assessment on paper and did not document it in the EMR and said she notified the DON and his charge nurse. She stated on 08/04/24 she was about to do his wound care and she saw about 15 black ants on the floor and a few of the ants were on his bed. She stated at night Resident #1 ate snacks in the bed and could not say if the ants got to him but he did not appear to have any ant bites. She stated she heard Resident #5 had ants in his room once and was not aware of ants in his room the second time. She stated if a resident had ants in their room they needed to be showered immediately and put in another room then assessed by the nurse and monitored for 72 hours. She stated it should be reported to Maintenance to treat and pest control to come out. She stated she was not aware ants were found in Residents #3 and #4's rooms She stated communication was lacking because all the staff did not know what steps to take.</p> <p>Interview on 08/30/34 at 4:20 pm, the Administrator stated they were going to start keeping a better track of ant sightings, by going over the pest sightings logs. He stated he would be checking housekeepers to ensure they were cleaning better and cleaning splash stains on the walls. He stated he wanted the staff correctly trained on ensuring food was not being left out for ants and going over the types of ants. He stated he wanted to correctly train and have postings up for agency staff to know who to call for various topics. He stated he wanted to ensure the staff knew what to do if they saw ants. He stated the Housekeeping Director was responsible for ensuring the cleanliness of the facility. And he stated his expectation was for maintenance to check for ants and for everyone to notify maintenance and himself and the DON, if they have any ant sightings, to ensure all steps were done properly.</p> <p>Interview on 08/30/34 at 4:40 pm, the DON stated she started trainings with the nursing department regarding if ants were seen or reported they needed to notify the charge nurses, nursing management, maintenance, and the family and after assessment notify the resident's doctor. She stated the charge nurse needed to do a resident's skin assessment and the CNAs needed to shower the residents and the housekeepers needed to change their mattress and deep clean their room. She stated for the agency nurses they needed to have better guidelines for management to be notified for ant sightings also.</p> <p>Record review of the Facility's Pest Sightings log sheet in the Pest Control binder from 05/10/24 to 08/27/24 revealed, Ants: Resident #3 and Resident #4's was treated on 08/20/24 by Maintenance Assistant K. (There was no reports about ants in Residents #1, #2 and #5's rooms.</p> <p>Record review of the Facility's Electronic Maintenance Work order system from 05/01/24 - 08/28/24 revealed: 08/26/24: Ants in Resident #5's room, by Receptionist T</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 455727	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/30/2024
NAME OF PROVIDER OR SUPPLIER Park Village Healthcare and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 207 E Parkerville Rd Desoto, TX 75115	
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 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>08/20/24: Resident #2 has ants in her room closer to corners of the room, by DOR.</p> <p>08/19/24: Ants in Resident #3's room, by CNA D.</p> <p>(There were no reports of ants in Residents #1, #4 and 1st report in Resident #5's room on 08/25/24).</p> <p>Record review of the Pest Control Service Inspection Report dated 08/20/24 at 2:00 pm revealed Residents #3 and #4's rooms were treated for ants.</p> <p>Record review of the Pest Control Service Inspection Report dated 08/27/24 at 8:57 am revealed Residents #1 and #5's rooms were treated for ants.</p> <p>Record review of the Pest Control Service Inspection Report dated 08/28/24 at 3:28 pm revealed Residents #1 and #2's rooms were treated for ants.</p> <p>The facility's resident rights policy was requested from the Administrator on 08/27/24 at 11:27 am and 08/30/24 10:18 am.</p> <p>Record review of the facility's Safe Comfortable and Homelike Environment Policy revised 1.2022 revealed, Policy: Residents are provided with a safe, clean, comfortable and homelike environment and encouraged to use their personal belongings to the extent possible.</p> <p>Record review of the facility's Pest Control Policy dated 05/2020 revealed, POLICY: It is the policy of this facility to utilize pesticides and rodenticides in a safe and efficient manner to control pests with the least amount of contamination to the environment. Responsibilities: Facility staff will: 1. Report any pest sightings and file a report using the pest observation log. 2. Document problems found during inspection and the remedial actions taken. 3. Advise staff on preventive measure, unsanitary conditions, etc. Pest Identification: The following guidelines for pest identification: 1. When pests are sighted, determine why the infestation is occurring and advise department on preventive measures Pest Prevention: The following are guidelines for pest prevention: 1. All storage and food preparation areas are to be kept clean. This includes walls, floors, shelving, cabinet tops, sinks, equipment, etc. 2. Keep grounds free of trash and brush 3. Keep the dumpster area clean 4. Food stored in resident rooms will be in covered containers 5. Clean up food spills 6. Screen foundation areas with mesh.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 455727	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/30/2024
NAME OF PROVIDER OR SUPPLIER Park Village Healthcare and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 207 E Parkerville Rd Desoto, TX 75115	
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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 32581</p> <p>Based on observation, interview and record review, the facility failed to ensure the resident environment remained as free of accident hazards as possible for five (Residents #1, #2, #3, #4 #5) of 12 residents reviewed for incident accidents.</p> <p>The Nursing staff failed to ensure black ants were not in Residents #1, #2, #3, #4 and #5's rooms and beds.</p> <p>These failures could place residents at risk of being bitten by ants causing skin irritation, skin infection and pain resulting in decreased health and psychosocial well-being.</p> <p>Findings included:</p> <p>1) Record review of Resident #1's Quarterly MDS assessment dated [DATE] revealed, a [AGE] year-old male who admitted [DATE] with the ability to express ideas and wants, able to see in adequate light without corrective lenses. He had a staff assisted BIMS score of 01 (Modified independence cognition) and upper and lower one-sided weakness. He used a wheelchair and was diagnosed with anemia (low iron), renal insufficiency (kidney failure), Diabetes Mellitus, Cerebral Vascular Accident (Stroke), Hemiplegia (Partial paralysis), Malnutrition, Anxiety, depression, and pressure ulcer.</p> <p>Record review of Resident #1's Nurse Progress Note dated 08/04/24 at 10:12 pm by LVN A revealed, Note Text: This Nurse was called to resident's room and noted a minimal amount of ants on the floor. Resident was transferred to his wheelchair, this Nurse sprayed the areas, disinfected the bed, and asked resident if he wanted a shower, resident stated I quote No I will get a bed bath when my bed is ready. After reassessing the resident's room this Nurse noted no more ants in the area at the time. Will continue with plan of care.</p> <p>Interview on 08/28/24 at 12:26 pm, Resident #1 stated a couple of weeks ago, while he was in bed, he had little black ants all over him but none bit him. He stated they sprayed and cleaned his room and he had not seen any ants since then. He stated they were little black ants, more than 20 ants all over his body and the staff were aware. He stated afterwards no one assessed him but they did shower him and stated he had not had any itchiness since then. He stated Maintenance sprayed his room again two days ago.</p> <p>Interview on 08/29/24 at 2:25 pm, FM Q stated about two weeks ago Resident #1 complained about black ants in his room and that they were all over him and it was reported to the nurse. He stated he did not get a call from the nurses about the ants on him either. He stated there were no issue with ants since then.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 455727	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/30/2024
NAME OF PROVIDER OR SUPPLIER Park Village Healthcare and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 207 E Parkerville Rd Desoto, TX 75115	
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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>2) Record review of Resident #2's Significant Change MDS assessment dated [DATE] revealed, a [AGE] year-old female who admitted [DATE] with the ability to express ideas and wants and see in adequate light and without corrective lenses. She had a staff assisted BIMS score of 01 (Modified independence cognition) with no upper or lower weakness and used a motorized scooter. Resident #2 was diagnosed with Heart Failure, Hypertension(high blood pressure), Diabetes Mellites (high blood sugar), Aphasia (speech loss), Cerebrovascular Accident, Multiple Sclerosis (nerve damage), Malnutrition and Anxiety and Depression.</p> <p>Record review of Resident #2's Nurse Progress Notes from 08/20/24 and thereafter, did not reveal any Progress Notes from anyone, including LVN A about ants being found in her room and outcome of her skin assessment and notifications to other department heads.</p> <p>Interview on 08/27/24 at 12:08 pm, Resident #2 stated two weeks ago she was bitten by little black ants, they were in the corner of her room. Maintenance came and sprayed her room, but no one assessed her after she told LVN A she was bitten by ants. She stated there was around 25 black ants behind two boxes in the corner of her room but had not seen any ants since then.</p> <p>3) Record review of Resident #3's Admission MDS assessment dated [DATE] revealed, a [AGE] year-old male who admitted [DATE] with the ability to make self-understood, able to see in adequate light with corrective lenses. His BIMS Score was 12 (Moderate cognitive impairment), upper impairment of both sides, used a cane/crutch and walker. He was diagnosed with Cancer, atrial fibrillation,(irregular heart rate) heart failure, gastroesophageal reflux, renal insufficiency (Kidney failure), urinary tract infection and hyperlipidemia (high fat lipids).</p> <p>Record review of Resident #3's Nurse Progress Notes from 08/09/24 to 08/29/24 revealed no documentation of ants in his room and steps done to address, prevent and notify department heads.</p> <p>Interview on 08/30/24 at 11:30 am, Visitor S stated a week and a half ago she saw four or five small black ants on Resident #3's bed and two or three on the floor and Resident #3 was sitting in his wheelchair. She stated she told RN H who assessed him and added she had not seen any ants since then.</p> <p>4) Record review of Resident #4's Admission MDS assessment dated [DATE] revealed, a [AGE] year-old male who admitted [DATE] with an ability to express ideas and wants and see in adequate light with corrective lenses. His staff assisted BIMS score of 01 (Modified independence cognition) and with upper and lower impairment and no use of device. He was diagnosed with hypertension (high blood pressure), renal insufficiency (kidney failure), pneumonia, Diabetes mellitus (high blood sugar), hyperkalemia (high potassium), cerebrovascular accident (stroke), hemiplegia (partial paralysis), and dependence on renal dialysis.</p> <p>Record review of Resident #4's Nurse Progress Note dated 08/22/24 at 4:11 pm, by RN H revealed, Note Text: Residents FM P showed writer several white pustules to right elbow. Resident denies any itching or c/o. NP U notified. Orders noted: Lotrisone Ointment BID X2 weeks and Bactrim DS 1 TAB po BID X 8 days. Skin infection. FM P and resident notified of orders.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 455727	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/30/2024
NAME OF PROVIDER OR SUPPLIER Park Village Healthcare and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 207 E Parkerville Rd Desoto, TX 75115	
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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Interview and observation on 08/29/24 at 10:40 am, Resident #4 stated last week he saw little black ants coming from his AC unit, his brown chair across from his bed and on his bed sheets. He stated he did not feel any bites initially and was showered and his nurse did not assess him; and he moved to another room while his room was cleaned and sprayed. He lifted his right arm and said he had some bites on his arm but they went away because he was given skin cream and antibiotics and his skin cleared up. He stated he had not seen any ants since then.</p> <p>Interview on 08/29/24 at 12:14 pm, FM P stated around Wednesday (08/21/24) at 6:00 pm or 7:00 pm she saw little black ants moving around underneath Resident #4's bed. She stated they were coming from Resident #4's AC unit at the end of his bed but she did not see any on him but Resident #4 said there were ants on him. She stated she reported it to the nurse at the nurses station and ask the nurse to go to check him out and the nurse said she would take care of it. She stated the nurse called housekeeping and said she would notate it in his record. She stated she returned the next day and she did not see any more black ants. She stated she had not spoken to the DON and Administrator because she notified the nurse.</p> <p>5) Record review of Resident #5's Quarterly MDS assessment dated [DATE] revealed, a [AGE] year-old male who admitted [DATE] and rarely/never understood the ability to express ideas and wants with highly impaired vision. His staff assisted BIMS score was 03 (severely impaired cognition) with upper and lower impairments of both sides and used a wheelchair. He used a catheter with was diagnosed with anemia (low iron), hypertension (high blood pressure), neurogenic bladder (bladder dysfunction), hemiplegia (partial paralysis), Multiple sclerosis (nerve damage), seizure disorder and malnutrition.</p> <p>Record review of Resident #5's Nurse Progress Note dated 08/25/24 at 1:03 pm by Agency LVN E revealed, Note Text: Resident remains in stable condition. Resting easy and comfortable in bed. As this nurse was administering medications to pt and noted 3 ants. This nurse assessed pt from head to toe. No bites and redness noted to skin. Pt denies any pain or itchiness. This nurse proceeded promptly with CNA to get pt out bed and into wheelchair. As pt was up in wheelchair, this nurse examined bed mattress, and no ants noted. CNA disinfected mattress with cleaning solution. This noted notified responsible party FM R and weekend RN manager. Weekend RN Manager stated that she would have housekeeping to do a deep clean to room. And responsible party the FM R was appeased that I called and informed her of the current situation and pt was promptly up in wheelchair. FM R went on a rant. Per FM R she knew this very thing was going to happen because housekeeping poorly cleans Resident #5's rooms.</p> <p>Record review of Resident #5's Nurse Progress Notes on 08/26/24 did not reveal any documentation about LVN A seeing ants in his room on 08/26/24 at 7:30 am, and no documentation of what was done and notifications to department heads.</p> <p>Interview on 8/29/24 at 3:56 pm, FM R stated last Sunday 08/25/24 she received a call from Agency LVN E saying they had to get Resident #5 out of bed because ants were on it. She stated LVN A said he was assessed and not bitten and they said he was okay. She stated last Monday 08/26/24, LVN A called her early that morning around 7:00 am or 9:00 am saying he had ants on his bed. She stated being told he was showered and they just wanted her to be aware and said she had never noticed any ants in his room. She stated she was very diligent about Resident #5's care, because he was nonverbal and could not speak for himself. She stated she checked Resident #5 this week and did not notice any ants or ant bites and rashes on him.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 455727	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/30/2024
NAME OF PROVIDER OR SUPPLIER Park Village Healthcare and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 207 E Parkerville Rd Desoto, TX 75115	
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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Interview on 08/27/24 at 2:25 pm, the Administrator stated he was not aware Resident #2 had ants in her room and was bitten by them. He stated he would get maintenance to address and talk to DON about it.</p> <p>Interview on 08/27/28 at 3:03pm, LVN A stated she had not seen or had any reports of ants in the residents' rooms. She stated she was not aware of ants being reported in Resident #2's room.</p> <p>Interview on 08/27/24 at 6:23 pm, the DON stated she heard about some ants in Resident #2's room about a week ago and was not sure why there were no skin assessments for Residents #1, #2, #3, #4, #5. She stated maintenance inspected and sprayed Resident #2's room and she was assessed and she had no bitemarks. She stated she heard about ants in Resident #1's room last week and added the issue with ants had been going on since last week. She stated pest control came out last week and today (08/27/24) and said she had not seen any ants at this facility and not aware of any residents being bitten by any.</p> <p>Interview on 08/29/24 on at 12:35 pm, Agency LVN E stated last weekend, she worked the 6:00 am - 2:00 pm shift. She stated on Sunday 08/25/24 around 7:00 am, she went to Resident #5 to administer his medications through his g-tube and noticed three black baby ants on top of his bed and draw sheet he was laying on. She stated she assessed Resident #5 and he did not have any bite marks or red marks and no signs and symptoms of pain. She stated the CNA's came in to get him out of bed and took his sheets and draw sheet out of the room and showered him and he was assessed again with no bite marks seen. She stated Resident #5 stayed in his wheelchair while his room was cleaned and sanitized and sprayed and she did not see any ants after that. She stated she notified his FM R she said 'okay and that she was not surprised because the housekeeping was not that good. She stated she notified RN Supervisor F about it as well and did not call Resident #5's doctor because she did a thorough assessment and he had no signs or symptoms of distress or bite marks. She stated she did not directly see ants on him but they were on the edge of his draw sheet at the end of his bed. She stated she did a head-to-toe skin assessment but did not complete an actual skin assessment because RN Supervisor F told her she could just document it in the nurses note. She stated that was her first time seeing something like that and said if she saw any redness of red marks, she would have definitely notified Resident #5's doctor. She stated Resident #5 was up at the nurses' station most of the day and he did not have any itchiness or signs or symptoms of bitemarks. She stated she did not know she needed to notify the DON because no one told he to.</p> <p>Interview on 08/29/24 at 2:32 pm, RN H stated she was not aware of any ants in Resident #4's room but he had a rash on his right elbow, it was some little white pustules on it. She stated there was no mention from Resident #4 and FM P about him having ant bites or ants in his room. She stated she called his doctor and an order for Lotrisone cream and oral antibiotic was started, and stated she did a head-to-toe skin assess and looked at everything. She stated his elbow rash was localized in one spot and did not look like ant bites she said she did not do an incident report because it was localized to the elbow. She stated she documented it in the nurses' notes. She stated his elbow was much better now and had no white pustules (little white bumps) and did not appear inflamed. She stated she was not aware of any reports of ants in Resident #3's room and had not seen any ants in his room. She stated if a resident were to get bitten by ants could cause them to get a skin infection, have an allergic infection or inflammation. She stated ant bites could get systemic really quickly.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 455727	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/30/2024
NAME OF PROVIDER OR SUPPLIER Park Village Healthcare and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 207 E Parkerville Rd Desoto, TX 75115	
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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Interview on 08/29/24 2:54 pm, LVN A stated there was some issues with some ants this past Monday 08/26/24 around 7:30 am, Resident #5 was in his room and there was one or two black little sugar ants on his blanket at the foot area. She stated she did not see any ants on him or rashes but she assessed and showered him with no evidence of ant bites. She stated he was up in his chair while housekeeping and maintenance went and cleaned and sprayed his room. She stated she notified the doctor when he came to the facility that same day and he asked were there any bitemarks and she said no. She stated she had not seen any ants since then and added if residents were bitten, they could end up scratching them and could open up a sore. She stated she was not sure why she did not do an incident report or complete a skin assessment form but did assess him. She stated she saw two little black ants on his bed and Resident #5 was showered and a shower sheet was done. She stated she reported the ant sighting to the DON, Administrator and housekeeping and maintenance cleaned and sprayed the room. She stated she did not document the ant incident in Resident #5's nurse progress notes because she got busy that morning but notified the oncoming nurse about it.</p> <p>Interview on 08/29/4 at 5:26 pm, the DOR stated on 08/20/24 Resident #2 had a lot of little black specks crawling (approximately 10 ants) around some crumbs on the floor. He stated he reported in their electronic maintenance system and to LVN A to do a skin assessment. He stated he saw LVN A go down to Resident #2's room.</p> <p>Interview on 08/29/24 at 5:53 pm, the DON stated she heard about ants on Resident #5's bed sheet from LVN A earlier in the week, 08/26/24. She stated LVN A took Resident #5 out the bed and said there was no incident report completed because there was no skin alterations. She stated LVN A said she got the Maintenance Director to spray treat the room and it was cleaned. She stated not being aware of any ant reports for Residents #3 and #4 and was not aware ants were found in Resident #5's room Sunday 08/25/24. She stated hearing about Residents #1 and #2 having ants in their rooms last week, but Resident #1 ate a lot of food that got on the floor.</p> <p>Interview on 08/29/24 at 6:51 pm, the Administrator stated he was not aware of ant sightings in Residents #1, #3, #4 and #5's rooms. He stated the only ant sighting he was aware of was in Resident #2's room last week 08/20/24. He stated he would talk to the DON about checking these residents out. He stated he spoke to Resident #1 daily and he never reported ants in him room or on him.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 455727	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/30/2024
NAME OF PROVIDER OR SUPPLIER Park Village Healthcare and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 207 E Parkerville Rd Desoto, TX 75115	
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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Interview on 08/30/34 at 2:49 pm, ADON B stated they had a few residents with ant sightings like Residents #1 and #5 within the past 30 days. She stated she did the head-to-toe assessment of Resident #1 on 08/04/24 around 10:30 am. She said she did his assessment on paper and did not document it in the EMR because she thought LVN A did and said she notified the DON and his charge nurse. She stated on 08/04/24 she was about to do his wound care and she saw about 15 black ants on the floor and a few of the ants were on his bed. She stated at night Resident #1 liked to eat snacks in bed and could not say if the ants got to him but he did not appear to have any ant bites. She stated she was not sure if LVN A did an incident report because he did not have an injury. She stated she did not complete a nurses note after she saw the ants and believed LVN A did it. She stated she heard Resident #5 had ants in his room once and was not aware of ants in his room the second time. She stated if a resident had ants in their rooms they needed to be showered immediately and put in another room then assessed by the nurse and monitored for 72 hours. She stated it should be reported to maintenance to treat and pest control to come out. She stated she was not aware of ants in Residents #3 and #4's rooms and added if the staff did not know how to report in their electronic maintenance system, they needed to let someone know to assist them. She stated the nurses needed to notify the family and Doctor, DON, ADON and following up 72 hours to check the resident's skin and do an incident report. She stated communication was lacking because all the staff did not know what steps to take.</p> <p>Interview on 08/30/34 at 4:20 pm, the Administrator they were going to start keeping a better track of the ant sightings by going over the pest sighting log sheets and reviewing skin assessments and ensuring documentation was in place and incident reports. He stated he wanted to ensure the staff knew what to do if they saw ants including if ants were seen in a resident's bed, a skin assessment should be done even if there was no skin alteration, and for the skin assessment to be done daily for a few days afterwards. He stated the Housekeeping Director was responsible for ensuring the cleanliness of the facility. He stated himself and the DON were responsible for ensuring the documentation was accurate. He stated himself and the DON were responsible for ensuring the incident reporting was done. He stated his expectation was for maintenance to check for ants and for everyone to notify maintenance and himself and the DON, if they have any ant sightings, to ensure all steps were done.</p> <p>Interview on 08/30/34 at 4:40 pm, the DON stated she started trainings with the nursing department on if ants were seen or reported they needed to notify the Charge Nurses, Nursing Management, Maintenance, family and after assessment notify the resident's Doctor. She stated the Charge Nurse needed to do a resident's skin assessment, shower resident, change the mattress, deep clean. She stated an incident report was only done if the resident had an alteration of their skin, falls, case by case, abuse, medication errors. She stated for ant bite sightings she expected the CNAs to document the resident's skin on a shower sheet and for the charge nurses to do a skin assessment and document their findings in the nurse progress note. She stated for the agency nurses they needed to have better guidelines for management to be notified for ant sightings also. She stated for medical records every nurse was in charge of their own documentation and ultimately, she and nurse management were responsible for ensuring documentation was complete and accurate. She stated Residents #1, #2, #3, #4, and #5 skin assessments were completed on 08/30/24 and they did not have an signs or symptoms of ant bites.</p> <p>The facility's Incident policy was requested on 08/27/24 at 11:21 am, 08/30/24 at 8:59 am, 08/30/24 at 3:12 pm and the Administrator stated they did not have an incident/accident policy.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 455727	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/30/2024
NAME OF PROVIDER OR SUPPLIER Park Village Healthcare and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 207 E Parkerville Rd Desoto, TX 75115	
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 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 32581</p> <p>Based on observations, interviews, and record reviews the facility failed to ensure in accordance with accepted professional standards and practices, the facility must maintain medical records on each resident that were accurately documented and must contain a record of the resident's assessment for five residents (Residents #1, #2, #3 #4 and #5) of 12 residents reviewed for Medical Records.</p> <p>The Nursing staff failed to ensure incident reports, skin assessments and Nurse progress notes were completed after reports of black ants were found in the rooms and beds of Residents #1, #2, #3, #4 and #5.</p> <p>These failures could affect all residents by placing them at risk of not being properly monitored and treated if documentation were not completed, accurate or missing which could result in decline in their health and psycho-social well-being.</p> <p>Findings included:</p> <p>1)Record review of Resident #1's Quarterly MDS assessment dated [DATE] revealed, a [AGE] year-old male who admitted [DATE] with the ability to express ideas and wants, able to see in adequate light without corrective lenses. He had a staff assisted BIMS score of 01 (Modified independence cognition) and upper and lower one-sided weakness. He used a wheelchair and was diagnosed with anemia (low iron), renal insufficiency (kidney failure), Diabetes Mellitus, Cerebral Vascular Accident (Stroke), Hemiplegia (Partial paralysis), Malnutrition, Anxiety, depression, and pressure ulcer.</p> <p>Record review of Resident #1's Nurse Progress Note dated 08/04/24 at 10:12 pm by LVN A revealed, Note Text: This Nurse was called to resident's room and noted a minimal amount of ants on the floor. Resident was transferred to his wheelchair, this Nurse sprayed the areas, disinfected the bed, and asked resident if he wanted a shower, resident stated I quote No I will get a bed bath when my bed is ready. After reassessing the resident's room this Nurse noted no more ants in the area at the time. Will continue with plan of care.</p> <p>Record review of Resident #1's EMR did not reveal she had any Incident/accident reports involving ants from 06/27/24/- 08/27/24.</p> <p>Record Review of Resident #1's Skin Assessments did not reveal any skin assessments for ants were completed after ants were found in his room and bed on 08/04/24.</p> <p>Interview on 08/28/24 at 12:26 pm, Resident #1 stated a couple of weeks ago, while he was in bed, he had little black ants all over him but none bit him. He stated they sprayed and cleaned his room and he had not seen any more ants since then. He stated they were little black ants, more than 20 ants all over his body and the staff were aware. He stated afterwards no one assessed him but they did shower him and stated he had not had any itchiness since then. He stated Maintenance sprayed his room again two days ago.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 455727	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/30/2024
NAME OF PROVIDER OR SUPPLIER Park Village Healthcare and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 207 E Parkerville Rd Desoto, TX 75115	
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 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Interview on 08/29/24 at 2:25 pm, FM Q stated about two weeks ago Resident #1 complained about black ants in his room and that they were all over him and it was reported to the nurse. He stated he did not get a call from the nurses about the ants on him either. He stated there were no issue with ants since then.</p> <p>2) Record review of Resident #2's Significant Change MDS assessment dated [DATE] revealed, a [AGE] year-old female who admitted [DATE] with the ability to express ideas and wants and see in adequate light and without corrective lenses. She had a staff assisted BIMS score of 01 (Modified independence cognition) with no upper or lower weakness and used a motorized scooter. Resident #2 was diagnosed with Heart Failure, Hypertension (high blood pressure), Diabetes Mellites (high blood sugar), Aphasia (speech loss), Cerebrovascular Accident, Multiple Sclerosis (nerve damage), Malnutrition and Anxiety and Depression.</p> <p>Record review of Resident #2's Nurse Progress Notes from 08/20/24 and thereafter, did not reveal any Progress Notes from anyone, including LVN A about ants being found in her room and outcome of her skin assessment and notifications to other department heads.</p> <p>Record review of Resident #2's EMR did not reveal she had any Incident/accident reports involving ants from 06/27/24/- 08/27/24.</p> <p>Record review of Resident #2's Skin Assessment after it was reported ants were in her room on 08/20/24.</p> <p>Interview on 08/27/24 at 12:08 pm, Resident #2 stated two weeks ago she was bitten by little black ants, they were in the corner of her room. Maintenance came and sprayed her room, but no one assessed her after she told LVN A she was bitten by ants. She stated there was around 25 black ants behind two boxes in the corner of her room but had not seen any ants since then.</p> <p>3) Record review of Resident #3's Admission MDS assessment dated [DATE] revealed, a [AGE] year-old male who admitted [DATE] with the ability to make self-understood, able to see in adequate light with corrective lenses. His BIMS Score was 12 (Moderate cognitive impairment), upper impairment of both sides, used a cane/crutch and walker. He was diagnosed with Cancer, atrial fibrillation, heart failure, gastroesophageal reflux, renal insufficiency, urinary tract infection, hyperlipidemia.</p> <p>Record review of Resident #3's Nurse Progress Notes from 08/09/24 to 08/29/24 revealed no reports of ants in his room and steps done to address, prevent and notify department heads since he admitted .</p> <p>Record review of Resident #3's EMR did not reveal she had any Incident/accident reports involving ants from 06/27/24/- 08/27/24.</p> <p>Record review of Resident #3's Skin Assessments were not completed for ant bites in his EMR from 08/01/24 to 08/28/24.</p> <p>Interview on 08/30/24 at 11:30 am, Visitor S stated a week and a half ago she saw four or five small black ants were on Resident #3's bed and two or three on the floor. She stated telling RN H who came in to assess Resident #3. She stated Resident #3 was sitting in his chair and since then she had not seen any ants.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 455727	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/30/2024
NAME OF PROVIDER OR SUPPLIER Park Village Healthcare and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 207 E Parkerville Rd Desoto, TX 75115	
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 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>4) Record review of Resident #4's Admission MDS assessment dated [DATE] revealed, a [AGE] year-old male who admitted [DATE] with an ability to express ideas and wants and see in adequate light with corrective lenses. His staff assisted BIMS score of 01 (Modified independence cognition) and with upper and lower impairment and no use of device. He was diagnosed with hypertension (high blood pressure), renal insufficiency (kidney failure), pneumonia, Diabetes mellitus (high blood sugar), hyperkalemia (high potassium), cerebrovascular accident (stroke), hemiplegia (partial paralysis), and dependence on renal dialysis.</p> <p>Record review of Resident #4's Nurse Progress Note dated 08/22/24 at 4:11 pm, by RN H revealed, Note Text: Residents FM P showed writer several white pustules to right elbow. Resident denies any itching or c/o. NP U notified. Orders noted: Lotrisone Ointment BID X2 weeks and Bactrim DS 1 TAB po BID X 8 days. Skin infection. FM P and resident notified of orders.</p> <p>Interview and observation on 08/29/24 at 10:40 am, Resident #4 stated last week he saw little black ants coming from his AC unit, his brown chair across from his bed and on his bed sheets. He stated he did not feel any bites initially and was showered and his nurse did not assess him; and he moved to another room while his room was cleaned and sprayed. He lifted his right arm and said he had some bites on his arm but they went away because he was given skin cream and antibiotics and his skin cleared it up. He stated he had not seen any ants since then.</p> <p>Interview on 08/29/24 at 12:14 pm, FM P stated last Wednesday (08/21/24) around 6:00 pm or 7:00 pm she saw little black ants moving around underneath Resident #4's bed. She stated they were coming from Resident #4's AC unit at the end of his bed but she did not see any on him but Resident #4 said there were ants on him. She stated she reported it to the nurse at the nurses station and ask the nurse to go to check him out and the nurse said she would take care of it. She stated the nurse called housekeeping and said she would notate it in his record. She stated she returned the next day and she did not see any more black ants. She stated she had not spoken to the DON and Administrator because she notified the nurse.</p> <p>Record review of Resident #4's EMR did not reveal he had any Incident/accident reports involving ants from 06/27/24 to 08/27/24.</p> <p>Record review of Resident #4's Skin assessment dated [DATE] did not reveal a skin assessment was completed and in his EMR.</p> <p>5) Record review of Resident #5's Quarterly MDS assessment dated [DATE] revealed, a [AGE] year-old male who admitted [DATE] and rarely/never understood the ability to express ideas and wants with highly impaired vision. His staff assisted BIMS score was 03 (severely impaired cognition) with upper and lower impairments of both sides and used a wheelchair. He used a catheter with was diagnosed with anemia, hypertension, neurogenic bladder (bladder dysfunction), hemiplegia (partial paralysis), Multiple sclerosis (nerve damage), seizure disorder and malnutrition.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 455727	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/30/2024
NAME OF PROVIDER OR SUPPLIER Park Village Healthcare and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 207 E Parkerville Rd Desoto, TX 75115	
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 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Record review of Resident #5's Nurse Progress Note dated 08/25/24 at 1:03 pm by Agency LVN E revealed, Note Text: Resident remains in stable condition. Resting easy and comfortable in bed. As this nurse was administering medications to pt and noted 3 ants. This nurse assessed pt from head to toe. No bites and redness noted to skin. Pt denies any pain or itchiness. This nurse proceeded promptly with can to get pt out bed and into wheelchair. As pt was up in wheelchair, this nurse examined bed mattress, and no ants were noted. CNA disinfected mattress with cleaning solution. This noted notified responsible party FM R and weekend RN manager. Weekend RN Manager stated that she would have housekeeping to do a deep clean to room. And responsible party the FM R was appeased that I called and informed her of the current situation and pt was promptly up in wheelchair. FM R went on a rant. Per FM R she knew this very thing was going to happen because housekeeping poorly cleans Resident #5's rooms.</p> <p>Record review of Resident #5's Nurse Progress Notes on 08/26/24 did not reveal any documentation by LVN A seeing ants in his room at 7:30 am.</p> <p>Interview on 8/29/24 at 3:56 pm, FM R stated last Sunday 08/25/24 she received a call from Agency LVN E saying they had to get Resident #5 out of bed because ants were on it. She stated LVN A said he was assessed and not bitten and they said he was okay. She stated last Monday 08/26/24, LVN A called her early that morning around 7:00 am or 9:00 am saying he had ants on his bed. She stated being told he was showered and they just wanted her to be aware and said she had never noticed any ants in his room. She stated she was very diligent about Resident #5's care, because he was nonverbal and could not speak for himself. She stated she checked Resident #5 this week and did not notice any ants or ant bites and rashes on him.</p> <p>Record review of Resident #5's Nurse Progress Notes from 08/26/24 did not reveal any documentation about LVN A seeing ants in his room on 08/26/24 at 7:30 am.</p> <p>Record review of Resident #5's EMR did not reveal he had any Incident/accident reports involving ants from 06/27/24 to 08/27/24</p> <p>Record review of Resident #5's Skin assessment dated [DATE] did not reveal a skin assessment for ants was completed and in his EMR.</p> <p>Record review of Resident #5's Skin assessment dated [DATE] did not reveal a skin assessment for ants was completed and in his EMR.</p> <p>Interview on 08/27/28 at 3:03pm, LVN A stated she had not seen or had any reports of ants in the resident's rooms. She stated she was not aware of ants being reported in Resident #2's room.</p> <p>Interview on 08/27/24 at 6:23 pm, the DON stated she heard about some ants in Resident #2's room about a week ago. She stated she heard about ants were in Resident #1's room last week and added the issue with ants had been going on since last week.</p> <p>Interview on 08/28/24 at 1:12 pm, CNA C stated the morning of 08/12/24, a couple of weeks ago, she saw ants in Resident #1's room. She stated she saw five black sugar ants on the floor in Resident #1's room and pulled his covers back and checked him out and did not see any ants on him or his bed. She stated she reported seeing the ants to an agency nurse and Maintenance spray treated Resident #1's room.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 455727	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/30/2024
NAME OF PROVIDER OR SUPPLIER Park Village Healthcare and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 207 E Parkerville Rd Desoto, TX 75115	
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 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Interview on 08/29/24 on at 12:35 pm, Agency LVN E stated last weekend, she worked the 6:00 am - 2:00 pm shift. She stated on Sunday 08/25/24 around 7:00 am, she went to Resident #5 to administer his medications through his g-tube and noticed three black baby ants on top of his bed and draw sheet he was laying on. She stated she assessed Resident #5 and he did not have any bite marks or red marks and no signs and symptoms of pain. She stated she did not directly see ants on him but they were on the edge of his draw sheet at the end of his bed. She stated she did a Head-to-toe skin assessment but did not complete an actual skin assessment because RN Supervisor F told her she could just document it in the nurses note. She stated this was her first time seeing something like that and said if she saw any redness of red marks, she would have definitely notified Resident #5's Doctor.</p> <p>Interview on 08/29/24 at 1:38 pm, CNA F stated she worked the 6:00 am to 2:00 pm shift and saw ants a week or 2 weeks ago in Resident #1's room around 11:30 am. She stated she saw a trail of ants on the floor by the side of the wall of his AC unit and reported it to his nurse and the Maintenance Director. She stated there was a trail, a lot of little black ants on the floor and they were going toward Resident #1's bed. She stated she was not sure if the nurse checked him.</p> <p>Interview on 08/29/24 at 2:32 pm, RN H stated she was not aware of any ants in Resident #4's room but he had a rash on his right elbow, it was some little white pustules on it. She stated there was no mention from Resident #4 and FM P about him having ant bites or ants in his room. She stated she called his Doctor and an order for Lotrisone cream and oral antibiotic was started, and stated she did a head-to-toe skin assess and look at everything. She stated his elbow rash was localized in one spot and did not look like ant bites and said she did not do an incident report because it was localized to the elbow. She stated she documented it in the nurses notes. She stated his elbow was much better now and had no white pustules (little white bumps) and did not appear inflamed. She stated she was not aware of any reports of ants in Resident #3's room and had not seen any ants in his room. She stated if a resident were to get bitten by ants could cause them to get a skin infection, have an allergic infection or inflammation. She stated ant bites could get systemic really quickly.</p> <p>Interview on 08/29/24 2:54 pm, LVN A stated there was some issues with some ants this past Monday 08/26/24 around 7:30 am, Resident #5 was in his room and there was one or two black little sugar ants on his blanket at the foot area. She stated she did not see any ants on him or rashes but she assessed and showered him with no evidence of ants. She stated he was up in his chair while housekeeping and maintenance went and cleaned and sprayed his room. She stated she notified Doctor M when he came to the facility that same day and he asked were there any bitemarks and she said no. She stated she had not seen any ants since then and added if residents were bitten, they could end up scratching them and could open up a sore. She stated she was not sure why she did not do an incident report or complete a skin assessment form but did assess him. She stated she saw two little black ants on his bed and Resident #5 was showered and a shower sheet was done. She stated she did not document the ant incident in Resident #5's nurse progress notes because she got busy that morning but notified the oncoming nurse about it. She stated not doing an incident report or progress note about ants being in resident's rooms could cause the incident to reoccur.</p> <p>Interview on 08/29/24 at 3:22 pm, LVN I stated if he saw ants on a resident or it was reported to him, he would do an incident report, notify their doctor, RP, and Administrator.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 455727	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/30/2024
NAME OF PROVIDER OR SUPPLIER Park Village Healthcare and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 207 E Parkerville Rd Desoto, TX 75115	
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 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Interview on 08/29/4 at 5:26 pm, the DOR stated on 08/20/24 Resident #2 had a lot of little black specks crawling (approximately 10 ants) around some crumbs on the floor. He stated he reported to LVN A to do a skin assessment. He stated he saw LVN A go down to Resident #2's room and was not sure if an incident report done.</p> <p>Interview on 08/29/24 at 5:53 pm, the DON stated she heard about ants on Resident #5's bed sheet from LVN A earlier this week 08/26/24. She stated LVN A took Resident #5 out the bed and said there was no skin report completed because there was no skin alterations. She stated not being aware of any ant reports for Residents #3 and #4 and was not aware ants were found in Resident #5's room Sunday 08/25/24. She stated hearing about Resident #1 and #2 having ants in his room last week. She stated there would not be an incident report completed for these ant sightings unless there was an actual injury and she did not feel the Doctor needed to be notified about the ant sightings. She stated if there was no negative outcome, just a nursing judgement was needed for them to continue to monitor them. She stated Doctor M was aware of the ant issue at the facility but was not sure if the Medical Director Doctor N knew about the ant problem.</p> <p>Interview on 08/30/24 at 10:56 am, CNA D stated she had not seen any ants and all she could do was report ant sightings to the Electronic Maintenance System. She stated she did not look at the floor to look for any ants because she was too busy taking care of Resident #3. She stated Visitor S said he had ants in his room but she did not see them and did not go into Resident #3's room because it was a busy day. She stated she did not report the ant sighting to the nurse because Visitor S did. She stated she saw Visitor S report the ant sighting to RN H and then saw RN H went to Resident #3's room. She stated she did not shower Resident #3.</p> <p>Interview on 08/30/34 at 2:03 pm, the Medical Records Director stated she did not have any skin assessments for Residents #1, #2, #3, #4, #5 and was not aware of any issues with missing documentation such as incident/accident reports, skin assessments or nurse progress notes.</p> <p>Interview on 08/30/34 at 2:49 pm, ADON B stated she did the head-to-toe assessment of Resident #1 on 08/04/24 around 10:30 am. She said she did his assessment on paper and did not document it in the EMR and said she notified the DON his charge nurse. She stated on 08/04/24 she was about to do his wound care and she saw about 15 blacks the ants on the floor and a few of the ants were on his bed. She stated she was not sure if LVN A did an incident report because he did not have an injury. She stated she did not complete a nurses note after she saw the ants and believed LVN A did it. She stated if a resident had ants in their room they needed to be assessed by the nurse and monitored for 72 hours. She stated the nurses needed to notify the Family and Doctor, DON, ADON and following up 72 hours to check the resident skin and do an incident report.</p> <p>Interview on 08/30/34 at 4:20 pm, the Administrator stated they were going to start reviewing skin assessments and ensuring documentation was in place and incident reports. He stated he would be doing monthly trainings on documentation. He stated he wanted to ensure the nurses documentation was accurate, He stated he wanted to correctly train and have postings up for agency staff to know who to call for various topics. He stated he wanted to ensure the staff knew what to do if they saw ants including if ants were seen in a resident's bed, a skin assessment should be done even if there was no skin alteration, and for the skin assessment to be done daily for a few days afterwards. He stated himself and the DON were responsible for ensuring the documentation was accurate. He stated himself and the DON were responsible for ensure the incident reporting was done.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 455727	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/30/2024
NAME OF PROVIDER OR SUPPLIER Park Village Healthcare and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 207 E Parkerville Rd Desoto, TX 75115	
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 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Interview on 08/30/24 at 4:40 pm, the DON stated she started trainings with the nursing department if ants were seen or reported they needed to notify the Charge Nurses, Nursing Management, Maintenance, family and after skin assessment notify the resident's Doctor. She stated the Charge Nurse needed to do a resident's skin assessment. She stated an Incident Report was only done if the resident had an alteration of their skin, falls, case by case, abuse, medication errors. She stated for ant bite sightings she expected the CNA's to document the resident's skin on a shower sheet and for the Charge Nurses to do a skin assessment and document their findings in the nurse progress note. She stated for the agency nurses they needed to have better guidelines for management to be notified for ant sightings also. She stated for Medical Records every nurse was in charge of their own documentation and ultimately, she and nurse management were responsible for ensuring documentation was complete and accurate. She stated Residents #1, #2, #3, #4, #5 skin assessments were completed on 08/30/24 and they did not have an signs or symptoms of ant bites.</p> <p>The facility's Incident policy was requested on 08/27/24 at 11:21 am, 08/30/24 at 8:59 am, 08/30/24 at 3:12 pm and the Administrator stated they did not have an incident/accident policy.</p> <p>Record Review of the facility's Documentation and Charting Policy and Procedures dated 10/2021 revealed, POLICY: It is the policy of this facility to provide: 1. A complete account of the resident's care, treatment, response to the care, signs, symptoms, etc., as well as the progress of the resident's care. 2. Guidance to the physician in prescribing appropriate medications and treatments. 3. The facility, as well as other interested parties, with a tool for measuring the quality of care provided to the resident. 4. Nursing service personnel with a record of the physical and mental status of the resident. 5. Assistant in the development of a Plan of Care for each resident. 6. The elements of quality medical nursing care. 7. A legal record that protects the resident, physician, nurse, and the facility. 8. A source of all resident charges. PROCEDURES . 10. Follow-up-Notes: Documentation relating to follow-up notes should include. A. A summary of the resident's condition, until the resident is stable. B. Documentation that the resident's condition has stabilized. C. Signature and title of person recording the data.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 455727	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/30/2024
NAME OF PROVIDER OR SUPPLIER Park Village Healthcare and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 207 E Parkerville Rd Desoto, TX 75115	
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 0925</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Make sure there is a pest control program to prevent/deal with mice, insects, or other pests.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 32581</p> <p>Based on interviews, observation, and record reviews the facility failed to Maintain an effective pest control program so that the facility is free of pests in Residents #1, #2, #3, #4, and #5's rooms reviewed for pest control.</p> <p>The facility failed to ensure Residents #1, #2, #3, #4, and #5's rooms were free from black ants from 08/04/24 to 08/26/24.</p> <p>Theses failures could place all residents at risk for ant bites, which could cause skin infections, allergic reactions, skin tears, scratches, scarring, and rashes resulting in pain and decline in health and psychosocial well-being.</p> <p>Findings included:</p> <p>Record review of the Facility's Pest Sightings log sheet in the Pest Control binder from 05/10/24 to 08/27/24 revealed, Ants: Resident #3 and Resident #4's was treated on 08/20/24 by Maintenance Assistant K. (There was no reports about ants in Residents #1, #2 and #5's rooms.</p> <p>Record review of the Facility's Electronic Maintenance Work order system from 05/01/24 - 08/28/24 revealed:</p> <p>08/26/24: Ants in Resident #5's room, by Receptionist T</p> <p>08/20/24: Resident #2 has ants in her room closer to corners of the room, by DOR.</p> <p>08/19/24: Ants in Resident #3's room, by CNA D.</p> <p>(There were no reports of ants in Residents #1, #4 and 1st report in Resident #5's room on 08/25/24).</p> <p>Record review of the Pest Control Service Inspection Report dated 08/20/24 at 2:00 pm revealed Residents #3 and #4's rooms were treated for ants.</p> <p>Record review of the Pest Control Service Inspection Report dated 08/27/24 at 8:57 am revealed Residents #1 and #5's rooms were treated for ants.</p> <p>Record review of the Pest Control Service Inspection Report dated 08/28/24 at 3:28 pm revealed Residents #1 and #2's rooms were treated for ants.</p> <p>1)Record review of Resident #1's Nurse Progress Note dated 08/04/24 at 10:12 pm by LVN A revealed, Note Text: This Nurse was called to resident's room and noted a minimal amount of ants on the floor. Resident was transferred to his wheelchair, this Nurse sprayed the areas, disinfected the bed, and asked resident if he wanted a shower, resident stated I quote No I will get a bed bath when my bed is ready. After reassessing the resident's room this Nurse noted no more ants in the area at the time. Will continue with plan of care.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 455727	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/30/2024
NAME OF PROVIDER OR SUPPLIER Park Village Healthcare and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 207 E Parkerville Rd Desoto, TX 75115	
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 0925</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Interview and observation on 08/28/24 at 12:26 pm, Resident #1 stated a couple of weeks ago, while he was in bed, he had little black ants all over him but none bit him. He stated they sprayed and cleaned his room and he had not seen any more ants since then. He stated they were little black ants, more than 20 ants all over his body and the staff were aware. He stated afterwards no one assessed him but they did shower him and stated he had not had any itchiness since then. He stated Maintenance sprayed his room again two days ago. There was a 1/4 inch gap between the wall and AC unit and light could be seen coming through the upper left side of the AC unit.</p> <p>Interview on 08/29/24 at 2:25 pm, FM Q stated about two weeks ago Resident #1 complained about black ants in his room and that they were all over him and it was reported to the nurse. He stated he did not get a call from the nurses about the ants on him either. He stated there were no issue with ants since then.</p> <p>Record review of Resident #2's Nurse Progress Notes from 08/20/24 and thereafter, did not reveal any Progress Notes from anyone, including LVN A about ants being found in her room and outcome of her skin assessment and notifications to other department heads.</p> <p>Interview and observation on 08/27/24 at 12:08 pm, Resident #2 stated two weeks ago she was bitten by little black ants, they were in the corner of her room. Maintenance came and sprayed her room, but no one assessed her after she told LVN A she was bitten by ants. She stated there was around 25 black ants behind two boxes in the corner of her room but had not seen any ants since then. There was a 1/4 inch gap between the wall and AC unit and light could be seen coming through the lower left side of the AC unit.</p> <p>Record review of Resident #3's Nurse Progress Notes from 08/09/24 to 08/29/24 revealed no documentation of ants in his room and steps done to address, prevent and notify department heads since he admitted .</p> <p>Interview on 08/30/24 at 11:30 am, Visitor S stated a week and a half ago in room [ROOM NUMBER], she saw four or five small black ants on Resident #3's bed and two or three on the floor and Resident #3 was sitting in his wheelchair. She stated she told RN H who assessed him and added she had not seen any ants since then.</p> <p>Record review of Resident #4's Nurse Progress Note dated 08/22/24 at 4:11 pm, by RN H revealed, Note Text: Residents FM P showed writer several white pustules to right elbow. Resident denies any itching or c/o. NP U notified. Orders noted: Lotrisone Ointment BID X2 weeks and Bactrim DS 1 TAB po BID X 8 days. Skin infection. FM P and resident notified of orders.</p> <p>Interview and observation on 08/29/24 at 10:40 am, Resident #4 stated last week he saw little black ants coming from his AC unit, his brown chair across from his bed and on his bed sheets. He stated he did not feel any bites initially and was showered and his nurse did not assess him; and he moved to another room while his room was cleaned and sprayed. He lifted his right arm and said he had some bites on his arm but they went away because he was given skin cream and antibiotics and his skin cleared it up. He stated he had not seen any ants since then. There was a 1/4 inch gap between the wall and AC unit and light could be seen coming through the upper left and lower right sides of the AC unit.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 455727	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/30/2024
NAME OF PROVIDER OR SUPPLIER Park Village Healthcare and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 207 E Parkerville Rd Desoto, TX 75115	
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 0925</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Interview on 08/29/24 at 12:14 pm, FM P stated last Wednesday (08/21/24) around 6:00 pm or 7:00 pm she saw little black ants moving around underneath Resident #4's bed. She stated they were coming from Resident #4's AC unit at the end of his bed but she did not see any on him but Resident #4 said there were ants on him. She stated she reported it to the nurse at the nurses station and ask the nurse to go to check him out and the nurse said she would take care of it. She stated the nurse called housekeeping and said she would notate it in his record. She stated she returned the next day and she did not see any more black ants. She stated she had not spoken to the DON and Administrator because she notified the nurse.</p> <p>Record review of Resident #5's Nurse Progress Note dated 08/25/24 at 1:03 pm by Agency LVN E revealed, Note Text: Resident remains in stable condition. Resting easy and comfortable in bed. As this nurse was administering medications to pt and noted 3 ants. This nurse assessed pt from head to toe. No bites and redness noted to skin. Pt denies any pain or itchiness. This nurse proceeded promptly with the CNA to get pt out bed and into wheelchair. As pt was up in wheelchair, this nurse examined bed mattress, and no ants seen. CNA disinfected mattress with cleaning solution. This noted notified responsible party FM R and weekend RN manager. Weekend RN Manager stated that she would have housekeeping to do a deep clean to room. And responsible party the FM R was appeased that I called and informed her of the current situation and pt was promptly up in wheelchair. FM R went on a rant. Per FM R she knew this very thing was going to happen because housekeeping poorly cleans Resident #5's rooms.</p> <p>Record review of Resident #5's Nurse Progress Notes on 08/26/24 did not reveal any documentation about LVN A seeing ants in his room on 08/26/24 at 7:30 am, and no documentation of what was done and notifications to department heads.</p> <p>Observation on 08/27/24 at 12:30 pm, Resident #5 was not interviewable. But there was a 1/4 inch gap between the wall and AC unit and light could be seen coming through the upper left side of the AC unit.</p> <p>Interview on 8/29/24 at 3:56 pm, FM R stated last Sunday 08/25/24 she received a call from Agency LVN E saying they had to get Resident #5 in room [ROOM NUMBER], out of bed because ants were on it. She stated LVN A said he was assessed and not bitten and they said he was okay. She stated last Monday 08/26/24, LVN A called her early that morning around 7:00 am or 9:00 am saying he had ants on his bed. She stated being told he was showered and they just wanted her to be aware and said she had never noticed any ants in his room. She stated she was very diligent about Resident #5's care, because he was nonverbal and could not speak for himself. She stated she checked Resident #5 this week and did not notice any ants or ant bites and rashes on him.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 455727	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/30/2024
NAME OF PROVIDER OR SUPPLIER Park Village Healthcare and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 207 E Parkerville Rd Desoto, TX 75115	
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 0925</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Interview on 08/29/24 at 4:53 pm, Maintenance/Housekeeping Director J stated the facility was having issues with black ants in the last couple of weeks. He stated it started on the 100 hall and then the 300 and 400 halls. He stated not being aware of ants on the sides of the residents' AC units but some needed re-foamed insulation. He stated Resident #2 had ants in her room and they moved her to another room and added every time they had ants, they spray treated the room and other rooms around. He stated the housekeeping and nursing staff were good at notifying him about the ant sightings and said he spoke to the nursing staff about making sure the residents' snacks were not left out to attract ants. He stated their pest control provider recommended cleanliness and spraying the outside perimeter was needed. He stated he was in the process of getting foam put around some of the AC units with gaps from the wall. He stated he honestly, did not know what could happen to the residents if they were bitten but knew it would not be comfortable. He stated he was responsible for ensuring pest control services was effective and added the dryness outside caused the ants to look for moisture, crumbs on the floor and ant season made it challenging.</p> <p>Interview on 08/29/4 at 5:26 pm, the DOR stated on 08/20/24 Resident #2 had a lot of little black specks crawling (approximately 10 ants) around some crumbs on the floor. He stated he reported in their electronic maintenance system and to LVN A to do a skin assessment. He stated he saw LVN A go down to Resident #2's room and was not sure if an incident report done.</p> <p>Interview on 08/29/24 at 5:53 pm, the DON stated she heard about ants on Resident #5's bed sheet from LVN A earlier this week, on 08/26/24. She stated LVN A took Resident #5 out the bed. She stated LVN A said she got the Maintenance Director to spray treat the room and it was cleaned. She stated not being aware of any ant reports for Residents #3 and #4 and was not aware ants were found in Resident #5's room Sunday 08/25/24. She stated hearing about Residents #1 and #2 having ants in his room last week, but Resident #1 ate a lot of food that got on the floor.</p> <p>Interview on 08/29/24 at 6:51 pm, the Administrator stated he was not aware of ant sightings in Residents #1, #3, #4 and #5's rooms. He stated the only ant sighting he was aware of was in Resident #2's room last week 08/20/24. He stated he would talk to the DON about checking the residents out. He stated he spoke to Resident #1 daily and he never reported ants in him room or on him.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 455727	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/30/2024
NAME OF PROVIDER OR SUPPLIER Park Village Healthcare and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 207 E Parkerville Rd Desoto, TX 75115	
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 0925</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Interview on 08/30/34 at 12:37 pm, Maintenance Assistant K stated they just recently started having an ant problem about one or two weeks ago on the 100 hall, in Resident #2's room. He stated he saw regular black ants around the boxes of Resident #2's clothes which had four empty bags of potato chip the ants were eating on. He stated they spray treated that room then and again about two days ago. He stated he told the residents and the nursing staff about making sure food was in plastic containers or zip top bags. He stated Resident #1 told him a few weeks ago, he had ants in his room but not any of the staff reported that, he did not see any ants but he spray treated his room. He stated their pest control provider came on a regular basis and was coming out more to get rid of the ants. He stated the problem was that he asked the CNAs and nurses to sweep up crumbs if they saw them but they did not at times. He stated he was spray treating the 300 and 400 halls as well and there had not been any ant sightings since last Monday 08/26/24. He stated the Administrator was aware of the issue with the nursing staff needing to help when the housekeepers were not working and unable to clean and sweep the floors. He stated the nurses had access to a mop bucket, broom, and dustpan in a storage closet by the nurses' stations. He stated he was not sure if all of the nursing department knew about the cleaning tools but planned to do a staff training about it. He stated he was not aware of any issues in Resident #5's room on 08/25/24 and 08/26/24 and was not sure if the Maintenance Director spray treated that room. He stated he did not want the residents to get bitten, because ant bites could really hurt the residents. He stated whenever he received reports of ants he went immediately to inspect inside and outside to inspect and spray treat. He stated he sprayed the pest control Provider treatments. He stated they were in the process of sealing up the AC unit gaps and felt their pest control provider was good. He stated they just needed to continue to monitor the residents' rooms with food and drinks and talk to the nursing staff about using the zip top bags and sweeping the residents food.</p> <p>Interview on 08/30/34 at 1:26 pm, the Maintenance/Housekeeping Director J stated they spray treated every room for ants on the back side of 100 hall last Monday 08/26/24. He stated they sprayed the outside as well and they had not had any more reports of ants since earlier this week. He stated the nursing staff helped out sometimes with getting food off of the floor and stated last Monday 08/26/24 he was told about the ants in Resident #5's room and his AC unit had a gap on the side of it. He stated if the residents were bitten it could really be really uncomfortable for them. He stated yesterday 08/29/24 they trained the staff on cleaning food and drinks off the floor to help the housekeepers because they worked from 6:00 am - 6:00 pm.</p> <p>Interview on 08/30/34 at 2:49 pm, ADON B stated they had a few residents with ant sightings like Residents #1 and #5 within the past 30 days. She stated she did the head-to-toe assessment of Resident #1 on 08/04/24 around 10:30 am. She said she did his assessment on paper and did not document it in the EMR and said she notified the DON and his charge nurse. She stated on 08/04/24 she was about to do his wound care and she saw about 15 blacks the ants on the floor and a few of the ants were on his bed. She stated at night Resident #1 ate snacks in the bed and could not say if the ants got to him but he did not appear to have any ant bites. She stated she heard Resident #5 had ants in his room once and was not aware of ants in his room the second time. She stated if a resident had ants in their room they needed to be showered immediately and put in another room then assessed by the nurse and monitored for 72 hours. She stated it should be reported to Maintenance to treat and pest control to come out. She stated she was not aware ants were found in Residents #3 and #4's rooms She stated communication was lacking because all the staff did not know what steps to take.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 455727	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/30/2024
NAME OF PROVIDER OR SUPPLIER Park Village Healthcare and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 207 E Parkerville Rd Desoto, TX 75115	
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 0925</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Interview on 08/30/34 at 4:20 pm, the Administrator they were going to start keeping a better track of ant sightings by going over the pest sightings log sheets. He stated he would be checking housekeepers to ensure they were cleaning better and cleaning splash stains on the walls. He stated he wanted the staff correctly trained on ensuring food was not being left out for ants and going over the types of ants. He stated he wanted to correctly train and have postings up for agency staff to know who to call for various topics. He stated he wanted to ensure the staff knew what to do if they saw ants. He stated the Housekeeping Director was responsible for ensuring the cleanliness of the facility. And he stated his expectation was for maintenance to check for ants and for everyone to notify maintenance and himself and the DON, if they have any ant sightings, to ensure all steps were done properly.</p> <p>Interview on 08/30/34 at 4:40 pm, the DON stated she started trainings with the nursing department regarding if ants were seen or reported they needed to notify the charge nurses, nursing management, maintenance, and the family and after assessment notify the resident's doctor. She stated the charge nurse needed to do a resident's skin assessment and the CNAs needed to shower the residents and the housekeepers needed to change their mattress and deep clean their room. She stated for the agency nurses they needed to have better guidelines for management to be notified for ant sightings also.</p> <p>Record review of the facility's Pest Control Policy dated 05/2020 revealed, POLICY: It is the policy of this facility to utilize pesticides and rodenticides in a safe and efficient manner to control pests with the least amount of contamination to the environment. Responsibilities: Facility staff will: 1. Report any pest sightings and file a report using the pest observation log. 2. Document problems found during inspection and the remedial actions taken. 3. Advise staff on preventive measure, unsanitary conditions, etc. Pest Identification: The following guidelines for pest identification: 1. When pests are sighted, determine why the infestation is occurring and advise department on preventive measures Pest Prevention: The following are guidelines for pest prevention: 1. All storage and food preparation areas are to be kept clean. This includes walls, floors, shelving, cabinet tops, sinks, equipment, etc. 2. Keep grounds free of trash and brush 3. Keep the dumpster area clean 4. Food stored in resident rooms will be in covered containers 5. Clean up food spills 6. Screen foundation areas with mesh.</p>		