STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	455808	A. Building B. Wing	12/11/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Faith Community Nursing & Rehabilitation	211 E Jasper St Jacksboro, TX 76458

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe and appropriate respiratory care for a resident when needed. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46641 Based on observation, interview, and record review the facility failed to ensure that a resident who needed respiratory care, was provided such care, consistent with professional standards of practice, the comprehensive person-centered care plan, the residents' goals, and preferences for 1 of 1 resident (Resident #1) reviewed for respiratory care. 1. The facility failed to ensure Resident #1's nebulizer nasal cannula and oxygen nasal cannula was kept in a bag while not in use. These failures could place residents at risk for infections and transmission of communicable diseases. The findings included: Record review of Resident #1's face sheet, dated 12/10/2024, reflected a [AGE] year-old female, who was admitted to the facility on [DATE]. Resident #1 had diagnoses which included Hemiplegia and hemiparesis following cerebral infarction affecting left non-dominant side (severe or complete loss of strength or paralysis), Shortness of breath, Nasal congestion (stuffy nose), nutritional deficiencies, Urinary tract infection (infection that affects a part of the urinary tract), type 2 diabetes (adult diabetes). Record review of Resident #1's MDS quarterly assessment, dated 12/04/2024, reflected a BIMS score of 8, which indicated moderate cognitive impairment. Section I: Stroke, Diabetes Section O: None. Record review of Resident #1's Physician Orders, dated 10/12/2024, reflected an order for Oxygen at 2 liters per minute for shortness of breath/saturation (The amount of oxygen in a person's blood) below 90% as needed, PRN. A separate order dated 10/12/2024 stated to change the humidifier, nasal cannula/mask, and oxygen tubing every week on Sunday. Physician orders dated 11/29/2024 reflected an order for Albuterol/Ipratropium 0.5mg/3mg/3ml, give 1 vial via nebulizer mask every 4hrs prn cough/shortness of breath, PRN. A separate order dated 10/12/2024 stated to change the humidifier, nasal cannula/mask, and oxygen tubing every week on Sunday. (continued on next page)

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Record review of Resident #1's quarterly Care Plan, dated 11/27/2024, reflected a care plan that does not include oxygen therapy. In an observation on 12/10/2024 at 10:45 AM revealed Resident #1 was lying in bed sleeping. Nebulizer observed on nightstand located on the right side of the bed, nebulizer tubing and cannula was lying on top of the nightstand not bagged, Oxygen concentrator observed sitting to the right side of bed, not in use at this time, tubing and nasal rolled up and stuck between concentrator handle, tubing and cannula not bagged. In an Interview on 11/11/2024 at 3:40 PM the Administrator stated it was her expectation that staff store nebulizer, and oxygen tubing and cannula in a bag when not in use. In an Interview on 12/11/2024 at 3:56 PM the DON stated her expectation was for nebulizer and oxygen tubing and cannula to be changed out each Sunday and when it was not in use it needs to be covered, in a bag. If not store properly they can collect dust or being damaged. Record review of a policy titled Oxygen Administration stated Oxygen/nebulizer tubing/masks to be changed by nursing department, weekly, and documented in the electronic health record. Place oxygen tubing in a clear plastic bag when not in use.