

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 455849	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/08/2024
NAME OF PROVIDER OR SUPPLIER Advanced Rehabilitation and Healthcare of Bowie		STREET ADDRESS, CITY, STATE, ZIP CODE 700 W Highway 287 S Bowie, TX 76230	

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 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>50133</p> <p>Based on observation, interview, and record review, the facility failed to store, prepare, distribute, and serve food in accordance with professional standards for food service safety in 1 of 1 kitchen, by failing to ensure:</p> <p>A. floors were swept and free from dirt and food crumbs.</p> <p>B. bottom shelves were clean.</p> <p>C. the dishwasher sanitizer did not meet required level for proper sanitization.</p> <p>D. food was open to air and not sealed.</p> <p>E. food was not dated when opened.</p> <p>These failures could place residents at risk for decline in nutritional health status and foodborne illness.</p> <p>The findings included:</p> <p>In an observation on 11/5/24 at 8:50 AM, during the initial tour of kitchen, revealed the following:</p> <p>1. Dry storage area had an opened bottle of vanilla that was not dated and covered in dried vanilla down the bottle, there were open cracker packets in a bin with bags of fruit punch mix, sugar and creamer packets lying on the shelves and floor. Observation of dirt, food crumbs, cans of soda and trash underneath the shelves and along the walls.</p> <p>2. Refrigerator #1, crumbs and unknown dried brown substance was noted on bottom shelf. One container of leftover food noted with a cracked lid and another with premade sandwiches had plastic wrap partially covering food.</p> <p>3. Beverage station had dried red substance and food crumbs.</p> <p>(continued on next page)</p>

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

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 33198</p> <p>Based on observation, interview, and record review, the facility failed to maintain an infection prevention and control program designed to provide a safe, sanitary, and comfortable environment to help prevent the development and transmission of communicable disease and infections for one (Resident #10) of three residents reviewed for infection control practices.</p> <p>CNA A failed to perform proper hand hygiene and glove changes while providing incontinence care to Resident #10.</p> <p>This failure could place residents at risk for the spread of infection.</p> <p>Findings included:</p> <p>Review of Resident #10's face sheet dated 11/08/23, revealed an 82- year- old female admitted to the facility on [DATE] with diagnoses including personal history of Covid-19, cutaneous abscess of perineum, constipation, reduced mobility, and Alzheimer's disease.</p> <p>Review of Resident #10's MDS assessment dated [DATE] revealed Resident #10 required substantial/maximal assistance with most activities of daily living (ADLs) and one-person physical assistance with transfer. Resident #10 was always incontinent of bowel and bladder.</p> <p>Review of Resident #10's Care Plan dated 03/26/23 revealed Resident #10 is incontinent of bowel and bladder related to loss of control/muscle tone, impaired mobility.</p> <p>Observation of incontinence care for Resident #10 on 11/06/24 at 2:30 p.m. revealed CNA A did not wash her hands prior to donning gloves. She retrieved the resident's clean brief and placed it near the soiled brief. Resident #10's brief was soiled with fecal matter. CNA A wiped the resident from front to back. She made 5 strokes of clean with the same soiled wipes. CNA A did not change her gloves and continued to clean Resident #10. She used the same soiled gloves to apply skin protector on Resident #10. CNA A's gloves were visibly soiled with fecal matter. She did not wash her hands, change gloves, or perform hand hygiene before putting Resident #10's clean brief and placing it underneath the resident. She removed the soiled gloves and fastened the clean brief on Resident #10. CNA A retrieved the trash and walked out of Resident #10's room without washing her hands.</p> <p>In an interview on 11/06/24 at 2:41 p.m. with CNA A, she said she should have washed her hands before starting care and changed her gloves during care. CNA A also stated she should have changed her gloves before retrieving a clean brief and placing it underneath Resident #10. CNA A stated she has been in the facility since August 2024 and had infection control training last month. She said the resident could acquire an infection when she did not follow good infection control practices including washing hands before commencing care. CNA A added she did not follow standard precautions and good infection practice because she was nervous.</p> <p>(continued on next page)</p>

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview with the DON on 11/08/24 at 10:17 a.m., she stated she was aware of some of the concerns raised about infection control. She stated she expected the aides to follow the facility's protocols during care, one of which was to ensure hand washing and change of gloves as needed while providing care. The DON explained she was the infection preventionist responsible for training staff and monitoring infection control practices. She stated she monitors the staff by conducting in-services. The DON added the staff receive infection control training annually and in-services at least once a month.</p> <p>Review of the facility's Hand hygiene policy revised 02/11/22 reflected:</p> <p>Policy:</p> <p>All staff will perform proper hand hygiene procedures to prevent the spread of infection to other personnel, residents, and visitors. This applies to all staff working in all locations within the facility.</p> <p>Definitions:</p> <p>Hand hygiene is a general term for cleaning your hands by handwashing with soap and water or the use of an antiseptic hand rub, also known as alcohol-based hand rub (ABHR).</p> <p>Policy Explanation and Compliance Guidelines:</p> <ol style="list-style-type: none"> 1. Staff will perform hand hygiene when indicated, using proper technique consistent with accepted standards of practice. 2. Hand hygiene is indicated and will be performed under the conditions listed in, but not limited to, the attached hand hygiene table. 3. Alcohol-based hand rub with 60 to 95% alcohol is the preferred method for cleaning hands in most clinical situations. Wash hands with soap and water whenever they are visibly dirty, before eating, and after using the restroom. 4. Hand hygiene technique when using an alcohol-based hand rub: <ol style="list-style-type: none"> a. Apply to palm of one hand the amount of product recommended by the manufacturer. b. Rub hands together, covering all surfaces of hands and fingers until hands feel dry. c. This should take about 20 seconds. 5. Hand hygiene technique when using soap and water: <ol style="list-style-type: none"> a. Wet hands with water. Avoid using hot water to prevent drying of skin. b. Apply to hands the amount of soap recommended by the manufacturer. <p>(continued on next page)</p>		

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