

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 05/28/2025
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 455855	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/05/2025
NAME OF PROVIDER OR SUPPLIER Kennedy Health & Rehab		STREET ADDRESS, CITY, STATE, ZIP CODE 504 N John Redditt Dr Lufkin, TX 75904	
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 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide care and assistance to perform activities of daily living for any resident who is unable. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 43994 Based on observation, interview, and record review, the facility failed to provide the necessary services to maintain personal hygiene for 2 of 8 residents reviewed for ADLs (Residents #6 and Resident #7) 1. The facility failed to give Resident #6 a bath as scheduled or clean/groom her fingernails. Resident #6 had long fingernails with a brown substance underneath them, her skin was dry, and she had unwanted facial hair on her chin on 3/5/2025. 2.The facility failed to give Resident #7 a bath as scheduled and remove unwanted facial hair on her chin on 3/5/2025. Thes failures could place residents who required assistance from staff for ADLs at risk of not receiving care and services to meet their needs which could result in poor care, risk for skin breakdown, feelings of poor self-esteem, lack of dignity, and poor health. Findings included: 1.Record review of an Admission Record for Resident #6 dated 3/5/2025 indicated she admitted to the facility on [DATE] and was [AGE] years old with diagnoses of dementia, paraplegia (paralyzed in lower half of body) and scoliosis (curve in spine). Record review of an Annual MDS Assessment for Resident #6 dated 1/26/2025 indicated she had moderate impairment in thinking with a BIMS score of 11. She was dependent on staff for personal hygiene. She was frequently incontinent of urine and bowel. Record review of a care plan for Resident #6 dated 9/26/2022 indicated she had an ADL self-care performance deficit. Bathing/showers: showers to be given on scheduled shower days, when requested and as needed. She requires extensive-total dependent x1 staff to provide showers. Record review of a shower schedule undated indicated Resident #6 was scheduled for showers on the 2 pm -10 pm shift on Mondays, Wednesdays, and Fridays. (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

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F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Record review of the bathing task for Resident #6 dated 3/5/2025 for the month of February 2025 indicated no documentation for bathing was provided on 2/5/2025 (Wednesday), 2/12/2025 (Wednesday), 2/19/2025 (Wednesday), 2/21/2025 (Friday), 2/24/2025 (Monday), and 2/28/2025 (Friday). The dates had blanks instead of initials from staff. Record review of the bathing task for Resident #6 dated 3/5/2025 for the month of March 2025 indicated no documentation for bathing was provided on 3/3/2025 (Monday). The date was blank instead of having initials from staff. During an observation on 3/5/2025 at 8:17 AM, Resident #6 was in her bed awake, wearing a hospital gown. She said she had been at the facility for a long time. She said she received her shower on yesterday 3/4/2025. Her fingernails were long and had a brown substance underneath them. Her skin was dry and scaly. She said the staff normally trimmed her nails, but it had been a while. She had facial hair on her chin and said that the staff cut the hair on her chin about a week ago. She said the hair on her face did not make her feel good and she wanted her nails trimmed. During an observation on 3/5/2025 at 10:28 AM, CNA B and CNA D were in the room of Resident #6 to provide incontinent care. Care was provided and Resident #6's brief was changed. Food particles were noted in the bed under the resident's back. CNA B brushed off the crumbs and repositioned Resident #6 in bed. Resident #6's skin was dry all over her body. 2. Record review of an Admission Record dated 3/5/2025 for Resident #7 indicated she admitted to the facility on [DATE] and was [AGE] years old with diagnoses of generalized anxiety disorder (excessive, frequent worry about everyday things) and hypertension (high blood pressure). .Record review of a Quarterly MDS Assessment for Resident #7 dated 2/24/2025 indicated she had moderate impairment in thinking with a BIMS score of 10. She required setup or clean-up assistance with ADLs. Record review of a care plan for Resident #7 dated 11/25/2024 indicated she had ADL functions with supervision x1 assist. Interventions included to set-up, assist, give-shower, shave, oral, hair, nail care per schedule and prn. Record review of bathing tasks for Resident #7 dated February 2025 indicated no documentation for bathing was provided on 2/3/2025 (Monday), 2/5/2025 (Wednesday), and 2/26/2025 (Wednesday). The dates were blank instead of having initials from staff. Record review of bathing tasks for Resident #7 dated March 2025 indicated no documentation for bathing was provided on 3/3/2025 (Monday). The date was blank instead of having initials from staff. Record review of a shower schedule undated indicated Resident #7 was scheduled for showers on the 2 pm -10 pm shift on Mondays, Wednesdays, and Fridays. (continued on next page)		

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F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an observation and interview on 3/5/2025 at 8:34 AM, in the secure unit, Resident #7 was sitting at a table in the secure unit with other residents. She was picking at her chin area that had visible hair. Resident #7 walked to her room to talk with the State Surveyor. She was alert to person with confusion noted and thought she was at another nursing facility. She said she had been at the facility for over a year. She said the staff stood by her and she bathed herself. Surveyor questioned her about what she was picking at in her face and she said she did not know. Resident #7 walked into her bathroom to look in the mirror and she said it was hair on her face and she said she did not like it. She did not know if staff ever shaved it for her or not. During an interview on 3/5/2025 at 8:38 AM, CNA A was in the secure unit. She said Resident #7 liked to bathe herself and they just stood by for assistance. She said the resident always picked at her face and she did not know why. The State Surveyor asked CNA A to look at her face and said she was picking at the hair that was on her chin. She said they normally shaved the hair on shower days if needed. She said she would not like it if she had hair on her face and would take care of it for the resident. During an interview on 3/5/2025 at 9:35 AM, the ADON said a few months ago she became responsible for reviewing the shower sheets for the residents in the facility. She said the nurse aides were supposed to fill out a shower sheet after each shower/bath and if a resident refused, they were to immediately go to the charge nurse to inform them. She said the shower sheets were to be signed by the charge nurse daily and then turned into her. She said she conducted audits of the shower sheets for any refusals. She said the nurse aides were to complete documentation in the electronic health record under the resident's task for bathing, but they had been having problems with the staff doing so. She said she had not been able to audit consistently to ensure showers were being done. She said the nurse aides could trim nails as long as the resident was not diabetic and facial hair should be removed on shower days and as needed. She said Resident #6 was not diabetic and the nurse aides could trim her nails. During an interview on 3/5/2025 at 9:42 AM, LVN C said the nurse aides did not always let her know that a resident had refused their shower or not. She said some of them would give her the shower sheets to sign but not all the time. She said she was not sure if the dependent residents received their showers as scheduled. She said the nurse aides could trim nails as long as the resident was not diabetic. She said Resident #6 was not diabetic. She said facial hair was the responsibility of the nurse aide when they provided personal care to remove, and it should be done with the showers. During an interview on 3/5/2025 at 10:36 AM, CNA D said she had been employed at the facility since September 2024. She said the shower for Resident #6 was scheduled on the 2 pm-10 pm shift. She said the residents had a schedule that was kept at the nurse desk. She said during the care provided to Resident #6, she noticed the resident had very long fingernails that were dirty with a brown substance underneath them that needed to be cleaned. She said she did not notice any facial hair on the resident. She said the nurse aides were responsible for providing nail care and removing facial hair. She said she would feel embarrassed if she had facial hair that was not removed and if she was dependent on staff. During an interview on 3/5/2025 at 10:42 AM, CNA B said she noticed Resident #6's fingernails being long when care was provided to her. She said she did not notice any facial hair on the resident. She said the nurse aides were responsible for removing facial hair as needed and could trim nails. She said she would feel embarrassed if she had facial hair that was not removed. (continued on next page)		

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F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 3/5/2025 at 11:00 AM, the DON said the nurse aides were responsible for nail care, showers and cutting facial hair and it should be done on the resident's shower days and as needed. She said if the resident was diabetic, then the nurse aides were not allowed to trim their nails. She said the residents all had a shower schedule and the schedule was at the nurse stations. She said the nurse aides were supposed to fill out shower sheets after each shower and turn it in to the nurse. She said if a resident refused, they were to immediately notify the charge nurse and then there would be documentation of the refusal. She said the ADON started conducting audits of the shower sheets to ensure residents were getting their showers as scheduled. She said the ADON said there were issues with the staff completing the computer charting which was reflected on the bathing tasks. She said if there was not any documentation and there was not a shower sheet to reflect the resident receiving a shower, then the resident probably did not get their scheduled shower. She said the residents were scheduled for showers either on Monday, Wednesday and Friday, or Tuesday, Thursday, and Saturdays. She said they planned to continue to audit to ensure residents received their showers. She said if showers were not given to the residents, there could be a risk of being unclean or infection. She said she would not like it if she had facial hair. During an interview on 3/5/2025 at 12:08 PM, the Interim Administrator said she had only been at the facility since February 12, 2025, and was not aware of any issues with residents that were not receiving their scheduled showers. She said if it was not documented then it was done and planned on putting some action plans in place. She said the nurse aides were responsible for removing facial hair as needed and was not sure about the nurse aides performing nail care in the facility as she thought that should be something that the nurse would be responsible for. She said she expected for the needs of the residents to be met and it would not be ok for the residents to not get their scheduled showers. She said more education was needed with the staff. Record review of a facility policy titled Activities of Daily Living dated 5/2017 indicated, .It is the policy of this home to assure residents have their activities of daily living needs met .		

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F 0837 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Establish a governing body that is legally responsible for establishing and implementing policies for managing and operating the facility and appoints a properly licensed administrator responsible for managing the facility. 43994 Based on observation, interview, and record review, the governing body failed to appoint an Administrator licensed by the state who was responsible for management of the facility for 1 of 1 facility reviewed for governing body. The governing body failed to designate a person in the role of an Administrator from December 13 2024, to February 12, 2025. This deficient practice could result in the facility not being managed in a responsible manner, which could affect the health and safety of all residents. The findings included: During an observation and interview on 3/4/2025 at 7:45 AM, an entrance conference was conducted with the DON only being present. She said the facility did not have a full time Administrator, but they had recently hired an interim one. She said the interim Administrator was not in the facility and was unsure if she would be in that day. The DON called the interim Administrator and put her on speaker phone. The interim Administrator said her first day in the facility was on 2/12/2025 and she had been at the facility about four times since she started and tried to visit at least two times a week. During an interview on 3/4/2025 at 1:25 PM, LVN E said she had been employed at the facility for a long time. She said the facility had been without an Administrator since sometime in December 2024. She said the new interim Administrator started at the facility one day last week or the week prior. She said after the previous Administrator left; the staff were reporting things to the DON. During an interview on 3/4/2025 at 2:08 PM, the BOM said the previous Administrator's last day was December 13, 2024. She said the facility currently had an interim Administrator and her first day in the facility was February 12, 2025. During a follow-up interview on 3/4/2025 at 3:36 PM, the DON said the previous Administrator last day in the facility was on December 12, 2024, and did not return. She said during that time after the previous Administrator left, she would notify the facility's ADO who had an Administrator license for guidance and support, but she did not have a Texas license. She said she also contacted other Administrators who she knew for advice and guidance as the ADO would not always be available to answer the phone. She said not having an Administrator in the facility put them at risk of not having a leader and not knowing which way to go. She said she had access to the state regulations and thought that an Administrator should be in the facility for at least 40 hours a week full time. (continued on next page)		

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F 0837 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	During an interview on 3/4/2025 at 4:28 PM, the interim Administrator said her first day in the facility was 2/12/2025. She said having an Administrator in the facility was to provide oversight and conduct meetings with the team. She said she met with the team everyday over the phone but not physically in the facility. She said an Administrator should have 40 hours of administrative hours and she did not clock in or out. She said she was not aware the facility did not have an Administrator from December to when she started at the facility. She said there could be a risk of not watching out for the team and missing critical compliance if the facility did not have an Administrator. Record review of a facility policy titled Administration dated 3/2020 indicated, .It is the policy of this home to follow TAC rule for Nursing Home Administrator. The facility must have a governing body, or designated persons functioning as a governing body that is legally responsible for establishing and implementing policies regarding the management and operation of the facility. 3. The governing body appointed, and the facility must operate under supervision of a nursing facility administrator who is: 1) Licensed by the Texas Board of Nursing Facility Administrators. 2) Responsible for management of the facility .		

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 43994 Based on observations, interviews, and record review the facility failed to establish and maintain an infection prevention and control program designed to provide a safe, sanitary, and comfortable environment and to help prevent the development and transmission of communicable diseases and infections for 2 of 6 residents (Resident #6 and Resident #8) and 3 of 5 staff (Hospice Aide, CNA B, and CNA D) reviewed for infection control. Hospice aide failed to wear a gown while giving Resident #8, who was on enhanced barrier precautions, a bed bath, on 3/5/2025. CNA B and CNA D failed to wash or sanitize their hands before, during, and after performing incontinent care for Resident #6 and CNA B failed to change her gloves during care provided for Resident #6 on 3/5/2025. These failures could place residents at risk of exposure to infectious diseases due to improper infection control practices. Findings included: 1. Record review of an Admission Record dated 3/5/2025 for Resident #8 indicated he admitted to the facility on [DATE] and was [AGE] years old with diagnoses of encephalopathy (brain disease that causes altered mental state and confusion), heart failure (heart not able to pump effectively), and gastrostomy status (feeding tube). Record review of active physician orders dated 3/5/2025 for Resident #8 indicated an order for enteral feeding every shift Jevity 1.5 cal at 50 ml/hr for 22.5 hours a day that started on 2/19/2025. An order for enhanced barrier precautions due to indwelling devices every shift started on 1/7/2025. Record review of a Significant Change MDS Assessment for Resident #8 dated 1/24/2025 indicated he was unable to complete the interview with a BIMS score of 99. He was dependent on staff for all ADLs. While a resident in the facility during the 7 day look back period he had a feeding tube. Record review of a care plan for Resident #8 dated 11/25/2024 indicated he was under enhanced barrier precautions related to indwelling g-tube placement. Interventions included for staff to wear proper ppe when entering the room following enhanced barrier precautions. Inform residents family/visitors on enhanced barrier precautions and importance of following precautions while visiting resident. During an observation on 3/5/2025 at 10:15 AM, Resident #8 had a sign on his door that read enhanced barrier precautions. Hospice aide was present in the room with the privacy curtain pulled. She had a pan of water on the overbed table giving Resident #8 a bed bath. She only had gloves on her hands and was not wearing a gown. (continued on next page)		

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 3/5/2025 at 10:40 AM, Hospice aide said she was not the regular assigned hospice aide for Resident #8. She said the resident was seen at the facility 5 days a week and they gave him a bath. She said she saw the sign on the door of Resident #8's room but did not know what it was for. She said she did read where it said to wear a gown but did not see any ppe in the hallway outside of the door and she did not ask anyone in the facility. She said the facility did not tell her that the resident was on any type of precautions and really did not know what enhanced barrier precautions meant. She said when she gave Resident #8 a bed bath, she only wore gloves. 2. Record review of an Admission Record for Resident #6 dated 3/5/2025 indicated she admitted to the facility on [DATE] and was [AGE] years old with diagnoses of dementia, paraplegia (paralyzed in lower half of body), and scoliosis (curve in spine). Record review of an Annual MDS Assessment for Resident #6 dated 1/26/2025 indicated she had moderate impairment in thinking with a BIMS score of 11. She was dependent on staff for personal hygiene. She was frequently incontinent of urine and bowel. Record review of a care plan for Resident #6 dated 9/26/2022 indicated she was incontinent of bladder and bowel. Interventions were to monitor for incontinence every 2 hours and prn. During an observation on 3/5/2025 at 10:28 AM, CNA B and CNA D were in the room of Resident #6 to perform incontinent care. Both staff applied gloves to their hands without washing or sanitizing them. Linens were pulled down to the foot of the bed and they removed Resident #6's gown and placed it in a plastic bag and then put a clean gown on the resident. CNA B opened the brief and pulled it down between Resident #6's thighs. CNA B removed wipes from the plastic bag with supplies and wiped down both the left and right inner thigh and placed the wipe in the trash. CNA B removed another wipe and wiped down Resident #6's vagina from front to back and placed the wipe in the trash. CNA D rolled the resident onto her left side and CNA B removed a wipe and wiped the resident's buttocks from front to back and placed the wipe in the trash. CNA B did not remove her gloves and rolled the brief underneath the resident's buttocks. CNA D placed a draw sheet on the bed. CNA B placed a clean brief on the bed and removed the dirty brief and placed it in the trash. CNA D placed the draw sheet underneath the resident. CNA B positioned the brief under the resident, and she was repositioned in bed. Both CNA B and CNA D removed their gloves and placed them in the trash. Both exited the room and did not wash or sanitize their hands after care provided. During an interview on 3/5/2025 at 10:36 AM, CNA D said she had been employed at the facility since September 2024. She said during the care provided to Resident #6, she should have washed or sanitized her hands before she applied gloves. She said she was not sure if she had a skills check off since she had been employed at the facility. She said she thought she had sanitized her hands before care was started and had sanitizer in the room. She said there could be a risk of spreading infections if they did not wash or sanitize their hands. Record review of a CNA proficiency audit for CNA D dated 9/24/2024 indicated she was satisfactory with perineal care for a female resident and with hand washing. (continued on next page)		

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 3/5/2025 at 10:42 AM, CNA B said during the care provided to Resident #6, she did not sanitize her hands before she applied her gloves. She said she should have changed her gloves during the care provided when she changed from dirty areas to clean. She said she should not have worn the same pair of gloves from the beginning of care until she finished. She said she had a skills check off recently that included pericare. She said there was risk of transferring germs and infections along with cross contamination. Record review of a CNA proficiency audit for CNA B dated 2/24/2025 indicated she was satisfactory with perineal care for a female resident and with hand washing. During an interview on 3/5/2025 at 11:00 AM, the DON said she was the IP for the facility. She said if a resident had an EBP sign on their door that meant for staff to put on a gown and gloves when care was provided. She said residents on EBP included any with devices such as g-tubes. She said the facility staff had been trained on EBP back in November or December 2024. She said signs were on the doors of the residents that required EBP and ppe was available in the carts on the halls and extra gowns were at the nurse station. She said all staff including contract staff must follow the same and wear gowns and gloves when care is provided to those residents on EBP. She said hand hygiene should be performed before and after care, and between glove changes. She said gloves should be changed when going from dirty to clean and staff should sanitize or wash their hands She said there was a risk for cross contamination and infections. She said she was informed about the hospice aide providing care to Resident #8 and was not wearing the appropriate ppe that included a gown and gloves. She said an inservice training was provided to her that day. Record review of an inservice dated 3/5/2025 indicated a training was provided to the Hospice Aide by the DON on enhanced barrier precautions. During an interview on 3/5/2025 at 12:08 PM, the Interim Administrator said the IP in the facility was the DON who was responsible for training staff on infection control. She said hand hygiene should be performed between, before, and after care, and they could use hand sanitizer. She said the staff would be retrained and return demonstrations would be conducted with her. She said a resident being on EBP meant that the staff had to provide additional standard precautions using gowns and gloves, and any open areas to the body that were a source of infection included ostomies (surgical openings in the skin for removal of urine or feces). She said there was a risk for infection to the residents if staff did not follow effective infection control measures. She said more education would be provided to the staff. Record review of a facility policy titled Infection Control-Enhanced Barrier Precautions dated 12/2024 indicated, .It is the policy of this home to follow CDC recommendations for enhanced barrier precautions. Resident with device care use and wound care are required to be placed on enhanced barrier precautions. 3. Providers and staff must follow the steps on the sign: wear gloves and a gown for the following high contact resident care activities: bathing/showering; device care or use: feeding tube . Record review of a facility policy titled Hand Washing dated 5/2017 indicated, .It is the policy of this home that hand hygiene is the primary means to prevent the spread of infection. 1. The use of gloves does not replace proper hand washing. Employees must wash their hands: when coming on duty; before and after direct resident contact; after removing gloves; and after completing duty .		