| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
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| | 455871 | A. Building<br>B. Wing | 01/13/2026 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
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| Lynwood Nursing and Rehabilitation | 803 S Alamo<br>Levelland, TX 79336 |

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| F 0550<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights.<br><br>Based on interviews and record reviews, the facility failed to ensure each resident was treated with respect, dignity, and care in a manner and in an environment that promotes the maintenance or enhancement of their quality of life, recognizing each resident's individuality. The facility failed to protect and promote the rights of the resident for 10 of 19 residents in that: The facility failed to ensure staff were not on their personal cell phones while providing care, which included peri-care to residents. This could place residents at risk for diminished quality of life and loss of dignity and self-worth. Findings include: During an interview with confidential residents on January 12, 2026, at 10:00am ten confidential residents stated the use of cell phones by CNAs while performing care made them feel ignored, not a priority, embarrassed, concerned the CNA could make a mistake due to distraction by the cell phone conversation, and, most of all, their privacy was violated. During an interview on January 12, 2026, at 10:00am ten confidential residents stated the use of cell phones by CNAs occurred on every shift; however, primarily occurred during the night shift. During an interview on January 12, 2026, at 10:00am ten confidential residents stated they did not know the names of the CNAs who utilized their cell phones while performing care. The confidential residents stated cell phone usage of the CNAs while performing care happened in the facility so often, they said every CNA in the facility utilized their cell phone while performing care. During an interview on 1/13/26 at 1:21pm the DON stated staff should provide privacy any time they were performing resident care. She stated cell phones should only be used in the break room and outside of the facility. The DON stated cell phones should never be used in resident rooms, in the hallways of the facility, or at the nurses' stations. The DON stated she and her ADM oversaw training staff on cell phone usage in the facility. The DON stated there was continuous education provided to staff concerning cell phone usage via team meetings and in-service training. She stated the DON and ADM monitored staff by observing and addressing grievances and complaints regarding cell phone usage while performing care. She stated there was no reason privacy for residents should not be provided. She stated the potential negative outcome was HIPPA violations and the nursing staff could make a mistake. During an interview on 01/13/26 at 1:14pm, the ADM stated residents should be provided with privacy during resident care. She stated all staff were trained on privacy, dignity, and cell phone usage during orientation and through continuous education by the DON and the ADM. She stated staff were monitored by making rounds and correcting any issues found, and by addressing complaints and grievances concerning cell phone usage by staff while performing resident care. She stated cell phones should never be used in resident rooms, hallways, or nurses' stations. She stated the potential negative outcome could be mistakes and HIPAA violations. Record review of the undated facility policy titled Promoting/Maintaining Resident Dignity revealed the following: It is the practice of this facility to protect and promote resident rights and treat each resident with respect and dignity as well as care for each resident in a manner and in an environment, that maintains or enhances resident's quality of life by recognizing each resident's individuality. Policy Interpretation and ImplementationAll staff members are involved in providing care to residents to promote and maintain resident dignity and respect resident rights. 5. When interacting with a resident, pay attention to the resident as an<br>(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 0550<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | individual. 8. Staff members do not talk to each other while performing a task for the resident as if the resident is not there. Conversation should be resident focused and resident centered. 12. Maintain resident privacy. 15. Random observations and/or verifications are conducted by the Director of Nursing Services (DNS), or designee, to ensure compliance with this policy. |

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| F 0804<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature.<br><br>Based on observation, interview, and record review, the facility failed to provide food that was palatable, and at a safe, and appetizing temperature for 3 of 3 food forms (Regular, Mechanical Soft, and Pureed) for 1 of 1 meal reviewed for palatability. The facility failed to provide food that was palatable for 3 of 3 food forms served (Regular, Mechanical Soft, and Pureed) at 1 of 1 meal observed (1/11/26 lunch). This failure could place residents at risk of decreased food intake, hunger, and unwanted weight loss.The Findings included: During confidential individual interviews on an undisclosed date and time, 10 of 10 residents voiced concerns related to food palatability. They stated, the rolls were raw, and they could not chew them. They further stated, the vegetables are unrecognizable due to being cooked too long. The following dining observations were made during lunch meal on 1/11/26 that began at 12:22 a.m. and concluded at 1:03 p.m. Observation of the puree foods served for 6 of 6 residents on puree diet revealed, puree seasoned chicken thighs and pureed mac-n-cheese had a very coarse appearance. Pureed chicken gravy was also present. Temperatures were not taken of the pureed foods, but pictures were taken by the Surveyor. The following interviews and observations were made during a kitchen tour on 1/12/26 that began at 10:29 p.m. and concluded at 11:49 a.m. During an interview on 1/12/26 at 11:14 a.m. the DM was informed of a request for a test tray. On 1/12/26 at 11:43 AM temperatures were taken on the steam table by [NAME] A and the DM with the following results:Sausage 181 F.Red beans 192 FTurnip green 200 F.Puree sausage 168 F and had a coarse appearance.Puree red beans 195 F and had a coarse appearance.Puree turnip green 183 F and had poor flavor.Mechanical sausage 135 F The test tray arrived for testing at 12:28 p.m. The test tray temperatures were taken, and testing began with other surveyors at 12:29 p.m. with the following results:Sausage 152 F Red beans 162 FTurnip green 170 F.Puree sausage 168 F - had a coarse appearance.Puree red beans 195 F - had a coarse appearance.Puree turnip green 183 F - had poor flavor.Mechanical sausage 131 F - lukewarm4 of 7 foods tested had flavor, texture and temperature issues. During an interview on 1/13/2026 at 10:39 p.m. the RD stated regarding palatability issues with the food, that kitchen staff were responsible for ensuring foods were palatable. When shown the pictures and asked about the lunch meal of 1/11/26, she stated, Yes, I do see that the puree seasoned chicken thighs and pureed mac-n-cheese definitely doesn't look quite right, mac-n-cheese doesn't look smooth too. She further stated, from the pictures of the lunch meal of 1/11/26, the puree would be a potential problem for the resident on such special diet. The RD stated that she never heard any complaints from the residents on puree diet. She also stated, it could be a choking hazards since they are on such diet for a reason due to swallowing difficulties and chewing. During a phone interview on 1/13/26 at 10:41 a.m. a family member of Resident #15 stated she was aware resident #15 was on puree diet and that she came every day to feed him. When asked how long resident #15 has been on puree diet, family member stated, since when I brought him home on Thanksgiving, he choked on some food; turkey, and the next day at the facility he choked on slice peaches. The family member further stated, after the incident, the facility started resident #15 on puree diet but he didn't like how it looks and the taste. Family member of resident #15 stated that she was not at the facility for the lunch meal of 1/11. During an interview on 1/13/2026 at 1:05 p.m. with the DM regarding palatability issues with the food, she stated I and the cooks were responsible for making sure that the food would be palatable. When shown the pictures and asked about the lunch meal of 1/11/26, she stated yes, I do see the picture and that was the puree made by [NAME] A, the chicken thighs and mac-n-cheese, both look chunky. She further stated that the puree sausage, puree red beans and puree turnip green all tasted good, because whenever we make the puree, we do taste it and never heard any complaints from any of the residents. The DM stated that the kitchen staff were all trained on puree process and have come across the policy on food palatability. She further stated, from the pictures of the lunch meal of 1/11/26, no, it will not be palatable for residents on such meal type. She stated that the residents could refuse the food,<br>(continued on next page) |

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| F 0804<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | resulting in weight loss. During an interview on 1/13/2026 at 1:53 p.m. with [NAME] A regarding palatability issues with the food, she stated yes, I made the lunch meal (puree) of 1/11/26 and 1/12/26. When shown the pictures and asked about the lunch meal of 1/11/26, she stated yes, I do see the picture and that was the puree I made, the chicken thighs, mac-n-cheese, both look chunky and that does not look like puree diet or meal. When asked about the food appearances, she stated, the puree sausage and puree red beans was harsh or grainy in appearance, when we tasted it, we think that was okay. She further stated that puree meals were not supposed to have hulls or bumps. [NAME] A stated that she has been trained on puree process and has come across the policy on food palatability. She further stated, from the pictures of the lunch meal of 1/11/26, no, it will not be palatable for residents on such meal type. She stated that the residents might not like or eat the food, resulting in weight loss. During an interview on 1/13/2026 at 2:24 p.m. with the ADM regarding palatability of the foods. She stated the DM and cooks were responsible for food palatability in the facility. When shown the pictures and asked about the lunch meal of 1/11, she stated it does not look like a smooth consistency. She added residents would not like the food because the food would not be palatable. The ADM stated the potential negative outcomes to the residents on such special meal type was, the residents could potentially choke or aspirate. Record review of the facility's policy titled, Food Preparation Guidelines, revised September 2023, reflected the following: Policy: It is the policy of this facility to prepare foods in a manner to preserve a resident's nutrition and hydration status. Policy Explanation and Compliance Guidelines: 2. Prepare food by methods that conserve nutritive value, flavor and appearance.a. Minimize exposure to light and air when storing food.b. Prepare foods as directed such as using the appropriate amount of liquid.c. Minimize holding time prior to meal service. 3. Food and drinks shall be palatable, attractive, and at a safe and appetizing temperature. Strategies include:a. Meals that vary in color and texture. b. Season food with spices or herbs in accordance with recipes and resident preference.c. Serve hot foods/drinks hot and cold foods/drinks cold.d. Address residence grievances about foods/drinks.e. Honor resident preferences, as much as possible. 4. Provide food in a form (i.e regular, cuts, chopped, ground, pureed) that meets the residents' needs in accordance with their physician order, assessment and care plan. |

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| F 0812<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.<br><br>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 the facility's 1 of 1 kitchen reviewed for food safety. 1) The facility failed to ensure food items in the refrigerators (2) and freezers (2), were labeled and stored in accordance with the professional standards for food service. 2) The facility failed to ensure the iced tea machine's outer surface was free from dirt and stains. 3) The facility failed to ensure the refrigerators (2) and freezers (2) outer handle surface were free from greasy stains. These failures could place residents at risk for food-borne illness and cross contamination.These failures could place residents at risk for food-borne illness and cross contamination. The findings included: During kitchen tour observations on 1/11/26 that began at 10:08 a.m. and concluded at 10:51 a.m., revealed the following: Iced tea machine, located inside the kitchen's beverage station, had dirt and stains. Reach-in refrigerator #1 revealed the following: Both the right and left doors needed to be cleaned, to be free of greasy stains.What appeared to be covered sausages in a sheet pan, tomato paste (in a transparent container), sandwiches, and turkey bologna in two different clear plastic bags, all with no label, no use by date. Reach-in refrigerator #2 revealed the following: Both the right and left doors needed to be cleaned, to be free of greasy stains.What appeared to be cheese, liquid eggs (3), lettuce and turkey breast in different clear plastic bags with no label, no use by date. Walk-in Freezer #1 revealed the following: Both the right and left doors needed to be cleaned, to be free of greasy stains.What appeared to be ham, diced chicken, chicken thighs, fish sticks and beef burrito in different clear plastic bags with no label, no use by date. Walk-in Freezer #2 revealed the following:Both the right and left doors needed to be cleaned, to be free of greasy stains.What appeared to be waffles, frozen vegetables, cookies, and carrots in different clear plastic bags with no label, no use by date. During an interview on 1/13/2026 at 12:15 p.m. the RD, regarding kitchen observations, stated, I think it is the kitchen staff that were responsible for dating (use by date) and labelling the food items, whoever puts the truck away, as well keeping the general kitchen clean. When asked if the staff have been trained on such tasks, the RD stated, I am not sure, but have instructed them to put the dates/labels. She further stated that there should have been a use by date on those food items. The RD stated that the kitchen staff were not aware that use by date should have been indicated on those food items. The RD stated that food items not labeled or dated would potentially cause food borne illness to the residents. During an interview on 1/13/2026 at 1:05 p.m. the DM, regarding kitchen observations, stated, I and the cooks were responsible for dating (use by date) and labelling of all food items. The DM further stated that the food items should have a use by date, and she was not sure why. That probably because the kitchen staff were not aware of the use by date, should have been on those food items. When asked about the dirty stains on the iced machine, the refrigerators and freezers she stated, we should have cleaned them, and residents could get sick from taking food items from those dirty machines. She further stated that they have come across kitchen policies and have been trained to label and on how to clean the general kitchen. The DM stated, we would have served expired food items, which could harm them, when asked the potential negative outcome serving residents meals not labelled /dated. During an interview on 1/13/2026 at 1:53 p.m. with [NAME] A regarding kitchen observations, she stated the DM and aid were responsible for dating (use by date) and labelling all food items, that everything was supposed to be labelled and dated, and that the DM was responsible for monitoring that. When asked about the dirty stains on the iced machine, the refrigerators and freezers she stated, the aid is responsible to clean those machines, and he is not here today, and the residents can get sick from it. During an interview on 1/13/2026 at 2:24 p.m. with the ADM regarding kitchen observations, she stated all dietary staff were responsible for ensuring food was stored and dated properly, and the DM was responsible for overseeing dietary staff. When asked about the dirty stains on the iced machine, the (continued on next page) |

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| F 0812<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | refrigerators and freezers she stated, it needed to be cleaned as soon as possible, residents could get sick. She further stated that there should have been a use by date once those food items were opened. The ADM stated the kitchen staff were all trained on dating/labelling of food items, and yes they forgot to put it. The ADM stated the potential negative outcomes to the residents with unlabeled/undated food, was we can be serving something that is no longer good, thereby making the residents sick. Record review of the facility's undated policy and procedure titled, Food Storage, reflected the following: Policy: To ensure that all food served by the facility is of good quality and safe for consumption, all food will be stored according to the state, federal and US food codes and HACCP guidelines. Procedure:2. Refrigerators d. Date, label and tightly seal all refrigerated foods using clean, nonabsorbent, covered containers that are approved for food storage. 3. Freezers e. Store frozen foods in moisture-proof wrap or containers that are labeled and dated. Record review of the facility policy and procedure titled, General Kitchen Sanitation, date approved October 2018, reflected the following: Policy Statement: The facility recognizes that food borne illness has the potential to harm elderly and frail residents. All Nutrition and Foodservice employees will maintain clean, sanitary kitchen facilities in accordance with the state and US Food codes in order to minimize the risk of infection and foodborne illness. Procedure:Keep food-contact surfaces of all cooking equipment free of encrusted grease deposits and other accumulated soil.After cleaning and until used, store and handle all food-contact surfaces of equipment and multi-use utensils in a manner that protects the surfaces from manual contact, splash, dust, dirt, insects and other contaminants.Clean non-food-contact surfaces of equipment at intervals as necessary to keep them free of dust, dirt, and food particles and otherwise in a clean and sanitary condition. |

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| F 0803<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Ensure menus must meet the nutritional needs of residents, be prepared in advance, be followed, be updated, be reviewed by dietician, and meet the needs of the resident.<br><br>Based on observation, interview, and record review, the facility failed to ensure that the menu was followed for the lunch meal on 1/11/26 for 1 of 1 meal (the lunch service on 1/11/26) reviewed for nutritional adequacy. The facility failed to follow the lunch menu for 1/11/2026 and did not inform the residents that a substitute would be served. This failure could place residents at risk of not receiving adequate nutritive food value needed to promote/maintain health. The Findings included: Record review of the weekly menu for week five's Sunday lunch revealed braised beef tips with gravy, steamed rice, roasted brussels sprouts, dinner rolls and frosted cake. During a dining observation on 1/11/2026 from 12:22 p.m. to 12:51 p.m., a handwritten message written on a whiteboard next to the kitchen entrance said, Lunch: seasoned chicken thighs, chicken gravy, mac and cheese, dinner roll, frosted cake. Only two food items, dinner rolls and frosted cake, were observed to be included in the lunch meal served. During a confidential meeting on an undisclosed date and time, ten of ten confidential residents stated the menu was rarely followed, menus were not posted for their reviews and not posted on common bulletin boards. Ten confidential residents stated they were given choices at breakfast to choose lunch and dinner, but at times even after they made those choices, they were still not served what they chose for lunch or dinner. The confidential residents stated they were not notified that the lunch menu on 1/11/2026 was changed. During an interview on 1/13/2026 at 10:39 a.m. the RD, stated she was not aware the lunch menu of 1/11/2026 was not followed and stated, I am not sure the residents were informed too. She stated that DM was responsible to follow menu, and I always check during my visits to make sure that they do follow the menu. She stated, probably some items were not delivered from the truck. The RD stated the potential negative outcome would be residents not getting the required nutritional values of expected meal, leading to nutritional inadequacies. During an interview on 1/13/2026 at 1:05 p.m. the DM stated, I am responsible for making sure that the menu was followed, if food is not in stock, I have to replace with items that we have. When asked about the lunch menu of 1/11/2026 not followed, the DM stated, Yes, I am aware that the menu was not followed, and I said the same thing yesterday based on the weekly menu week five's Sunday lunch. The DM stated she informed all the residents that the menu was being substituted, because she was not in the facility and that was the first time the menu was not followed. She stated that it would cause residents' dissatisfaction resulting in weight loss. During an interview on 1/13/2026 at 1:53 p.m. [NAME] A, stated Yes, the lunch menu of 1/11/2026 was not followed, because sometimes the DM switches the menu. [NAME] A further stated that the DM was responsible for making sure that the menu was followed. She stated that the residents might not like or eat the food, resulting in weight loss. During an interview on 1/13/2026 at 2:24 p.m. the ADM, stated she was aware that lunch menu of 1/11/2026 was not followed, and stated, it was the responsibility of the DM to make sure menus were followed. When asked how residents were communicated on the changed lunch menu of 1/11/2026 that was not followed, the ADM stated, the residents were informed verbally.The ADM stated the potential negative outcomes to the residents, without following the menu would be, the residents might not like the meal served, may not eat it resulting to weight loss. Record review of the facility's undated policy and procedure manual titled, Standardized Menus, reflected the following: Policy: The facility should provide nourishing, palatable meals to meet the nutritional needs of the residents based on the Recommended Daily Allowances (RDA) of the Food and Nutritional Board of the National Research Council, of the National Academy of Sciences, standardized cycle menus are planned in advance and utilized. Compliance Guidelines: 1. The facility will make reasonable efforts to provide food that is appetizing and culturally appropriate to meet the nutritional needs of the residents. 6. Menus should be approved and signed by the registered dietitian. 8. The current week at a glance menu should be posted in designated common area(s) where it will be readily available to residents, facility staff and visitors. 12. The facility will support the resident's right to make personal dietary choices. |

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|---|---|
| F 0880<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Provide and implement an infection prevention and control program.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, 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 1 of 3 (Resident #27) reviewed for wound care.RN A failed to change her gloves during wound care for Resident #27.This failure could place residents at risk for cross contamination and infection.Findings included:Record review of Resident #27's undated face sheet revealed a [AGE] year-old male admitted to the facility on [DATE]. Resident #27 had a medical history of pulmonary embolism (a sudden blockage in a lung artery), respiratory failure, and heart failure.Record review of Resident #27's MDS, dated [DATE], Section C- Cognitive Patterns, revealed a BIMS score of 13 which indicated Resident #27 was cognitively intact.Record review of Resident #27's care plan, dated 12/10/2025, revealed (Resident #27) refuses or resists repositioning in bed, contributing to existing pressure injuries on the heels and buttocks/sacrum and increasing risk for deterioration. Follow wound care orders for heel and bottom wounds.Record review of Resident #27's physician orders, dated 12/05/2025, revealed, Wound Treatment Order: Location Coccyx (a small triangular bone at the base of the spinal column in humans ) Clean with Normal Saline/Wound Cleanser Apply: Triad (used for managing light-to-moderate wound drainage, creating a moist healing environment, and facilitating natural debridement (the essential medical removal of dead, damaged, or infected tissue)) and leave open to air.Left heel Clean with Normal Saline/Wound Cleanser Apply: Betadine and cover with gauze and tape.right ankle Clean with Normal Saline/Wound Cleanser Apply: betadine and leave open to air.During an observation of wound care on 1/12/2026 at 10:20 a.m., RN A cleaned Resident #27s left heel wound, dried the wound and applied a wound dressing to the left heel. RN A failed to change gloves and utilize hand hygiene after cleaning Resident #27's wound. RN A cleaned Resident #27s right ankle and applied betadine. RN A failed to change gloves and utilize hand hygiene after cleaning Resident #27's right ankle. RN A cleaned Resident #27s coccyx wound and applied Triad. RN A failed to clean change gloves and utilize hand hygiene after cleaning Resident #27s coccyx wound.During an interview on 1/13/2026 at 11:08 a.m., RN A stated the infection preventionist was the DON. She stated she was trained on infection control and wound care. She stated her last training was approximately three months ago. She stated she was trained to change her gloves when going from dirty to clean and to use hand hygiene in between. She stated she changed her gloves after removing the dirty dressing but not after cleaning the wound. She stated a potential negative outcome of not changing gloves after cleaning a wound could be spreading infection.During an interview on 1/13/2026 at 12:17 p.m., the DON stated she was the infection preventionist. She stated staff were trained on infection control and wound care. She stated the last training was approximately two months ago for competency checkoffs. She stated she expected staff to utilize glove changes during wound care anytime a wound dressing was removed and when they went from a dirty area to a clean area. She stated infection was a potential negative of not utilizing glove change after going from dirty to clean. She stated compliance was monitored through random observations. She stated she was not aware staff were not changing gloves after cleaning a wound and before applying the clean dressing.During an interview on 1/13/2026 at 12:36 p.m., the ADM stated the infection preventionist was the DON. She stated they had skills competency checkoffs in November 2025 included infection control and wound care. She stated she expected staff to change gloves and use hand hygiene anytime they went from a dirty area to a clean area. She stated the potential negative outcome of not changing gloves during wound care could be spreading infection. She stated the DON conducted random wound care observations due to rounding with the wound care physicians weekly.Record review of facility policy titled Clean Dressing Change, dated 7/2025, revealed, Policy: It is the policy of this facility to provide wound care in a manner to decrease potential for infection and/or<br>(continued on next page) |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 455871 | A. Building<br>B. Wing | 01/13/2026 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Lynwood Nursing and Rehabilitation | 803 S Alamo<br>Levelland, TX 79336 |

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

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| F 0880<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | cross-contamination. Physician's orders will specify type of dressing and frequency of changes. Policy Explanation and Compliance Guidelines:9. Loosen the tape and remove the existing dressing. 10. Remove gloves, pulling inside out over the dressing. Discard into appropriate receptacle. 11. Wash hands and put on clean gloves.12. Cleanse the wound as ordered. Pat dry with gauze.13. Remove gloves and wash hands.14. Wash hands and put on clean gloves. |