

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 455915	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/10/2025
NAME OF PROVIDER OR SUPPLIER Granbury Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 301 S Park St Granbury, TX 76048	

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 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 #1) of three residents reviewed for infection control practices.</p> <p>The facility failed to ensure CNA A performed proper hand hygiene and glove changes while providing incontinence care to Resident #1.</p> <p>This failure could place residents at risk for the spread of infection.</p> <p>Findings included:</p> <p>Review of Resident #1's face sheet dated 01/10/25, revealed a 67- year- old female admitted to the facility on [DATE] with diagnoses including frequency of micturition (urinating), constipation, muscle weakness and Alzheimer's disease (neurological disorder).</p> <p>Review of Resident #1's Quarterly MDS assessment dated [DATE] revealed Resident #1 required substantial/maximal assistance with most activities of daily living (ADLs). Resident #1 was always incontinent of bowel and bladder.</p> <p>Observation of incontinence care for Resident #1 on 01/09/25 at 2:55p.m. revealed CNA A washed her hands prior to donning gloves. CNA A removed Resident #1's brief that was soiled with urine and placed it on the bed close to resident. She did not completely remove it. CNA A wiped the resident from front to back. She retrieved a clean brief and placed it on top of the soiled brief. She did not change gloves but continued to clean the resident. Her gloves were visibly soiled with urine. CNA A did not wash her hands, change gloves, or perform hand hygiene before placing the clean brief underneath the resident. CNA A changed her gloves, and retrieved the old, soiled brief and placed on a trash can. CNA A removed her gloves and picked up the trash. She washed her hands before leaving Resident #1's room.</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>In an interview on 01/09/24 at 3:06 p.m. with CNA A, she stated she should have changed her gloves before retrieving a clean brief and placing it underneath Resident #1. CNA A stated she has been in the facility for 2 years and received infection control training last month. She said cross contamination was going from clean to dirty. CNA A noted the resident could acquire an infection when she did not follow good infection control practices including changing gloves before retrieving the clean brief. CNA A stated she did not change her gloves because she was not thinking.</p> <p>During interview on 01/10/25 at 5:11 p.m., the DON acknowledged being aware of some of the concerns raised about infection control practice. She stated ADON B was responsible for infection control in the facility. The ADON trained and monitored staffs with return demonstration periodically. The DON stated aides were expected to follow standard precaution including washing hands and changing gloves while providing care. She stated the corporate nurse also trained staff annually.</p> <p>Review of the facility's infection control policy dated 04/27/22 reflected:</p> <p>Purpose:</p> <p>This procedure aims to maintain the resident dignity and self-worth and reduce embarrassment by providing cleanliness and comfort to the resident, preventing infections and skin irritation, and observing the resident's skin condition.</p> <p>Important Points:</p> <ul style="list-style-type: none"> o Doffing and discarding of gloves are required if visibly soiled o Always perform hand hygiene before and after glove use 		