| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 455970 | A. Building<br>B. Wing | 02/27/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
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| River Valley Health & Rehabilitation Center | 1907 Refinery Rd<br>Gainesville, TX 76240 |

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| F 0607<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | Develop and implement policies and procedures to prevent abuse, neglect, and theft.<br><br>34399<br><br>Based on interview and record review the facility failed to develop and implement written policies and procedures that prohibit and prevent abuse, neglect, and exploitation of residents and misappropriation of resident property for one (CNA A) of six employees reviewed for abuse and neglect.<br><br>The facility failed to conduct criminal background checks for CNA A.<br><br>These failures could place residents at risk for abuse and receiving care from unemployable staff.<br><br>Findings included:<br><br>1. Review of facility's policy Abuse, Neglect, and Exploitation revised October 2023 reflected The facility will provide protection for the health, welfare, and rights of each resident by developing and implementing written policies and procedures that prohibit and prevent abuse, neglect, and exploitation and misappropriation of resident property .Abuse Prohibition Plan Components I. Screening A. Potential employees will be screened for a history of abuse, neglect, exploitation, or misappropriation of resident property. 1. Background, reference, and credentials' checks shall be conducted on potential employees, contracted temporary staff, students affiliated with academic institutions, volunteers, and consultants. 2. Screenings may be conducted by the facility itself, third-party agency, or academic institution. 3. The facility will maintain documentation of proof that the screening occurred.<br><br>Review of CNA A's personnel file revealed her hire date was 02/20/25. There was no Criminal background in her file.<br><br>Interview on 02/27/25 at 3:16 PM with the Administrator revealed the criminal background check for CNA A should have been completed prior to hire.<br><br>Interview on 02/27/25 at 4:45 PM with the HR Manager revealed he was hired in December 2024. He stated he was aware that employee criminal backgrounds had to be completed upon hire. He stated he had received training by corporate. He stated it was important to run criminal background checks for employees to ensure no allegations of abuse/neglect on record that prohibit employees to be hired and to ensure employable.<br><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 0607<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | Interview on 02/27/25 at 4:51 PM with the Administrator revealed HR Manager was hired on 12/30/24 after he looked at employee list. He stated HR Manager was provided training by corporate for his job. He stated it was important to not have employees who were barred to work because it placed residents at risk for abuse and neglect. He stated all employees should have criminal background checks upon hire.<br><br>Review of facility's policy dated May 2018 Criminal History Record Information (CHRI) Policies and Procedures reflected facility runs CHRI searches on all applicants for employment, volunteers, contractors and annually on all active employees .The search must be printed and stored in the designated secure, confidential location at the facility (not in the personnel file) . |

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| F 0690<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42971<br><br>Based on observation, interview, and record review, the facility failed to ensure a resident who was incontinent of bladder received appropriate treatment and services to prevent urinary tract infections for one (Resident #25) of two residents reviewed for incontinence care.<br><br>The facility failed to ensure CNA B cleaned the labia from the inside outward to the thighs during perineal care for Resident #25 on 02/25/25.<br><br>This failure could place residents at risk for the development and/or worsening of urinary tract infections and skin breakdown.<br><br>Findings included:<br><br>Record review of Resident #25's Quarterly MDS assessment dated [DATE] reflected Resident #25 was a [AGE] year-old female admitted to the facility on [DATE] with diagnoses which included Alzheimer's disease, need for assistance with personal care, and chronic kidney disease. Resident #25's BIMS score of 12, which indicated Resident #25's cognition was moderately impaired. The MDS assessment indicated Resident #25 was always incontinent of bladder and bowel.<br><br>Record review of Resident #25's Care Plan dated 10/22/24, reflected the following: Problem: [Resident #25] has bowel/bladder incontinence. Goal: Resident #25 will be establish an individual bowel/bladder routine . Approach: . Resident uses briefs . Check for incontinence how often every 2 hours and as needed .<br><br>Observation on 02/25/25 at 10:32 AM revealed CNA B entered Resident #25's room to provide incontinence care. CNA B donned the gloves and gown and placed the brief and wipes on Resident #25's bedside table. CNA B lowered the head of the bed with the electronic control and placed the bed in a flat position. CNA B then lowered the flat sheet to the foot of the bed, uncovering Resident #25's lower extremities. CNA B undid the tabs on the resident's brief and folded the brief inward and down exposing the resident's peri-area. CNA B then obtained one wipe from the plastic wipe container and swiped at the resident's right groin; CNA B then obtained another wipe and wiped the resident's left groin. CNA B obtained another wipe and wiped the resident's upper pubic area. CNA B obtained another wipe and wiped the resident's labia last ( cleaning the labia first ensures that any potential contaminants are removed from the external genitalia before performing any procedures to minimize the risk of introducing pathogens). CNA B then turned the resident onto her left side, pressing on the posterior portion of her back with her gloved hands. CNA B removed the dirty brief and discarded it into the trash can. CNA B then obtained a wipe and wiped the resident's buttocks. CNA B then obtained the clean brief from the bedside table, touching it, still wearing the same gloves, and placed the brief under the resident's buttock. CNA B then turned the resident onto her back and pulled the brief up between the resident's legs and closed it. CNA B then adjusted the incontinence pad. CNA B then adjusted the resident's pillow under her head touching the pillowcase while still wearing the same gloves. CNA B then placed pulled the flat sheet up to the resident's abdominal area. CNA B also raised the resident's head of the bed. CNA B touched the bed controller with her gloves. CNA B then doffed her gloves and gown and washed her hands.<br><br>(continued on next page) |

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| F 0690<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | In an interview on 02/25/25 at 10:44 AM, CNA B stated she was supposed to clean labia first and acknowledged she did not do that. CNA B stated failing to provide proper care exposed the resident to infections.<br><br>Record review of CNA B's skills verification checklist dated 07/16/24 reflected she was competent in Peri-care.<br><br>In an interview on 02/26/25 at 11:56 AM, the DON stated when providing incontinent care staff were to clean perineum moving from inside outward to the thighs. She stated by not providing accurate incontinent care it placed residents at risk for urinary tract infections, skin breakdown and overall poor hygiene. She stated all staff were trained on incontinent care and skills checked every year.<br><br>Record review of the facility's policy titled, Perineal Care, revised 01/20/23 reflected . 3. Continue to clean the perineum moving from inside outward to the thighs . |

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| F 0727<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | Have a registered nurse on duty 8 hours a day; and select a registered nurse to be the director of nurses on a full time basis.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 34399<br><br>Based on interview and record review, the facility failed to use the services of a registered nurse for at least 8 consecutive hours a day, 7 days a week for 1 of 1 facility reviewed for nursing services.<br><br>The facility failed to provide RN coverage for 8 consecutive hours daily for 1 of 3 holidays ([DATE]) and 32 out of 34 weekend day ([DATE], [DATE], [DATE], [DATE], [DATE], [DATE], [DATE], [DATE], [DATE], [DATE], [DATE], [DATE], [DATE], [DATE], [DATE], [DATE], [DATE], [DATE], [DATE], [DATE], [DATE], [DATE], [DATE], [DATE], [DATE], [DATE], [DATE], [DATE], [DATE], [DATE], [DATE], [DATE] and [DATE]) from [DATE] to February 2025.<br><br>This failure had the potential to affect residents in the facility by leaving staff without supervisory coverage for RN-specific nursing activities.<br><br>Findings included:<br><br>Interview on [DATE] at 10:30 AM with the Administrator revealed the facility just hired an RN for Weekend Supervisor this month and she provided RN coverage for the first time this past weekend ([DATE] and [DATE]). He stated prior to the new hire the only RN the facility had was the DON. He stated the DON provided RN coverage during the week but she was not able to work on the weekends to provide 8 hour daily coverage. He stated the facility did not use agency staff to provide RN coverage per corporate choice. He stated the facility nurses on the weekends were LVNs not RNs. He stated he had weekly meetings with corporate and brought up about the need for weekend RN coverage. The Administrator stated the importance of having RN coverage was for oversight. He stated he was aware of the regulations requiring 8 hour in-facility RN coverage in the facility daily. He stated RN's scope of practice covered areas the LVN scope of practice did not cover. He stated LVN coverage daily was not a concern. He stated the facility had RN weekend coverage job posting up and have not been able to fulfill the job posting until hired RN about 2 weeks ago.<br><br>Interview on [DATE] at 3:30 PM with the DON revealed she was the only RN to provide RN coverage until this past weekend. She stated the importance of RN coverage was to ensure oversight of nursing including medication management. She stated RN's scope of practice was wider than the LVN's scope of practice, for example a RN was required to pronounce a resident as expired. She stated since she started in [DATE] and the facility had no RN weekend coverage until this past weekend. She stated the facility had a job posting up for RN weekend supervisor and they even tried to reach out to the local college to see if there were any RN candidates available. She stated she was not able to provide RN coverage 7 days a week. She stated she had worked holidays but she did not work [DATE] so no RN coverage was provided. She stated the facility refused to use agency staffing to provide RN coverage per corporate.<br><br>Review of facility's employee list reflected RN Weekend Supervisor was hired on [DATE]. There were no other RN nurses on the facility's employee list.<br><br>(continued on next page) |

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| F 0727<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | Record Review of facility's PBJ Staffing Data Report for Quarter 2 ([DATE]-[DATE]), Quarter 3([DATE]-[DATE]), and Quarter 4 ([DATE]-[DATE]) 2024 reflected the facility triggered for no RN hours.<br><br>Review of facility's policy Staffing revised [DATE] reflected the facility provides sufficient nursing staff with the appropriate skills and competencies necessary to provide care and related services to ensure resident safety and attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident . 4. The facility utilizes the services of a registered nurse for at least 8 consecutive hours a day, 7 days a week. |

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| F 0812<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.<br><br>34399<br><br>Based on observations, 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 only kitchen.<br><br>The facility failed to ensure stove burner drip pan was emptied and free of food particles.<br><br>This failure could place residents at risk for food-borne illness and food contamination.<br><br>Findings included:<br><br>Observation on 02/25/25 at 9:52 AM revealed the stove burner drip tray under the stove burners was removed and it was covered with food particles and thickened dark brown and black sticky substances covering the bottom of it.<br><br>Interview on 02/25/25 at 9:53 AM with the Dietary Manager revealed the evening cook should have emptied it out after use last night for supper and cleaned out the tray. She stated there was okra pieces on it. She stated she would empty it and clean it now. She stated she expected the Dietary [NAME] to empty it and change it after each meal.<br><br>Review of facility's policy for Range and Grill dated 2018 reflected the facility will maintain the range and grill in a clean manner to minimize the risk of food hazards. |

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| F 0880<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | Provide and implement an infection prevention and control program.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47690<br><br>Based on observation, interview, and record review, the facility failed to maintain an infection control program designed to prevent the development and transmission of infection for 2 of 2 residents observed (Resident#2 and Resident #25)) for infection control.<br><br>1. The facility failed to ensure CNA A completed hand hygiene while performing incontinent care for (Resident #2).<br><br>2. The facility failed to ensure CNA B did not use the same gloves throughout the procedure of incontinence care for Resident #25 on 02/25/25.<br><br>This failure could place the residents at risk for infection.<br><br>Findings include:<br><br>1. Review of Resident #2's annual MDS dated [DATE] reflected she was a [AGE] year-old female, with the BIMS score of 09/15 indicating she moderate cognitive impairment. She was admitted to the facility on [DATE]. Her diagnoses included hypertension, neurogenic bladder, Cerebral Palsy (a group of disorders that affect movement, muscle tone, and posture), and seizer disorders (a neurological condition characterized by recurrent seizer). Further review revealed resident was dependent on the staff for her ADL's.<br><br>Review of Resident #2's Care Plan dated 01/29/24 reflected the following: .Problem: Resident#2's ADL functional/Rehab potential fluctuations-Some days Resident requires more assistance than others. Goal: I will maintain a sense of dignity by being clean, dry, odor free and well groomed. Approach: BATHING/GROOMONG amount of assist: Dependent. TOILETING amount of assist: Extensive-dependent assist<br><br>Observation on 02/25/25 at 10:05 AM reveled: CNA A entered the Resident#2 room and put on gloves. CNA A opened the brief, cleaned resident front area using one wipe per stroke front to back, tack the brief and dirty wipes between the resident's legs, turned resident to her right side. Resident#2 had a large bowel movement. CNA A folded the brief with the dirty wipes and disposed of it in the trash can at the bedside. CNA A cleaned Resident#2's buttocks area using one wipe per stroke and disposed of the dirty wipes in the trash can. CNA A got clean brief and put it under the resident without changing her glove. CNA A got barrier cream from the nightstand drawer and put the cream on the Resident#2 buttocks area. CNA A removed glove and put a clean glove without any kind of hands hygiene and finished putting the brief on the resident. CNA A covered resident, and took the dirty linen to the hamper, and the trash to trach hamper. CNA A removed gloves and sanitized her hands.<br><br>Interview on 02/25/25 at 10:55 AM with CNA A, she stated that she was supposed to change gloves when going from dirty to clean, and perform hand hygiene every time she removes glove, and before she puts on a clean glove. She stated the risk to resident was to get bacteria on the resident skin, and if there was a cut in the skin, there would be infection, and to prevent the resident from getting UTI. She stated she knew the purpose of hand hygiene, but she was nervous.<br><br>(continued on next page) |

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| F 0880<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | Interview on 02/27/25 at 09:31 AM with the DON, she stated her expectations for the staff during incontinent care to change gloves going from dirty to clean, and to perform any form of hands hygiene any time they remove gloves. The DON stated if the staff were not following proper infection control and hand hygiene it could put the residents at risk for developing infection. She states the hand hygiene training was done on hire, and annually.<br><br>On 02/27/2027 at 4:00 PM, the date and time of exit, the DON was unable to provide skills check list for CNA A.<br><br>2. Record review of Resident #25's Quarterly MDS assessment dated [DATE] reflected Resident #25 was a [AGE] year-old female admitted to the facility on [DATE] with diagnoses which included Alzheimer's disease, need for assistance with personal care, and chronic kidney disease. Resident #25's BIMS score of 12, which indicated Resident #25's cognition was moderately impaired. The MDS assessment indicated Resident #25 was always incontinent of bladder and bowel.<br><br>Record review of Resident #25's Care Plan dated 10/22/24, reflected the following: Problem: [Resident #25] has bowel/bladder incontinence. Goal: Resident #25 will be establish an individual bowel/bladder routine . Approach: . Resident uses briefs . Check for incontinence how often every 2 hours and as needed .<br><br>Observation on 02/25/25 at 10:32 AM revealed CNA B entered Resident #25's room to provide incontinence care. CNA B donned the gloves and gown and placed the brief and wipes on Resident #25's bedside table. CNA B lowered the head of the bed with the electronic control and placed the bed in a flat position. CNA B then lowered the flat sheet to the foot of the bed, uncovering Resident #25's lower extremities. CNA B undid the tabs on the resident's brief and folded the brief inward and down exposing the resident's peri-area. CNA B then obtained one wipe from the plastic wipe container and swiped at the resident's right groin; CNA B then obtained another wipe and wiped the resident's left groin. CNA B obtained another wipe and wiped the resident's upper pubic area. CNA B obtained another wipe and wiped the resident's labia last ( cleaning the labia first ensures that any potential contaminants are removed from the external genitalia before performing any procedures to minimize the risk of introducing pathogens). CNA B then turned the resident onto her left side, pressing on the posterior portion of her back with her gloved hands. CNA B removed the dirty brief and discarded it into the trash can. CNA B then obtained a wipe and wiped the resident's buttocks. CNA B then obtained the clean brief from the bedside table, touching it, still wearing the same gloves, and placed the brief under the resident's buttock. CNA B then turned the resident onto her back and pulled the brief up between the resident's legs and closed it. CNA B then adjusted the incontinence pad. CNA B then adjusted the resident's pillow under her head touching the pillowcase while still wearing the same gloves. CNA B then placed pulled the flat sheet up to the resident's abdominal area. CNA B also raised the resident's head of the bed. CNA B touched the bed controller with her gloves. CNA B then doffed her gloves and gown and washed her hands.<br><br>In an interview on 02/25/25 at 10:44 AM, CNA B stated she should have changed her gloves and perform hand hygiene when she went from dirty to clean. CNA B stated failing to provide proper care exposed the resident to infections.<br><br>Record review of CNA B's skills verification checklist dated 07/16/24 reflected she was competent in Peri-care.<br><br>(continued on next page) |

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| F 0880<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | In an interview on 02/26/25 at 11:56 AM, the DON stated staff should change gloves when they take the brief off, after peri care, and before putting on the new brief. The DON stated it was not acceptable to wear the same gloves throughout the entirety of the incontinent care. She stated by not providing accurate incontinent care it placed residents at risk for urinary tract infections, skin breakdown and overall poor hygiene. She stated all staff were trained on incontinent care and skills checked every year.<br><br>Review of the facility's policy dated 01/20/23 titled Handwashing/Hand Hygiene reflected: This facility considers hand hygiene the primary means to prevent the spread of infection. 1.All personnel shall follow the Handwashing/hand hygiene procedures to help prevent the spread of infections to other personnel, residents, and visitors. 1. staff will perform hand hygiene when indicated, 6.a The use of gloves does not replace hand hygiene. If your task requires gloves, perform hand hygiene prior to donning gloves, and immediately after removing gloves .5. Hand hygiene must be performed prior to donning and after doffing gloves . 6. Hand hygiene is the final step after removing and disposing of personal protective equipment. |