

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 45E631	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/15/2024
NAME OF PROVIDER OR SUPPLIER Schleicher County Medical Center		STREET ADDRESS, CITY, STATE, ZIP CODE 104 N US Hwy 277 Eldorado, TX 76936	

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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48593</p> <p>Based on interviews and record review, the facility failed to develop and implement a comprehensive, person-centered care plan for each resident that included measurable objectives and time frames to meet, attain, and/or maintain the resident's highest practicable physical, mental, and psychosocial well-being for 1 of 5 residents (Resident #16) reviewed for care plans.</p> <p>The facility failed to have a care plan in place to accurately address Resident #16's oxygen use.</p> <p>This failure could affect residents by placing them at risk of not receiving individualized care and services to meet their needs.</p> <p>The findings included:</p> <p>Record review of admission record indicated Resident #16 was an [AGE] year-old male who was admitted to the facility on [DATE]. Resident #16 had medical diagnoses that included palliative care, Cerebral infarction, unspecified severe protein-calorie malnutrition, and pain.</p> <p>Record review of Resident #16's Admission MDS assessment dated [DATE] revealed his Cognitive Skills for Daily Decision Making to be severely impaired - never/rarely made decisions. He required maximum assistance and was dependent on staff for all ADL's except for eating. He relied on staff for mobility. Under section O for Respiratory treatments C1. Oxygen therapy was selected while a resident at the facility.</p> <p>Record review of Resident #16's order summary dated August 14th, 2024 included, Oxygen @2-5 LPM via nasal cannula and may titrate for patient comfort at night at bedtime, and, While resident is up and awake, no oxygen required as long as SPO2 remains above 92%. every shift.</p> <p>Record review of Resident #16's care plan dated 07/24/2024 revealed no care plan for oxygen use.</p> <p>Interview on 08/15/24 at 01:35 PM, the DON stated she would check orders and medical diagnosis for items that should be care planned. The DON stated she had been working on care plans she took over in June since her MDS nurse did not want to do them anymore. the DON stated Resident #16s care plan addressed the under terminal illness. The DON stated she had worked on it today. The care plan was updated after surveyor intervention.</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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of facility policy titled Comprehensive Care Plans dated 06-01-2024 revealed, in part:</p> <p>A comprehensive person-centered care plan is developed and implemented for each resident, consistent with the resident's rights, that include measurable objectives and time frames to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the resident's comprehensive assessment.</p>

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 30057</p> <p>Based on observation, interview and record review the facility failed to ensure drugs and biologicals were labeled in accordance with currently accepted professional principles for 1 of 1 medication rooms inspected for medication storage.</p> <p>The medication room had opened and undated vial of Tuberculin (TB) medication in the refrigerator.</p> <p>This failure could place residents at risk of receiving medications that were expired and not produce the therapeutic effect.</p> <p>The findings were:</p> <p>During an observation and interview on [DATE] at 02:12 PM the medication room was inspected with RN A present. There was a small refrigerator which contained one 0.1 ml vial of Tuberculin formula which had been opened but no open date was found. The Tuberculin container indicated Once entered, vial should be discarded after 30 days. RN A said it was each nurse's responsibility to date the vials when they are opened. RN A said she was not aware the vial was undated.</p> <p>During an interview on [DATE] at 12:20 PM, the DON was made aware of the opened and undated TB vial located in the medication room. The DON said she was not sure as to why the vial was undated since it had been opened. The DON said it was everybody's job to monitor the refrigerator or any other medications that required an open date when opened and discarded when expired. The DON said if the staff used an expired or undated TB vial it could lead to a false TB test result.</p> <p>Record review of policy titled Medication storage and dated [DATE] indicated in part:</p> <p>It is the policy of this facility to ensure all medications housed on our premises will be stored in the pharmacy and/or medication rooms according to the manufacturers recommendations and sufficient to ensure proper sanitation, temperature, light, ventilation, moisture control, segregation and security. All OTC, insulins, multi dose vials (needle puncture) should be labeled with an open date and discarded within 28 days unless the manufacturer specifies different date.</p>

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<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>48593</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 safety in the facility's only kitchen.</p> <p>The facility failed to ensure food items in the facility's only dry storage was sealed appropriately.</p> <p>These failures could place residents at risk for food-borne illness, and food contamination.</p> <p>Findings include:</p> <p>Observations of the kitchen's dry storage area on 08/13/24 at 09:37 AM, revealed</p> <p>One bag of southern yellow cornbread was opened.</p> <p>Observations of the kitchen's dry storage area on 08/14/24 at 11:27 AM, revealed the following items were not sealed:</p> <ul style="list-style-type: none"> - one bag of southern yellow cornbread, -one bag of Tostitos original tortilla chips, -one bag of cereal, and -one bag of spaghetti pasta. <p>Interview with the Dietary Manager (DM) on 08/14/24 at 11:38 AM, revealed he was not aware there was food in the dry storage that was. The DM stated that these items was recently used but was unaware how long they had been opened. The DM stated all food and items that was opened was to be dated with an opened date and if the package could not be sealed the item should be placed in a resealable bag/container and labeled if not visible through the container or bag. The DM stated the bags not being appropriately sealed could cause cross contamination. The DM stated he will take this as a chance to teach his staff.</p> <p>Review of the undated policy titled Food Safety Requirements stated in part, Storage of food in a manner that helps prevent deterioration or contamination of the food, including from growth of microorganisms.</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>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 30057</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 diseases and infections for 1 (Resident #9) of 2 residents reviewed for infection control.</p> <p>CNA B failed to change her gloves when going from dirty to clean during peri-care for Resident #9.</p> <p>CNA C failed to wash her hands prior to putting gloves on and assisting Resident #9 with personal care.</p> <p>This failure could place residents at risk for cross contamination and the spread of infection.</p> <p>Finding include:</p> <p>Record review of Resident #9's admission record dated 08/15/24 indicated she was admitted to the facility on [DATE] with diagnoses of stroke and chronic respiratory failure. She was [AGE] years of age.</p> <p>Record review of Resident #9's care plan dated 08/2024 indicated in part: Focus: The resident has bladder incontinence. Goal: The resident will remain free from skin breakdown due to incontinence and brief use through the review date. Interventions: Check resident every 2 hours and PRN as required for incontinence. Wash, rinse and dry perineum. Change clothing PRN after incontinence episodes.</p> <p>Record review of Resident #9's MDS dated [DATE] indicated in part: BIMS = 10 indicating the resident was moderately impaired Urinary continence = Frequently incontinent. Bowel continence = Always incontinent .</p> <p>During an observation on 08/14/24 at 02:02 PM, CNA B and CNA C performed incontinent care for Resident #9. CNA C entered the resident's room and put on a pair of gloves without first washing her hands. Both CNAs opened Resident #9's brief and rolled her to her right side. CNA B took a wet wipe and wiped the resident's rectal area which contained a smear of bowel movement on the wipe. CNA B took some skin protectant ointment and applied it to the resident's buttocks while still wearing the same soiled gloves. While still wearing the same soiled gloves CNA B took a new brief and placed it under the resident's bottom and rolled the resident back onto the brief. CNA B took some wet wipes and wiped Resident #9's vaginal area. Both CNAs then removed their gloves and washed their hands. CNA C turned the faucet on and washed her hands with water only and for approximately five seconds then turned the faucet off with her bare hands.</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 on 08/14/24 at 02:12 PM, CNA B said she had been trained to change her gloves once they became contaminated to prevent cross contamination. CNA B said she should have changed gloves after she cleansed Resident #9's rectal area since she then touched the new brief and cleansed the resident's vaginal area. CNA B said she had forgotten to change her gloves at the appropriate time. CNA B said if she did not change her gloves then that could lead to cross contamination and the spread of germs. CNA B said they had received training on infection control to include glove changing and handwashing but again she had forgotten to change her gloves after they became contaminated.</p> <p>During an interview on 08/14/24 at 02:14 PM, CNA C said she had been trained on glove changes and handwashing. CNA C said she had to wash her hands for around 20 seconds with soap and water and turn off the faucet with a paper towel to prevent re-contamination of her hands. CNA C acknowledged she had washed her hands quickly and had not used soap nor closed the faucet with a paper towel after assisting Resident #9 with personal care. CNA C said she had gotten nervous and messed up. CNA C said if she did not wash her hands correctly that could lead to the spread of infections.</p> <p>During an interview on 08/15/24 at 12:16 PM, the DON was made aware of the incontinent care observation performed on Resident #9 by CNAs B and C. The DON said it was expected for the CNAs to wash their hands prior to and after performing personal care. The DON said staff were supposed to wash their hands for 15 to 20 seconds with soap and water. The DON said the CNAs were supposed to change their gloves and wash their hands when going from dirty to clean. The DON said the failure probably occurred because the CNAs got nervous and forgot their steps. The DON said that LVN D conducted training with the CNAs in regard to infection control and incontinent care. The DON said if the CNAs did not wash their hands or changed their gloves that could lead to the spread of infections.</p> <p>During an interview on 08/15/24 at 01:24 PM, LVN D said she conducted training with the staff regarding infection control such as personal care of the residents. The LVN D was made aware of the observation of incontinent care performed by CNAs B and C. LVN D said the CNAs were expected to wash their hands prior to performing resident care. LVN D said the CNAs were supposed to wash their hands for at least 20 seconds with water, soap and turn the faucet off with a paper towel to prevent recontamination of their hands. LVN D said the CNAs were expected to change their gloves and wash their hands when going from dirty to clean. LVN D said CNA B should have changed her gloves before touching the new brief and wiping Resident #9's vagina. LVN D said she believed the failure occurred because the CNAs got nervous and forgot their steps. LVN D said if the CNAs did not wash their hands or changed their gloves at the required time that could lead to cross contamination.</p> <p>Record review of the facility policy titled Hand hygiene dated 04/11/2023 indicated in part: 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. Hand hygiene is a general term for cleaning your hands by handwashing with soap and water or the use of antiseptic hand rub also known as alcohol-based-hand-rub. Hand hygiene technique when using soap and water: 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. C. rub hands together vigorously for at least 20 seconds covering all surfaces of the hands and fingers. D. rinse hands with water. E. dry thoroughly with a single use towel. F use clean towel to turn off the faucet. Additional considerations: 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.</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>Record review of the facility's policy titled Helping a resident with toileting needs and dated 06/01/2024 indicated in part: It is the practice of this facility to assist residents with toileting needs in order to maintain the resident's dignity as well as proper hygiene. Put on gloves-if you contaminate your gloves in any way during the procedure you must change into a new pair. Help with wiping and throw the paper into the trash bag or toilet. Remove your gloves and dispose of them in the trash bag. Help the resident with their clothing and assist them back into their bed or chair. Put on new gloves - help the resident wash, rinse, and dry their hands. Remove your gloves and place in the trash bag. Properly dispose of trash bag and wash your hands.</p> <p>Record review of the facility's document titled Standard precautions infection control dated 04/01/2023 indicated in part: All staff are to assume that all residents are potentially infected or colonized with an organism that could be transmitted during the course of providing resident care services. Therefore, all staff shall adhere to standard precautions to prevent the spread of infections to residents, staff and visitor. Standard precautions refer to the infection prevention practices that apply to all residents, regardless of suspected or confirmed diagnosis or presumed infection status. This includes hand hygiene, selection and use of PPE (e.g., gloves, gowns, facemasks, respirators, eye protection), respiratory hygiene and cough etiquette, safe injection practices, environmental cleaning and disinfection and reprocessing of reusable resident medical equipment.</p> <p>Record review of the facility's policy titled Infection prevention and control program and dated 03/01/2024 indicated in part: This facility has established and maintains 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 disease and infections.</p>		