

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 45F094	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/04/2024
NAME OF PROVIDER OR SUPPLIER Reagan County Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1300 North Main Big Lake, TX 76932	

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 0637</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Assess the resident when there is a significant change in condition</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45399</p> <p>Based on interview and record review, the facility failed to complete a significant change MDS assessment within 14 days after a significant change of condition for 1 (Resident #11) of 28 residents reviewed for assessments, in that:</p> <p>The facility failed to complete a Significant Change MDS for Resident #11 within 14 days after the resident was admitted to hospice services.</p> <p>This failure could affect any resident who experienced a significant change in their condition requiring an MDS assessment and placed them at risk of not receiving needed services.</p> <p>Findings Included:</p> <p>Record Review of Resident #11's face sheet revealed an [AGE] year-old female with an admitted [DATE]. Resident #11 was admitted with diagnoses including atherosclerotic heart disease (thickening of arteries), dementia (progressive loss of intellectual functions), anxiety disorder (excessive worry), major depressive disorder (persistent depressed mood).</p> <p>Record Review of Resident #11's Quarterly MDS assessment dated [DATE] revealed a BIMs score of 11 out of 15 indicating cognition was moderately impaired. There was no Significant Change MDS found in resident's records.</p> <p>Record Review of Resident #11's care plan dated 01/05/24 reflected it had not been updated with being admitted to hospice.</p> <p>Record Review of Resident #11's physician orders revealed an order on 03/12/24 stating admit to nursing facility under Hospice for routine care with a diagnosis of hypertensive heart disease with heart failure.</p> <p>Interview on 04/03/24 at 02:15 PM with MDS consultant stated she took over as MDS consultant for this facility on March 1, 2024. MDS consultant stated she was in the facility on 3/13/24 and thought Resident #11 was an ongoing hospice resident. MDS consultant stated she was not kept up to date by the facility on the status of this resident, therefore a significant change MDS was not completed. She stated that she will do one now.</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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 45F094	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/04/2024
NAME OF PROVIDER OR SUPPLIER Reagan County Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1300 North Main Big Lake, TX 76932	
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 0637</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Interview on 04/03/24 at 02:33 PM with ADON stated that MDS consultant was responsible for completing MDS and she was in the building on 3/13/24 and was made aware of Resident #11's status by ADON.</p> <p>Interview on 04/03/24 at 02:40 PM with Administrator stated that MDS consultant was contracted to complete all MDS assessments. Administrator stated that the facility and the consultant have a contract in place, however the MDS consultant works out of another city and rarely comes into the facility. Administrator stated that he is aware that the ultimate responsibility falls on the facility to ensure a change of status MDS is completed.</p> <p>Record Review of facility policy titled Change in a Resident's Condition or Status revised February 2021 read in part:</p> <p>A significant change of condition is a major decline or improvement in the resident's status that requires interdisciplinary review and/or revision to the care plan.</p> <p>If a significant change in the resident's physical or mental condition occurs, a comprehensive assessment of the resident's condition will be conducted as required by current OBRA regulations governing resident assessments and as outlined in the MDS RAI instruction manual.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 45F094	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/04/2024
NAME OF PROVIDER OR SUPPLIER Reagan County Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1300 North Main Big Lake, TX 76932	
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** 45399</p> <p>Based on interview 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 28 residents (Residents #11) reviewed for care plans in that:</p> <p>The facility failed to ensure Resident #11's Care Plan addressed her hospice status.</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 Resident #11's face sheet revealed an [AGE] year-old female with an admitted [DATE]. Resident #11 was admitted with diagnoses including atherosclerotic heart disease (thickening of arteries), dementia (progressive loss of intellectual functions), anxiety disorder (excessive worry), major depressive disorder (persistent depressed mood).</p> <p>Record Review of Resident #11's Quarterly MDS assessment dated [DATE] revealed a BIMs score of 11 out of 15 indicating cognition was moderately impaired.</p> <p>Record Review of Resident #11's care plan dated 01/05/24 reflected it had not been updated with being admitted to hospice.</p> <p>Record Review of Resident #11's physician orders revealed an order on 03/12/24 stating admit to nursing facility under Hospice for routine care with a diagnosis of hypertensive heart disease with heart failure.</p> <p>Interview on 04/03/24 at 02:15 PM with MDS consultant stated she took over as MDS consultant for this facility on March 1, 2024. MDS consultant stated she was in facility on 3/13/24 and thought Resident #11 was an ongoing hospice resident. MDS consultant stated she was not kept up to date by the facility on the status of this resident. She stated she is not in charge of creating care plans and she is unsure who is.</p> <p>Interview on 04/03/24 at 02:33 PM with ADON stated that MDS consultant was in the building on 3/13/24 and was made aware of Resident #11's status by ADON. ADON stated that MDS consultant is responsible for creating care plans.</p> <p>Interview on 04/03/24 at 02:40 PM with Administrator stated that MDS consultant was contracted to complete all care plans. Administrator stated that the facility and the consultant have a contract in place, however the MDS consultant works out of another city and rarely comes into the facility. Administrator stated that he is aware that the ultimate responsibility falls on the facility to ensure care plans are completed.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 45F094	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/04/2024
NAME OF PROVIDER OR SUPPLIER Reagan County Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1300 North Main Big Lake, TX 76932	
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>Review of facility policy Care Plans dated March 2022 revealed in part:</p> <p>A care plan includes instructions needed to provide effective, person-centered care plan of the resident that meet professional standards of quality care.</p> <p>A comprehensive care plan is developed within 7 days of completing the resident assessment.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 45F094	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/04/2024
NAME OF PROVIDER OR SUPPLIER Reagan County Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1300 North Main Big Lake, TX 76932	
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 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>45411</p> <p>Based on observation and interview the facility failed to ensure all controlled drugs and biologicals were stored in separately locked and permanently affixed compartments for 1 of 1 medication storage compartments (DON's office) reviewed for labeling/storage of drugs and biologicals.</p> <p>The facility failed to ensure stored discontinued controlled medications and biologicals were separately locked and in a permanently affixed compartment kept in the DON's office.</p> <p>This failure could place residents at risk of drug diversion and unauthorized access to medications.</p> <p>The findings included:</p> <p>During observation and interview on 4/4/24 at 1:25 PM with the ADON of the discontinued controlled medication cabinet in the DON's office it was noted that the cabinet only had one functioning lock. The medications were stored in the bottom drawer of a two-drawer filing cabinet that was bolted to the wall. The bottom drawer had an external pad lock on the left side of the bottom drawer and the built-in lock on the top right side to lock both drawers. The ADON stated that the built in lock was a functioning lock, but the key had been lost when the facility had moved furniture around and the cabinet was not being used to store the discontinued medications. The ADON stated that initially there was a second padlock on the right side of the bottom drawer, but it had to be removed because the drawer was getting stuck when it was opened. The ADON confirmed that meant there was only one drawer lock and the office door lock. She stated the DON, herself, the Administrator and possibly the housekeeping staff had keys to the DON's office, but she would have to confirm that with the housekeeping supervisor.</p> <p>In an interview on 4/4/24 at 1:45 PM the Housekeeping Supervisor stated that she had a master key to the DON's office but none of her staff had access to the office and only went into that office when the DON or ADON were present. She stated that she knew the Maintenance Director and his staff all had master keys as well.</p> <p>In an interview on 4/4/24 at 2:00 PM the Maintenance Director stated that he and all of his staff were required to have master keys to all offices in the facility for safety reasons such as fire. He stated that including himself there were four maintenance staff bringing the total of people with keys to the DON's office to seven. He stated there was no way to put an additional lock on the office door because the maintenance department would still need to have access, but he would be able to put an additional lock on the cabinet until a different solution could be worked out by the ADON and the Administrator.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 45F094	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/04/2024
NAME OF PROVIDER OR SUPPLIER Reagan County Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1300 North Main Big Lake, TX 76932	
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 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>In an interview on 4/4/24 at 2:40 PM the Administrator stated that he had been made aware of the issue with the need for double locks on the discontinued controlled medication storage cabinet in the DON's office. He stated that during a previous survey the facility was told that having one lock on the cabinet and the lock on the office door was sufficient. After the findings were fully explained to him, he agreed that seven people having access to the office without a double locked cabinet was a high risk for a drug diversion and he would start looking at alternative storage options.</p> <p>At the time of exit the facility had not provided a policy on medication storage for review on 4/4/24.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 45F094	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/04/2024
NAME OF PROVIDER OR SUPPLIER Reagan County Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1300 North Main Big Lake, TX 76932	
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 - Some</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 3 (Resident #5, #6 and #26) of 5 residents reviewed for infection control.</p> <p>Staff failed to place Resident #5's and #26's SVN (a machine that mixes medicine and converts it into a mist.) masks in a bag when not in use.</p> <p>CNA A failed to wash or sanitize her hands after removing her gloves and putting on a clean pair of gloves while assisting Resident #6 with incontinent care.</p> <p>This failure could place residents at risk for cross contamination and the spread of infection.</p> <p>Finding include:</p> <p>RESIDENT #5</p> <p>Record review of Resident #5's admission record dated 04/03/2024 indicated she was admitted to the facility on [DATE] with diagnoses of dementia and chronic obstructive pulmonary disease (a chronic condition in which a patient's lungs are susceptible to infections and moreover, the infections show exaggerated symptoms in the patients). She was [AGE] years of age.</p> <p>Record review of Resident #5's physician orders dated 04/03/2024 indicated in part: Albuterol Sulfate Inhalation Nebulization Solution (2.5 MG/3ML) 0.083% Albuterol Sulfate (Albuterol belongs to a class of drugs known as bronchodilators. It works by relaxing the muscles around the airways so that they open up and you can breathe more easily) one vial inhale orally via nebulizer one time a day related to COPD. Start date 12/05/2023.</p> <p>Record review of Resident #5's care plan dated 11/22/23 indicated in part: Focus: Resident requires continuous oxygen therapy r/t ineffective gas exchange secondary to COPD. Goal: Resident will have minimal to no s/s of poor oxygen absorption through the review date. Interventions: Give medications as ordered by physician. Monitor/document side effects and effectiveness.</p> <p>Record review of Resident #5's MDS dated [DATE] indicated in part: Section C - BIMS = 11 indicated resident was moderately impaired Section O - Special Treatments, Procedures, and Programs: Respiratory Treatments.</p> <p>During an observation and interview on 04/02/24 at 11:06 AM Resident #5's SVN machine was seen on her couch and the SVN mask was laying on top of the couch and not stored in a bag. Resident #5 said staff usually stored the SVN mask in a bag but there was not one to put it in at this time.</p> <p>RESIDENT #26</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 45F094	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/04/2024
NAME OF PROVIDER OR SUPPLIER Reagan County Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1300 North Main Big Lake, TX 76932	
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 - Some</p>	<p>Record review of Resident #26's admission record dated 04/03/2024 indicated she was admitted to the facility on [DATE] with diagnoses of stroke and chronic obstructive pulmonary disease (a chronic condition in which a patient's lungs are susceptible to infections and moreover, the infections show exaggerated symptoms in the patients). She was [AGE] years of age.</p> <p>Record review of Resident #26's physician orders dated 04/03/2024 indicated in part: Xopenex Nebulization Solution 0.63 MG/3ML (Levalbuterol HCl) - (Bronchodilator, It can treat or prevent bronchospasm) 3 milliliter inhale orally via nebulizer every 6 hours related to COPD. Start date 02/10/2024.</p> <p>Record review of Resident #26's care plan dated 04/04/24 indicated in part: Focus: Resident has potential for impaired gas exchange and impaired airway clearance secondary to COPD. At risk for further decline in pulmonary function and at risk for respiratory infections. Goal: Resident Will Remain Free of Secondary Complications through the review date. will have minimal to no s/s of respiratory infections through the review date. Resident will display optimal breathing patterns daily. Interventions: Monitor for difficulty breathing (Dyspnea) on exertion. Remind the resident not to push beyond endurance. Monitor for s/s of acute respiratory insufficiency, Anxiety, Confusion, Restlessness, SOB at rest.</p> <p>Record review of Resident #26's MDS dated [DATE] indicated in part: Section C - BIMS = 08 indicated resident was moderately impaired Section O - Special Treatments, Procedures, and Programs: Respiratory Treatments.</p> <p>During an observation on 04/02/24 at 2:36 PM Resident #26's SVN mask was laying on top of the bedside dresser and not stored in a bag. Resident #26 said she would use the breathing machine at times but did not know anything about a bag.</p> <p>During an interview on 04/03/24 at 3:22 PM RN B said the SVN masks were supposed to be stored when they were not in use. RN B said if the SVN masks were not stored in a bag it could lead to infections. RN B said that perhaps the residents took the masks off at times and they placed them just anywhere. RN B said it was their responsibility to make sure the masks were kept stored in a bag.</p> <p>RESIDENT #6</p> <p>Record review of Resident #6's admission record dated 04/03/2024 indicated she was admitted to the facility on [DATE] with diagnoses of mild intellectual disabilities and generalized anxiety disorder. She was [AGE] years of age.</p> <p>Record review of Resident #6's care plan dated 03/28/24 indicated in part: Focus: Resident has frequent bladder and bowel incontinence. Goal: Resident will remain free from skin breakdown due to incontinence and brief/pull up use through the review date. Interventions: Clean peri-area with each incontinence episode.</p> <p>Record review of Resident #6's MDS assessment dated [DATE] indicated in part: BIMS = 12 indicating resident was moderately cognitively impaired. Urinary continence = Always incontinent (no episodes of continent voiding). Bowel continence = Frequently incontinent (2 or more episodes of bowel incontinence, but at least one continent bowel movement).</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 45F094	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/04/2024
NAME OF PROVIDER OR SUPPLIER Reagan County Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1300 North Main Big Lake, TX 76932	
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 - Some</p>	<p>During an observation on 04/02/24 at 2:42 PM CNA A performed incontinent care for Resident #6. CNA A entered the resident's room, washed her hands and put on some gloves. CNA A undid the Resident #6's brief and with some wet wipes she wiped the resident's vaginal area from front to back then turned the resident on her side and again wiped from front to back with the wet wipes. CNA A's gloves came in contact with the resident's vaginal and rectal area during the wiping. The resident had voided as her brief was noted to be wet. CNA A then pulled the brief off and threw it in the trash and then removed her gloves. Without washing her hands or sanitizing her hands the CNA put on a new pair of gloves and then applied the new brief to Resident #6 and then covered her back up.</p> <p>During an interview on 04/03/24 at 2:38 PM CNA A said she should have washed her hands or sanitized prior to putting on the clean pair of gloves. CNA A said she had been trained on that but just forgot. CNA A said if she did not sanitize or wash her hands in between glove changes that could lead to cross contamination.</p> <p>Record review of the facility's policy titled Respiratory therapy - prevention of infection dated 11/2011 indicated in part: The purpose of this procedure is to guide prevention of infection associated with respiratory therapy tasks and equipment, including ventilators among residents and staff. Infection control considerations related to medication nebulizers/continuous aerosol: 1. Obtain equipment (i.e. administration set up plastic bag, gauze sponges). 2. wash hands. 3. After completion of therapy. a. remove the nebulizer container. b. rinse the container. c. dry on a clean paper towel or gauze sponge. 4. Reconnect to the administration set up when air dried. 5. Take care not to contaminate internal nebulizer tubes. 6. Wipe the mouthpiece with damp paper towel or gauze sponge. 7. store the circuit in plastic bag marked with date and resident name, between uses. 8. Wash hands. 9, Discard the administration set up every seven (7) days.</p> <p>During an interview on 04/04/24 at 12:36 PM the ADON said it was her expectation for staff to wash or sanitize their hands prior to putting gloves on or after they removed them. The ADON said staff were expected for the SVN masks to be stored in a bag when not in use. The ADON said if staff did not wash or sanitize their hands at the appropriate times it could lead to cross contamination. The ADON said if staff did not place the SVN masks in a bag then that could lead to germs getting into the mask and residents breathing them.</p> <p>During an interview on 04/04/24 at 01:26 PM the Administrator said it was expected for staff to wash or sanitize their hands prior to putting gloves on or after they removed them. The Administrator said if the staff did not sanitize their hands it could lead to cross contamination. The Administrator said the SVN masks were expected to be stored in a bag to prevent cross contamination. The Administrator said the staff would forget to place the items in the bags or to wash or sanitize their hands as they would get nervous at times.</p> <p>Record review of the facility's policy titled Standard precautions dated 09/2022 indicated in part: Standard precautions are used in the care of all residents regardless of their diagnoses or suspected or confirmed infection status. Standard precautions presume that all blood, body fluids, secretions and excretions (except sweat) non-intact skin and mucous membranes may contain transmissible infectious agents. Standard precautions include the following practices: Hand Hygiene - hand hygiene refers to handwashing with soap or the use of alcohol-based hand rub which does not require access to water - after removing gloves. Gloves are changes as necessary during the care of a resident to prevent cross contamination from one body site to another (when moving from dirty site to a clean site).</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 45F094	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/04/2024
NAME OF PROVIDER OR SUPPLIER Reagan County Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1300 North Main Big Lake, TX 76932	

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 - Some</p>	<p>Record review of the facility's policy titled Handwashing/hand hygiene dated 08/2019 indicated in part: This facility considers hand hygiene the primary means to prevent the spread of infections. Use an alcohol-based hand rub containing at least 62% alcohol or alternatively soap and water for the following situations. Before moving from a contaminated body site to a clean body site during resident care; after contact with a resident's intact skin/ after contact with blood or bodily fluids; after removing gloves. Hand hygiene is the final step after removing and disposing of personal protective equipment. The use of gloves does not replace handwashing/hand hygiene.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 45F094	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/04/2024
NAME OF PROVIDER OR SUPPLIER Reagan County Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1300 North Main Big Lake, TX 76932	
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 0921</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public.</p> <p>45411</p> <p>Based on observation, interview and record review the facility failed to provide a safe, functional, sanitary and comfortable environment for residents, staff and the public for 1 of 1 back patio reviewed for environment.</p> <p>The facility failed to keep a landscaped area on the back patio free of cat feces.</p> <p>This failure could lead to unsanitary conditions for residents and staff and possible parasitic infection.</p> <p>The findings included:</p> <p>Observation on 04/03/24 at 12:40 PM of back patio area/smoking area revealed approximately fifteen feet straight out from the door, was a large circle (approximately 10 feet in diameter) of rocks with a tree planted in the center. There was visible cat feces in several spots as well as multiple areas of dirt that had been dug out by an animal with claw marks visible in the dirt. The places that had been dug out were surrounding the base of the tree and all rocks had been removed from the area. There was a slight fecal odor noted to the area.</p> <p>In an interview on 04/03/24 at 01:09 PM the Maintenance Director stated that he had his guys go out 2-3 times a week to clean out cat poop in the front and back of the facility. He stated there had been no discussion of using litter boxes because the cats were wild animals, and they probably would not have used them. He stated that the smell did become an issue when it was hot outside, but he and his crew tried to stay on top of it.</p> <p>In an interview on 04/04/24 at 10:45 AM the Administrator stated that the cats did use the area under the tree as a makeshift litterbox and he agreed that was an issue. He stated that he believed putting litterboxes out and digging up the dirt and rocks surrounding the tree to remove the scent and re-landscaping that area would help deter the cats from using the tree as a bathroom. He stated that the maintenance is responsible for keeping the area clean. He stated there is no facility policy regarding the cats or the care of the cats, but he is currently working on making one.</p> <p>Review of www.CDC.gov Toxoplasmosis Epidemiology & Risk Factors Page last reviewed: September 4, 2018</p> <p>Content source: Global Health, Division of Parasitic Diseases and Malaria revealed, in part:</p> <p>Toxoplasmosis is caused by the protozoan parasite <i>Toxoplasma gondii</i>. In the United States it is estimated that 11% of the population 6 years and older have been infected with <i>Toxoplasma</i>. In various places throughout the world, it has been shown that more than 60% of some populations have been infected with <i>Toxoplasma</i>. Infection is often highest in areas of the world that have hot, humid climates and lower altitudes, because the oocysts survive better in these types of environments.</p> <p>Animal-to-human (zoonotic) transmission:</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 45F094	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/04/2024
NAME OF PROVIDER OR SUPPLIER Reagan County Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1300 North Main Big Lake, TX 76932	

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 0921</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Cats play an important role in the spread of toxoplasmosis. They become infected by eating infected rodents, birds, or other small animals. The parasite is then passed in the cat's feces in an oocyst form, which is microscopic.</p> <p>Kittens and cats can shed millions of oocysts in their feces for as long as 3 weeks after infection. Mature cats are less likely to shed Toxoplasma if they have been previously infected. A Toxoplasma-infected cat that is shedding the parasite in its feces contaminates the litter box. If the cat is allowed outside, it can contaminate the soil or water in the environment as well.</p> <p>People can be infected by:</p> <p>Accidental ingestion of oocysts after cleaning a cat's litter box when the cat has shed Toxoplasma in its feces.</p> <p>Accidental ingestion of oocysts after touching or ingesting anything that has come into contact with a cat's feces that contain Toxoplasma.</p> <p>Accidental ingestion of oocysts in contaminated soil (e.g., not washing hands after gardening or eating unwashed fruits or vegetables from a garden)</p> <p>Drinking water contaminated with the Toxoplasma parasite.</p>