

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675052	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/29/2023
NAME OF PROVIDER OR SUPPLIER Bay Ridge Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 208 South Utah LA Porte, TX 77571	
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** 44485</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 and to help prevent the development and transmission of communicable diseases and infections for 3 (Residents #1, #2, and #3) out of 6 residents reviewed for infection control, in that:</p> <p>The Facility failed to sanitize blood pressure equipment used for multiple residents.</p> <p>This failure could place residents living in the facility at risk of exposure to infections.</p> <p>Findings included:</p> <p>Record review of Resident #1's face sheet revealed resident was a [AGE] years old female admitted to the facility on [DATE] with diagnoses of hypertension (abnormal high blood pressure), hypercholesterolemia (high levels of cholesterol in the blood), major depressive disorder, insomnia (a sleep disorder where there is trouble falling and/or staying asleep), constipation, type 2 diabetes mellitus (disease that occurs when your blood glucose, also called blood sugar, is too high), and dementia (condition characterized by progressive or persistent loss of intellectual functioning).</p> <p>Review of the MDS (Minimum Data Set) dated 11/24/2023 revealed Rresident #1 had diagnoses of heart failure, and hypertension.</p> <p>On 12/28/2023 at 7:41am observation revealed Medication Aide A checked Resident #1's blood pressure with blood pressure machine , after which she administered blood pressure medication (Amlodipine Besylate oral tablet 10 mg by mouth one time a day related to hypertension) to Resident #1.</p> <p>Record review of Resident #2's face sheet revealed a [AGE] years old female initially admitted to the facility on [DATE]. Her current admission to the facility was on 10/26/2023. Her diagnoses included anxiety disorder, hypertension (abnormal high blood pressure), hypothyroidism (a disease of thyroid gland not making enough thyroid hormones to meet body's needs), mood disorder, morbid obesity (a condition of extreme overweight with complex disease), chronic embolism and thrombosis, pain, chronic kidney disease, muscle weakness, chronic obstructive pulmonary disease (a group of diseases that cause airflow blockage and breathing-related problems), dysphagia (difficulty swallowing), and heart failure.</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:	Facility ID: 675052
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675052	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/29/2023
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(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>Record review of the MDS dated [DATE] revealed Resident #2 had diagnoses of anxiety disorder, hypertension, hypothyroidism, mood disorder, morbid obesity, chronic embolism and thrombosis, pain, chronic kidney disease, muscle weakness, chronic obstructive pulmonary disease, dysphagia, and heart failure.</p> <p>On 12/28/2023 at 8:03am observation revealed Medication Aide A used the same blood pressure machine she used for Resident #1 to check Resident #2's blood pressure without sanitizing it.</p> <p>Record review of Resident #3's face sheet revealed she was a [AGE] years old female admitted to the facility on [DATE] with diagnoses of hypertension (abnormal high blood pressure), anemia (low level of blood in the body), bipolar disorder (a mental illness that causes unusual shifts in a person's mood, energy, activity levels, and concentration), hypothyroidism (a disease of thyroid gland not making enough thyroid hormones to meet body's needs), epilepsy, Gastro-esophageal reflux disease (disease that occurred when stomach acid repeatedly flows back into the tube connecting mouth and stomach), insomnia (a sleep disorder where there is trouble falling and/or staying asleep), and respiratory failure.</p> <p>Review of the MDS dated [DATE] revealed Resident #3 had diagnoses of hypertension, anemia, bipolar disorder, hypothyroidism, epilepsy Gastro-esophageal reflux disease, insomnia, and acute respiratory failure.</p> <p>On 12/28/2023 at 08:18am observation revealed Medication Aide A checked Resident #3's blood pressure using the same blood pressure machine she used for Resident #1 and Resident #2 and failed to sanitize the blood pressure machine before using it for them.</p> <p>On 12/28/2023 at 8:46am in an interview with Medication Aide A, she stated she was sorry, she said she used to sanitize the blood pressure machine, but she forgot because she did not place the sanitizing wipe on her cart. She stated she had been trained regarding infection control and disinfecting equipment used for multiple residents. She stated this deficient practice could cause an infection to be transferred from one resident to the other and increase risk of infection for the residents.</p> <p>On 12/28/2023 at 10:58am in an interview with the DON (Director of Nursing) she stated the deficient practice was exposing residents to higher risk for cross contamination and infection. Sshe stated every equipment used for multiple residents had to be disinfected between residents. She stated the facility had trained the staffs including the Medication Aide regarding infection control and sanitizing equipment .</p> <p>Record review of the facility policy dated 3/2023 revealed, in part, Resident-care equipment, including reusable items and durable medical equipment will be cleaned and disinfected according to current CDC recommendations for disinfection .</p>