

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675055	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/20/2025
NAME OF PROVIDER OR SUPPLIER Childress Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1200 7th St NW Childress, TX 79201	

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 0583</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Keep residents' personal and medical records private and confidential.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48161</p> <p>Based on observation, interview and record review, the facility failed to respect the residents' right to confidentiality in his or her personal and medical records for one (Resident #1) of 6 residents reviewed for privacy.</p> <p>Resident #1's medical information was shared with a surgeon via a nurse's personal email account.</p> <p>This failure could affect the residents residing in the facility by placing them at risk of losing their right to privacy and confidentiality.</p> <p>Finding included:</p> <p>Record review of Resident #1's Face Sheet dated 02/19/2025 revealed the resident was a [AGE] year-old female admitted to the facility on [DATE] with diagnoses that included but not limited to cellulites of left lower limb, type 2 diabetes mellitus with diabetic peripheral angiopathy with gangrene(blockage of blood vessels affecting toes and feet), acquired absence of left left leg below the knee, contracture, right hip acquired absence of right leg below knee.</p> <p>Record review of Resident #1's Admission MDS assessment dated [DATE] revealed Resident #1 had a BIMS of 15 out of 15 indicating Resident #1's cognition was intact.</p> <p>Record review of Resident #1's progress notes dated 02/10/2025 revealed LVN A documented the following:</p> <p>Staff from surgery center returned call regarding decline in wound. Pictures emailed. Staff states they will talk to the provider with it tomorrow, and she will call back with any new orders.</p> <p>Progress notes dated 02/14/2025 revealed LVN A documented the following:</p> <p>Received return email from surgeon's office on this nurse's day off. Nurse states that physician would like resident sent to their ER for possible surgical debridement.</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 0583</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>In an interview on 02/19/2025 at 12:20 PM, The ADON said that she did not know that LVN A sent the pictures of the resident via per personal email on 02/11/2025 until she was reading documentation in the progress notes . The ADON said LVN A should have told Administration personnel about the request from the surgeon because it was not her responsibility to email the pictures it was the Administration personnel's responsibility. The ADON stated staff do not have email accounts through the facility only Administration personnel have email accounts.</p> <p>In an interview and observation on 02/19/2025 at 1:30 PM, LVN A stated she had talked to the surgeon's nurse on 02/10/2025 and the nurse requested pictures of Resident #1's wound. LVN A said she used her personal email to send the surgeon the pictures of the wound. LVN A showed Inv. VII the email she sent to the surgeon's nurse on her phone, subject line was Resident #1's full name. The email was dated 02/11/2025 with what appears to be four pictures attached to the email. LVN A stated she did not feel like she was violating Resident #1's privacy because she did not put any identifying marks near the pictures of the wound. When asked about the subject line with the resident's full name, LVN A did not have an answer.</p> <p>In an interview on 02/20/2025 at 8:48 AM, The ADM stated that LVN A should not have emailed the pictures of the wounds to the surgeon and should have given the information to Administration so they could send the pictures through the facility email accounts. The Administrator stated that a possible negative outcome for sending information about a resident on an unsecure account could be that someone could get a hold of the resident's information, also the resident may not want their private information given to anyone.</p> <p>In an interview on 02/20/2025 at 9:09 AM, The RRN stated that the LVN A was in the wrong by sending pictures of a resident form her phone on her personal email and that a possible negative outcome would be a resident's information would be unsecure.</p> <p>Record review of Release of Information Policy dated January 2021 revealed the following:</p> <p>Our facility maintains the confidentiality of each resident's personal and protected health information.</p> <p>.Each resident will receive confidential treatment of his or her personal and medical records</p>

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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48161</p> <p>Based on observation, interview, and record review, the facility failed to provide treatment and care in accordance with the comprehensive person-centered care plan and in accordance with professional standards of practice for 1 of 6 residents reviewed for quality of care (Resident #1).</p> <p>LVN A did not inform facility Administration of a surgeon's recommendation for Resident #1 in a timely manner.</p> <p>The failure could place residents at risk for a delay of treatment.</p> <p>Findings included:</p> <p>Record review of Resident #1's Face Sheet dated 02/19/2025 revealed the resident was a [AGE] year-old female admitted to the facility on [DATE] with diagnoses that included but not limited to cellulitis of left lower limb, type 2 diabetes mellitus with diabetic peripheral angiopathy with gangrene(blockage of blood vessels affecting toes and feet), acquired absence of left leg below the knee, contracture, right hip acquired absence of right leg below knee.</p> <p>Record review of Resident #1's Admission MDS assessment dated [DATE] revealed Resident #1 had a BIMS of 15 out of 15 indicating Resident #1's cognition was intact.</p> <p>Record review of Resident #1's physician orders revealed following:</p> <p>2/1/25-2/14/25-Vancocin capsule: 250 mg: amt1: oral (DX: Type 2 diabetes mellitus with diabetic peripheral angiopathy with gangrene) Four Times a day.</p> <p>2/4/25-2/14/25 Cleanse surgical site to left BKA with wound cleanser, pat dry, apply calcium alginate with silver, cover with super absorbent dressing, wrap with kerlix, and wrap with ace wrap daily.</p> <p>2/14/25-opened ended-Cleanse surgical site to left BKA with wound cleanser, pat dry, apply Thera honey gel on alginate ag rope, lightly pack the open areas cover with super absorbent dressing, wrap with kerlix, and secure with wrap with ace wrap prn if soil.</p> <p>Record review of Resident #1's wound care management dated 02/04/2025-02/15/2025 revealed the following:</p> <p>Cleanse surgical site to left BKA with wound cleanser, pat dry, apply calcium alginate with silver, cover with super absorbent dressing, wrap with kerlix, and wrap with ace wrap daily. Administered on 2/04/205-02/15/2025 daily.</p> <p>Record review of Resident #1's progress notes:</p> <p>Progress notes dated 02/10/2025 revealed LVN A documented the following:</p> <p>Placed call to surgery center left message about infection to Resident</p> <p>(continued on next page)</p>

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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>#1 stump.</p> <p>Progress notes dated 02/10/2025 revealed LVN A documented the following:</p> <p>Staff from surgery center returned call regarding decline in Resident #1's wound. Pictures emailed. By LVN A to surgery center. Surgery staff stated they will call with new orders.</p> <p>Progress notes dated 02/14/2025 revealed LVN A documented the following:</p> <p>Received return email from surgeon's office on this nurse's day off. Nurse stated that physician would like resident sent to their ER for possible surgical debridement.</p> <p>Progress notes dated 02/15/2025 revealed LVN A documented the following:</p> <p>During wound care, wound found to be continuing to decline . Called ambulance and gave report to ER.</p> <p>Record review of medical records from the ER dated 02/15/2025 revealed the following:</p> <p>Patient stated she had been in her usual state of health, and she had no increased pain, she had not had any fevers, otherwise felt well.</p> <p>Exam:</p> <p>No acute distress, alert and oriented, cooperative.</p> <p>Vitals AFVSS with HR 100, SA0296 on 2L, BP 117/76</p> <p>Xray of left knee:</p> <p>Conclusion:</p> <p>.Soft tissue defect distal the tibial stump in keeping with provided history of open wound.</p> <p>No bony destructive changes seen along the tibial margin to suggest destructive osteomyelitis If concern of osteomyelitis(infection in bone) persists consider MRI, preferably with contrast to further assess .</p> <p>(continued on next page)</p>

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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>In an interview on 02/19/2025 at 11:57 AM, The MD stated the facility had contacted him on 02/08/2025 about recommendations for Resident #1's wound because it appeared to be declining. The MD said he looked at the photographs sent by the facility. The MD stated that the wound looked as it should in his opinion. It didn't look good, but it didn't look bad The MD stated that these types of wounds don't always look good. The MD stated at the time he told facility staff to call the surgeon during the week to get recommendations for a long term plan for Resident #1. The MD stated Resident #1 was in the facility for wound care, her vitals were good, no sign of infection and he felt that the facility was doing what they needed to do for the resident. The MD stated that on 02/14/2025 the facility sent more pictures of Resident #1's wound and again he said that It didn't look good, but it didn't look bad, there was pink tissue which is good and granulation tissue around the edges. The MD stated he was not aware of the surgeon's recommendations. When asked if he would have sent the resident to the ER at any point during that week, The MD stated the resident was not complaining of any pain, vitals were good, she was taking an antibiotic and the facility was doing wound care every day, The MD stated he did not see any reason to send Resident #1 to the ER because facility staff were doing a good job and resident was not having any signs of infection or distress .</p> <p>In an interview on 02/19/2025 at 12:20 PM, The ADON said she was not aware of the request by the surgeon to be sent to the ER. The ADON said LVN A should have told Administration personnel about the request from the surgeon because it was not her responsibility to email the pictures, it was the Administration personnel's responsibility, and that care could be missed since Administration personnel did not know of the recommendation.</p> <p>In an interview and observation on 02/19/2025 at 1:30 PM, LVN A stated she had talked to the surgeon's nurse on 02/10/2025 and the nurse requested pictures of Resident #1's wound. LVN A showed Inv. VII the email she sent to the surgeon's nurse on her personal phone, subject line was Resident #1's full name, date on email was 02/11/2025. LVN A stated that she did not hear from the surgeon while she was working on 02/11/2025. LVN A stated she had two days off of work from 02/12/2025 to 02/13/2025. LVN A stated that she was checking her emails on 02/14/2025 while on her way to work and noticed that the surgeon's office had emailed her back on 02/11/2025 stating to send resident to ER for an evaluation. When LVN A arrived at work on 02/14/2025 LVN A said she asked the Administrator if he was going to send Resident #1 to the ER, but Administrator said that they had been in contact with Medical Director and got new orders for treatment for Resident #1. LVN A stated she did not show Administrator or any staff the emails she received from surgeon.</p> <p>In an interview on 02/19/2025 at 3:30 PM, the ADM stated he was not aware of the recommendation by the surgeon. The ADM stated that LVN A came to work on 02/14/2025 and asked him if he was going to send Resident #1 to ER, he did not understand the question but said that the MD had been contacted and new orders were received for Resident #1. The ADM stated that a possible negative outcome for not relaying information in a timely manner would be that care could be missed.</p> <p>In an interview on 02/20/2025 at 9:09 AM, The RRN stated that the LVN A was in the wrong by sending pictures of a resident from her personal phone on her personal email and that a possible negative outcome for sending information on personal email accounts and not letting Administration know would be that care could be missed since the request was not in the administration email chain.</p> <p>Record review of Change in Resident's condition or status policy dated 04/20/2023 revealed the following:</p> <p>(continued on next page)</p>		

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