

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  675058	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/30/2024
NAME OF PROVIDER OR SUPPLIER  Homeplace Manor		STREET ADDRESS, CITY, STATE, ZIP CODE  425 SW Ave F Hamlin, TX 79520	

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 0727</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>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.</p> <p>41871</p> <p>Based on record review and interviews, the facility failed to use the services of a registered nurse (RN), for at least 8 consecutive hours a day, 7 days a week for 3 of 12 months (October 2023, November 2023, and December 2023) reviewed for RN coverage.</p> <p>The facility failed to ensure that an RN worked 8 consecutive hours a day, 7 days a week for the months of October 2023, November 2023, and December 2023 (Saturday's and Sunday's) for a total of 22 days.</p> <p>This failure could place the residents at risk for not having decisions made that would have required an RN to make in the management of the residents' healthcare needs and in managing and monitoring of the direct care staff.</p> <p>Findings include:</p> <p>Record review of the CMS' PBJ Staffing Data Report, (payroll-based journal nurse staffing and non-nurse staffing datasets provide information submitted by nursing homes including rehabilitation services on a quarterly basis) FY Quarter 1, 2024 (October 1, 2023 - December 31, 2023), run date 05/29/2024, revealed no evidence of RN coverage for Saturday's and Sunday's for the months of October 2023, November 2023, and December 2023 for a total of 22 days:</p> <p>*10/01/23 (Sunday); 10/07/23 (Saturday); 10/08/23 (Sunday); 10/14/23 (Saturday); 10/15/23 (Sunday); 10/28/23 (Saturday); 10/29/23 (Sunday).</p> <p>*11/04/23 (Saturday); 11/05/23 (Sunday); 11/11/23 (Saturday); 11/12/23 (Sunday); 11/25/23 (Saturday); 11/26/23 (Sunday).</p> <p>*12/03/23 (Sunday); 12/09/23 (Saturday); 12/10/23 (Sunday); 12/16/23 (Saturday); 12/17/23 (Sunday); 12/23/23 (Saturday); 12/24/23 (Sunday); 12/30/23 (Saturday); 12/31/23 (Sunday).</p> <p>In an interview and record review on 05/30/24 at 11:00 am, the HR Coordinator stated there have been no RN's that worked on the weekends for the months of October 2023, November 2023, and December 2023. She said they have been attempting to hire a weekend RN but have not been able to hire one. She was not aware of any negative outcomes for the residents.</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 0727</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>In an interview on 05/30/24 at 11:43 am, the Administrator said the facility has been attempting to hire a weekend RN but have been unsuccessful. He said in the interim the facility has a PRN RN that would be available if needed. The facility also uses Services that staff would be able to utilize during the weekends if RN assistance was needed. He said there has been no negative outcomes for the residents. He said he does not think there would be any potential negative outcomes for not having an RN on the weekend due to the interventions that have been put in place.</p> <p>In an interview on 5/30/24 at 1:42 pm, the DON said the facility does not have a RN to work on the weekends. She said there has been no negative outcomes of not having an RN on the weekends. She did not think there would be any potential negative outcomes for not having an RN on the weekend due to the resources available to the facility, including an Employment Service Agency.</p> <p>A record review of the facility policy Staffing, dated as revised 09/28/2023, revealed the following [in part]:</p> <p>Policy Statement: Our center 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 in accordance with resident care plans and the facility assessment.</p> <p>Policy Interpretation and Implementation:</p> <p>4. The facility utilizes the services of a registered nurse for at least 8 consecutive hours a day, 7 days a week.</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><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41871</b></p> <p>Based on observations, interviews, and record reviews, the facility failed to establish and 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 for 1(Resident #1) of 3 residents reviewed for infection control practice.</p> <p>CNA (Certified Nurse Aide) A failed to perform hand hygiene and change her gloves at the appropriate times while providing incontinence care for Resident #1.</p> <p>These failures could place residents at risk for the spread of infection.</p> <p>Finding include:</p> <p>Review of Resident #1's face sheet, dated 05/30/24, revealed the resident was a 91- year- old female admitted to the facility on [DATE] with diagnoses of diarrhea, rash, and other nonspecific skin eruptions, and need for personal care.</p> <p>Review of Resident #1's Minimum Data Set (MDS) assessment, dated 05/01/24, revealed Resident #1 required moderate assistance with most activities of daily living (ADL) and one-person assist. Resident #1 was occasionally incontinent of bladder.</p> <p>Review of Resident #1 care plan dated 03/26/24 revealed Resident #1 experiences bladder incontinence and at risk for skin breakdown.</p> <p>Observation of incontinence care for Resident #1 on 05/29/24 at 10:00 a.m. revealed CNA A assembled supplies including some wipes. She did not wash her hands prior to donning gloves. CNA A removed Resident #1's brief that was soiled with urine and fecal matter. She wiped resident front to back. CNA A gloves were visibly soiled with urine and fecal matter. She did not change gloves , wash hands, , or perform hand hygiene. CNA A retrieved the clean brief and fastened to Resident #1 with the soiled gloves. CNA A doffed her gloves and walked out of the room without washing hands or performing hand hygiene.</p> <p>In an interview on 05/29/24 at 10:09 a.m. with CNA A, she said she should have washed her hands before starting care and changed the gloves during care. CNA A also stated she should have changed her gloves before retrieving a clean brief and placing it underneath Resident #1. CNA A explained she had been employed in the facility since April 2024 and received infection control training about 2 few weeks ago. She stated the resident could acquire an infection when she did not follow good infection control practices including washing hands before commencing care. CNA A was asked why he did not change gloves while providing care, he said he was nervous.</p> <p>During an interview with the interim DON on 05/30/24 at 11:30a.m., she revealed she was aware of some of the concerns raised about infection control. She said the staff were expected to follow the facility policy on incontinent care which included assembling needed supplies, washing hands, donning gloves, and sanitizing hands in between dirty and clean barriers. The DON stated the staff receive annual training and periodically if needed.</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>Review of the facility's Handwashing/Hand hygiene revised 01/20/23 reflected the following:</p> <p>Policy Statement</p> <p>This facility considers hand hygiene the primary means to prevent the spread of infections.</p> <p>Policy Interpretation and Implementation</p> <ol style="list-style-type: none"> <li>1. All personnel shall follow the handwashing/hand hygiene procedures to help prevent the spread of infections to other personnel, residents, and visitors.</li> <li>.3. Wash hands with soap and water, when hands are visibly soiled and after contact with resident with an infectious diagnosis.</li> <li>4. Use an alcohol-based hand rub containing at least 60% to 95% ethanol alcohol or isopropyl alcohol.</li> <li>5. Hand hygiene must be performed prior to donning and after doffing gloves.</li> <li>6. Hand hygiene is the final step after removing and disposing of personal protective equipment.</li> </ol>