

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675182	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/18/2024
NAME OF PROVIDER OR SUPPLIER Brownfield Rehabilitation and Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 510 S First St Brownfield, TX 79316	

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** 43344</p> <p>Based on record review and interview, the facility failed to develop a comprehensive care plan to meet the highest practicable physical, mental, psychosocial well-being for 2 of 26 residents (Resident #11 & #13) reviewed for care plans as follows:</p> <p>Resident #11 did not have a care plan for urinary incontinence and psychosocial well-being.</p> <p>Resident #13 did not have a care plan for urinary incontinence and psychosocial well-being.</p> <p>These failures could place residents at risk of not receiving the care required to meet their Individualized needs.</p> <p>Findings include:</p> <p>Record review of Resident #11's face sheet, dated 07/17/24, revealed an [AGE] year-old-male was admitted to the facility on [DATE] with diagnosis to include dementia, psychotic disturbance (difficulty distinguishing reality from perceptions), mood disturbance (mental illness) , and anxiety (increased worry).</p> <p>Record review of Resident #11's Comprehensive Minimum Data Set, dated dated [DATE], revealed:</p> <p>Section C Brief Interview for Mental Status score revealed a score of 06, which indicated the resident's cognition was severely impaired.</p> <p>Section V Care Area Assessment (CAA) Summary:</p> <p>CAA Results:</p> <p>06. Urinary Incontinence</p> <p>07. Psychosocial Well Being</p> <p>Section D Mood indicated that a mood interview should be conducted and that the resident refused to respond to the questions regarding social isolation.</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>Section H Bowel and Bladder revealed Resident #11 was always continent of the urinary and always continent of the bowel.</p> <p>Record review of the Resident #11's care plan dated 05/10/24 did not reveal a care plan for urinary and psychosocial wellbeing.</p> <p>Record review of Resident #13's face sheet, dated 07/17/24, revealed an [AGE] year-old-female was admitted to the facility on [DATE] with diagnosis to include dementia(Memory loss), diarrhea, psychotic disorder (disconnection from reality), anorexia (eating disorder), cognitive communication deficit(difficulty communicating), anxiety disorder (increased worry), and constipation.</p> <p>Record review of Resident #13's Comprehensive Minimum Data Set, dated dated [DATE], revealed:</p> <p>Section C Brief Interview for Mental Status score revealed a score of 04, which indicated the resident's cognition was severely impaired.</p> <p>Section V Care Area Assessment (CAA) Summary:</p> <p>CAA Results:</p> <p>06. Urinary Incontinence</p> <p>07. Psychosocial Well Being</p> <p>Section D Mood indicated that a mood interview should be conducted and that the resident within the past 2-6 days she had very little interest or pleasure in doing things and had feelings of being down, depressed and hopeless.</p> <p>Section H Bowel and Bladder revealed Resident #13 was occasionally incontinent of the urinary and occasionally incontinent of the bowel .</p> <p>Record review of the Resident #13's care plan dated 12/07/23 did not reveal a care plan for urinary and psychosocial wellbeing.</p> <p>(continued on next page)</p>

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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>During an interview on 07/18/24 at 12:04 PM, the MDS Coordinator stated that the care plan policy provided was the only policy they had. She said they use data from the MDS assessment and the CAA s in Section V to complete the care plan. She said if an item was triggered on the MDS assessment, it should be cared for and planned. She said that if it was decided that it did not need care planned, there was a way on the MDS assessment to indicate that decision. She said in Section V, if yes was marked in both columns, it indicated that the item was triggered and should have been care planned. She said all staff and anyone with direct contact with the resident used the care plan to provide care. The MDS Coordinator said a care plan consisted of a problem, goal, and approaches to reach the goal. She said psychosocial well-being was an area usually stimulated by activities and that the care plan was checked to ensure that the resident was not isolated, that there were no mental health issues, and that the resident was interacting with other residents. She said if urinary was triggered, the staff were to make sure there was no skin breakdown, changing the resident if applicable and if they needed any items such as a urinal. She said it would also indicate or include skin audit instructions if applicable. The MDS Coordinator said she was responsible for all the care plans. She said she did not know why the identified care plans were not done and may have overlooked the missing care plans. She said she expected all triggered CAAs to be care planned unless otherwise indicated. She said care plans should be individualized and current to meet the resident's needs. The MDS Coordinator said she had been trained on how to complete care plans and that the training was not formal and consisted of her training herself with preexisting care plans and manuals. She said the system for ensuring no missing care plans was that the DON would sign off on them, but that the DON was new. She said she also went back and checked and ensured that each time an MDS was completed, she would check section V and ensure that all triggered items were addressed. She said she was unaware there were missing care plans until after surveyor intervention. She said she had seen the facility's policy on care plans. She said the potential negative outcome of not care planning all triggered items from the MDS assessment was that residents might not receive the correct care. She said the purpose of care planning in all triggered areas was to ensure that the residents were cared for adequately based on the issues generated from the MDS assessment.</p> <p>During an interview on 07/18/24 at 12:31 PM, the DON stated they care planned the data triggered on the MDS assessment in Section V. She said she was not familiar with Section V from the MDS as she was new to long-term care. She said everyone used the care plan to provide care to the residents. She said a care plan was a resident-centered plan of care. She said the MDS Coordinator was responsible for creating the care plan, and the DON oversaw the process . She said she was unaware of why the identified care plans were missed. She said she expected all triggered items from the MDS assessments to be care planned. She said she had been trained on care plans. She said she had received several classes throughout the month. She said their system to monitor resident care plans was going through the care plans during quarterly audits. She said she had seen the facility's policy on care plans. She said the potential negative outcome of not care planning triggered items from the MDS assessment, which was that the residents could not get the care they needed because it was not documented in the care plan. She said the purpose of care planning the triggered items from the MDS assessment was to ensure that each resident was getting tailored care in every triggered area.</p> <p>(continued on next page)</p>		

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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>During an interview on 07/18/24 at 12:39 PM, the ADM stated that everyone had used the care plan. He stated that the care plan showed everything that staff do for the residents, including anything outside the ordinary. He said that if the CAAs were triggered in the MDS assessment, they should be addressed in the care plan. He said the MDS Coordinator was responsible for the care plan but that the DON would assist with them, too. He said he was unaware of why the identified care plans were missed. He said he had been trained on care plans. He said he does not remember the training or how it was conducted because his training was 15 or [AGE] years before the interview. He said the system to monitor care plans was the one the DON would go through to see if anything was missing. He said the potential negative outcome of not care planning triggered items from the MDS assessment, which was that staff may miss care for a resident and may not know important information to care for the resident. He said the purpose of care planning triggered items was to provide care and safety and to keep residents in good health.</p> <p>Record review of facility policy titled Care Plan Process, Person Centered Care, last revised on 05/05/2023, revealed:</p> <p>POLICY:</p> <p>The facility will develop and implement a baseline and comprehensive care plan for each resident that includes the instructions needed to provide effective and person-centered care of the resident that meet professional standards of quality care. The services provided or arranged by the facility, as outlined by the comprehensive person-centered care plan, will meet professional standards of quality.</p> <p>The facility will coordinate the development of the person-centered care plan within the required timeframes.</p> <p>PROCEDURES:</p> <p>Following RAI Guidelines develop and implement a comprehensive person centered care plan that includes measurable objectives and timeframes to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment.</p> <p>The Interdisciplinary Team (IDT) will review for effectiveness and revise the person centered care plan after each assessment. This includes both the comprehensive and quarterly assessments. For the comprehensive assessment the review will be completed with seven (7) days of V0200B2 and no more than 21 days after admission.</p> <p>The person-centered care plan includes:</p> <p>A Date</p> <p>B. Problem</p> <p>C. Resident goals for admission and desired outcomes</p> <p>D. Time frames for achievement</p> <p>(continued on next page)</p>		

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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49927</p> <p>Based on observations, interviews, and record review, the facility failed to ensure that each resident received adequate supervision and assistance devices to prevent accidents for 1 of 2 residents (Resident #2).</p> <p>The facility failed to ensure guidelines from Resident #2's smoking assessment were followed to include wearing a smoking apron. The facility also failed to follow Resident #2's care plan indicating Resident #2 should be supervised while smoking.</p> <p>These failures could place the resident at risk of inadequate supervision and accidents which could result in injury.</p> <p>Findings Included:</p> <p>Record Review of Resident #2's face sheet dated 7/17/2024 documented a [AGE] year-old male admitted on [DATE] with diagnoses to include: essential hypertension, muscle wasting, unspecified lack of coordination, muscle weakness, chronic obstructive pulmonary disease (chronic inflammatory lung disease that causes obstructed airflow from the lungs), and schizophrenia unspecified (serious mental health condition that affects how people think, feel, and behave).</p> <p>Record review of Resident #2's Safety Evaluation for Smoking Care Plan, undated, revealed under Recommendations: use of smoking apron to prevent burns.</p> <p>Record review of Resident #2's care plan, dated 04/04/2024, revealed a care plan for smoking. This document indicated Resident # 2 was a smoker and was at risk for injury. The document stated Resident would be supervised by staff while smoking.</p> <p>Record review of Resident #2's MDS assessment dated ,d+[DATE], revealed under Section C, Cognitive Patterns, a BIMS score of 12, indicating the resident was slightly, cognitively impaired.</p> <p>During an observation on 7/17/2024 at 10:00 a.m., Resident #2 was observed outside smoking with his family member. Resident #2 was observed with cigarette ash on his shirt. Resident #2 was observed with a cigarette in his hand. Resident #2 was observed holding his cigarette close to his torso. There were no staff present supervising Resident #2. Resident #2 was not observed wearing a smoking apron.</p> <p>In an interview on 7/17/2024 at 11:20 a.m., Resident #2 stated the gray spot observed on his shirt was cigarette ash. Resident #2 stated he was outside smoking with his family member earlier today when he dropped cold cigarette ash on himself. Resident # 2 stated he did not burn himself from the ash and stated he brushed the ash off his shirt when he noticed it. Resident #2 stated it did not burn his clothing since the ash was cold. Resident #2 stated he didn't notice immediately that the ash had fallen on his clothing, and he stated he did not know how long it had been there or why it had happened. Resident #2 stated it was common for him to drop cold ashes on himself when he smoked.</p> <p>(continued on next page)</p>		

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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>In an interview on 7/18/2024 at 10:00 a.m., Resident #2 stated staff have never put a smoking apron on him when he smoked. Resident #2 stated staff have put a blanket on him to go outside because he was cold, but he has never worn a smoking apron. Resident #2 stated he was taken outside to smoke by staff, but staff did not always stay with him the whole time. Resident #2 stated he did not remember which staff left him outside while he was smoking. Resident #2 stated he did not remember when this happened or how often he had been left outside smoking without a staff. Resident #2 stated he smoked twice a day, after lunch and after dinner. Resident #2 stated he received assistance lighting his cigarettes, but he held them on his own. Resident #2 stated he never burned himself or his clothing with his cigarettes while he smoked at the facility. Resident #2 stated his family member took him out to smoke when she came to visit, and she told the nursing staff they went outside. Resident #2 stated staff did not go out with him when he was with his family member. Resident #2 stated he sometimes threw his cigarettes on the ground when he was done with them, out of habit, and staff usually picked them up to discard of them. Resident #2 stated his cigarettes and lighter were stored at the nurse's station, and his family member had to ask for them when she visited. Resident #2 stated his family member visited him about once a week.</p> <p>In an interview and observation on 7/18/2024 at 11:15 a.m., CNA B stated she took Resident #2 out frequently to smoke. CNA B stated she stayed with Resident #2 outside while he was smoking, and she lit his cigarette and handed it to him. CNA B stated she heard that staff have left Resident #2 outside by himself while he was smoking, but she did not see this occur. CNA B stated she was aware of [NAME] for smoking residents. CNA B stated Resident #2 sometimes wore a smock while smoking, but she was not aware if it was required for Resident #2 to wear it. CNA B stated she did not know what Resident #2's care plan or smoking assessments stated. CNA B stated she has not seen Resident #2 drop his cigarettes in the past. CNA B stated she observed Resident #2 drop cigarette ashes on his pants in the past. CNA B stated the ashes did not burn Resident #2's clothing because they were the burned ashes from his cigarette butt. CNA B stated she did not see Resident #2 sustain any injury from his cigarette ashes dropping on his clothing and she did not witness him burn himself or his clothing. CNA B stated Resident #2's family member took him to smoke when she visited him. CNA B stated Resident #2's family member obtained his cigarettes and lighter from the nurse's station prior to them going outside. CNA B stated she was not aware that a staff had to be with Resident #2 if his family member was with him. CNA B stated she did not know if Resident #2's family member was trained on safe smoking. CNA B stated she didn't remember receiving training on safe smoking for residents, but stated she knew she had to observe the resident's while they were smoking. CNA B stated she did not receive any in-service trainings. CNA B stated Resident #2 should not smoke without supervision, as he required assistance. CNA B stated Resident #2 was stronger than when he first admitted to the facility, but he still required assistance. CNA B stated the risk of Resident #2 smoking without assistance, or without a smoking apron, would be risk of physical injuries such as burns as well as a risk of causing a fire. CNA B stated Resident #2 had a habit of throwing his lit cigarettes on the ground instead of distinguishing them properly. CNA B stated staff supervising Resident #2 smoking were responsible for picking up the lit cigarettes and ensuring they were distinguished properly. CNA B was asked to show surveyor the location of the facility's smoking aprons. CNA B was unable to locate the smoking aprons and was unaware of where the aprons were stored.</p> <p>(continued on next page)</p>		

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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>In an interview and observation on 7/18/2024 at 11:35 a.m., LVN C verified the location of the smoking aprons in the medication storage room. Two smoking aprons were observed. LVN C stated smoking aprons were used when a resident was at risk of not smoking safely. LVN C stated she thought Resident #2 did not need a smoking apron because he was stronger than he had been initially at admission. LVN C verified Resident #2's smoking assessment in his char indicated he required a smoking apron. LVN C stated, based on the smoking assessment for Resident #2, he should be wearing a smoking apron every time he smoked. LVN C stated she observed Resident #2 in the past, and he did require extra assistance at one time. LVN C stated she has not observed Resident #2 smoking recently. LVN C stated Resident #2 flicked his ashes in the past, and he did not listen to direction when redirected to use the ash tray. LVN C stated Resident #2 discarded his cigarettes by flicking them on the ground, and staff were responsible for picking up the cigarettes and disposing of them. LVN C stated Resident #2 was at risk of burning himself or causing a fire because he did not pay attention to where he threw his cigarette when he was done. LVN C stated Resident #2 did have weakness in his hands that could have caused him to drop his cigarettes, which could have led to an injury or a possible fire if he was not being supervised properly or using a smoking apron. LVN C stated she received training on supervising residents while they were smoking. LVN C stated the staff that observed Resident #2 smoking were responsible for ensuring he wore a smoking apron and were responsible for supervising Resident #2 while he was outside smoking.</p> <p>In an interview on 7/18/2024 at 11:45 a.m., The DON stated cigarettes and other smoking belongings were stored in the medication room in a tackle box. The DON stated that all residents that smoke were to be supervised while smoking, per facility policy. The DON stated no cigarettes were supposed to be left on the ground during or after smoking. The DON stated it was the staff's responsibility that observed the resident smoking, to ensure no lit cigarettes were thrown on the ground, and that they were disposed of properly. The DON stated Resident #2 always required a smoking apron while he was smoking. The DON stated the aprons were stored in the medication storage room, and staff should have been aware of the location of the aprons. The DON stated staff received an in-service on safe smoking in May 2024. The DON stated Resident #2 required a staff to observe him smoking even if his family member took him out to smoke. The DON stated Resident #2 did not listen to staff's direction and refused to use an ash tray to distinguish his cigarettes. The DON stated Resident #2 flicked his ashes off his cigarette and didn't pay attention to where he flicked them. The DON stated Resident #2 dropped ashes on his pants in the past, but he had a smoking apron on at the time. The DON stated it was the staff's responsibility to ensure Resident #2 was smoking safely and disposing of his cigarettes safely. The DON stated all staff should have been aware of where the smoking aprons were kept, and they should have ensured Resident #2 had a smoking apron on every time he smoked. The DON stated Resident #2 not wearing a smoking apron placed him at risk of injuries such as burns as well as possibly starting a fire if he was not supervised properly.</p> <p>(continued on next page)</p>		

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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>In an interview on 7/18/2024 at 12:15 a.m., the ADM stated smoking supplies were kept at the medication storage room. The ADM stated smoking aprons were used by residents, if needed. The ADM stated a smoking assessment was required to make this determination. The ADM stated he did not believe Resident #2 needed a smoking apron, but he was not certain. The ADM stated it was the facility's policy to supervise all smoking residents while they smoked. The ADM stated Resident #2's family member took him out to smoke when she visited, and this did not require a staff to supervise. The ADM stated he did not believe Resident #2's family member received any type of training to ensure Resident #2 smoked safely. The ADM stated all staff should have received training on supervising residents while they were smoking, but this may have been a while ago. The ADM stated he did not know of any recent in-service trainings. The ADM stated it was the staff's responsibility to ensure residents were wearing a smoking apron when necessary. The ADM stated Resident #2 should have worn a smoking apron every time he smoked if his assessment specified that. The ADM stated smoking assessments were updated quarterly. The ADM stated Resident #2 was at risk of dropping his cigarette or ashes on himself, which could result in burning himself, if he was not wearing a smoking apron. The ADM stated Resident #2 also had a habit of flicking his cigarette and ashes without paying attention, which could lead to an injury or possible fire if he was not supervised properly.</p> <p>Record review of the facility's policy, Leadership Policies and Procedures Section 1: Leadership Framework, revised 11/1/2017, revealed the following documentation:</p> <p>SUBJECT: SMOKING REGULATION</p> <p>POLICY:</p> <p>It is highly encouraged that the Facility retain a smoke free environment. If the Facility chooses not to retain a smoke-free environment (Smoking Facility), the Facility's Leadership will establish an appropriate and safe environment for smoking in the Facility to reduce risks to patients/residents who smoke, reduce risks of passive smoking for others, and reduce the risk of fire.</p> <p>PROCEDURES:</p> <p>4. The Smoking Facility's staff will complete the Safety Evaluation for Smoking Care Plan form (Assessment) for the patient's/resident's need for adaptive equipment upon admission, quarterly, and annually. When completed, the record is filed in the patient's/resident's medical record.</p> <p>6. Patients/Residents will not smoke without direct supervision.</p> <p>8. Facility specific policy of practice is developed regarding direct supervision of patients/residents.</p> <p>SUBJECT: SMOKING POLICY, GUIDELINES</p> <p>POLICY:</p> <p>Facility's Leadership will establish and enforce a specific smoking policy for Facility patients/residents, visitors and employees, outlining the parameters, if any, under which patients/residents, visitors and employees may be permitted to smoke on Facility's property.</p> <p>(continued on next page)</p>		

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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>PROCEDURES:</p> <p>5. If smoking is permitted in the building or on its premises:</p> <p>B. All persons must use the designated ashtrays to dispose of their smoking materials.</p> <p>C. Each patient/resident will be supervised by Facility staff. Assigned Facility staff will ignite all smoking materials, will Remain in the designated smoking area throughout the break and will ensure all smoking materials are properly extinguished in the designated ashtrays and safeguarded. Facility's Interdisciplinary Team will complete a safety evaluation in order to determine any additional supervision a patient/resident may require while smoking. (See: Smoking Evaluation)</p> <p>D. Facility staff will provide patients/residents with and monitor usage of any protective gear/apparatus (flame-retardant smoking aprons, gloves, etc.) deemed necessary by the patient's/resident's safety evaluation and/or care plan, if applicable.</p> <p>F. No other person, including but not limited to other patients/residents, family members and/or visitors, may:</p> <p>1) Supervise patients/residents during smoke breaks;</p> <p>2) Assist with igniting or extinguishing smoking materials; or</p> <p>3) Directly give/provide smoking materials to any patient/resident. This includes, without limitation, selling, sharing or bartering materials.</p> <p>SUBJECT: SMOKING EVALUATION</p> <p>POLICY:</p> <p>The Facility will identify and maintain the safety of all residents wishing to smoke during their stay.</p> <p>PROCEDURES:</p> <p>1. If the Facility's Patient/Resident Smoking Policy allows patients/residents to smoke during their stay, each patient/resident will be supervised by Facility staff. Family members and/or visitors are not permitted to supervise any patient/resident while smoking.</p> <p>3. A care plan will be developed to address the resident's individualized needs and levels of assistance as determined by the Evaluation.</p>

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NAME OF PROVIDER OR SUPPLIER Brownfield Rehabilitation and Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 510 S First St Brownfield, TX 79316	

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 43344</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 service safety in 1 of 1 kitchen reviewed for dietary services.</p> <p>The [NAME] failed to ensure food was accurately dated and labeled (3 cups of milks in the refrigerator).</p> <p>The DM failed to wash her hands when entering the food preparation area.</p> <p>The DM failed to ensure that spoiled food (potatoes) was properly discarded.</p> <p>The DM failed to ensure that dented cans were not stored in with the remainder of food for resident consumption.</p> <p>The [NAME] failed to cover food that was not actively being served.</p> <p>These failures could place residents at risk for food contamination and foodborne illness.</p> <p>The findings included:</p> <p>An observation on [DATE] revealed the following:</p> <p>11:34 AM Full package of hot dog buns (x8 count) un-dated in the dry pantry amongst the resident's food for consumption.</p> <p>At 11:38 AM, a dented can of mandarin oranges dated [DATE] was observed in the dry pantry amongst the residents' food for consumption.</p> <p>11:39 AM: A dented can of milk dated [DATE] was observed in the dry pantry amongst the residents' food for consumption.</p> <p>11:41 AM A bin of 47 potatoes (2 had white fuzz growing, at least 4 had roots sprouting, and three were soft to the touch) was observed.</p> <p>11:45 AM observed 4 cups of milk on a tray inside the refrigerator. 1 of the 4 cups had a label that read , d+[DATE] and ,d+[DATE] milk, milkshake and juice. 3 of 4 cups did not have a date or label to indicate the item and when it was prepared.</p> <p>12:14 PM: The DM was observed entering the food preparation area. She did not wash her hands. She went to the refrigerator and obtained three bowls of unknown food items. The DM exited the food preparation area without washing her hands and handed the bowls to the Cook.</p> <p>2:32 PM, the DM labeled the hot dog buns with the date [DATE].</p> <p>(continued on next page)</p>

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>The [NAME] stated they were all responsible for ensuring the vegetables and fruits were fresh and disposed of properly. She said they used fresh potatoes sparingly and had not had a dish in a while, which may have been why the potatoes were not disposed of. She said it was a facility expectation that the potatoes be fresh. She said she had been trained that foods that were not fresh needed to be thrown away. She said the facility had no formal system to monitor the fresh foods and vegetables. She said if she saw it, she would throw the food out. She said she was unaware of the condition of the potatoes and did not see them. She said she had been trained to dispose of fruits and vegetables that were not fresh. She said she had not seen a policy regarding disposing of spoiled foods. She said the potential negative outcome of not disposing of spoiled fruits and vegetables was it could spread bacteria and germs to residents and get them sick. She said the purpose of removing spoiled foods was to ensure nothing else was contaminated. She said the date on the potato bin would have been when the potatoes were placed in the bin. She said if fuzz or roots were sprouting, that was a sign that the potatoes were spoiled, and they should not use them.</p> <p>The [NAME] said everyone was responsible for correctly labeling all food. She said she had been trained to label all foods. She said she had been verbally told by her supervisors and learned about it in her food safety course. She said they tell the new person that all food must be dated and labeled when they get a new employee. She said the system was to monitor food and make sure it was dated and labeled. If they see food not labeled, they date it or discard it. She said the food items had to have the date delivered, opened, and the date it expired. The [NAME] stated she saw the three cups of milk that were unlabeled because she poured them as it was a part of her routine to prepare the milk for the following morning. She said everyone who worked in the kitchen, including the DM, would pour up the milk for the following date and label one of them for the entire tray. She said she was trained through verbal direction and her food safety course. She said she had seen the policy for the facility on labeling and dating food. She said that due to the staff's failure to date and label all food items, the staff may not know how long the food was there, and staff could use it past the expiration date. She said this could place residents at risk of getting sick after consuming food past the expiration date. She said she would not eat food that she did not know when it was placed in the refrigerator. She said the purpose of dating and labeling food was so staff knew how long food was in the refrigerator and if the food was good and safe to use. She said the milk had been in the refrigerator since the morning of [DATE] when she poured it.</p> <p>The [NAME] said everyone was responsible for washing their hands when entering the food preparation area. She said she was unaware that the DM did not wash her hands and that she failed to wash them. She said they have been trained to wash their hands when entering the food preparation area. She said that they were trained verbally and had been trained by watching training videos and through her food safety course. She said the system that was in place was that staff washed their hands each time they entered into the food preparation area. She said even if staff were briefly going into the food preparation area or grabbing food in a covered package, they were still expected to wash their hands when entering the area. She said she did not see the DM not wash her hands because she was serving. She said she asked the DM to run in and get the pureed cake for the residents. The [NAME] said she had seen the facility's policy. She said the potential negative outcome of not washing their hands was that they could have contaminated the food, spread germs, and the residents become sick. She said the purpose of handwashing was so that the staff's hands were clean, and everything would be safe and good to eat.</p> <p>(continued on next page)</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>The [NAME] said she was responsible for covering food that was not actively being served to residents. She said on [DATE], when the cake was left uncovered, she thought she could leave for the day but was told she had to stay longer. She said she was focused on going home to retrieve her insulin before she had to return to work and overlooked covering the cake. She said there was a lot to do in the kitchen, and it became overwhelming when just one person completed all the tasks. She said the expectation was that all food not being served should be covered. She said she had been trained to cover all food unless it was actively being served through verbal direction, videos, and her food safety training. She said the facility system to cover food included covering the food immediately, dating it, and placing it in the refrigerator unless it was an item that needed to cool down. The [NAME] said she was aware the cake was uncovered in the kitchen. She said she thought about it after she left. She said the cake had been left out at least when she finished serving. She said they stopped serving lunch around 12:30 PM, and she left at 2:30 PM. She said the remaining cake was in a pan and moved them from the pan to the foam dishes at 1:15 PM. She said the potential negative outcome of not covering food was that flies could get on it. She said it could be cross-contaminated with other things in the area, and the residents could get sick. She said the purpose of covering food that was not actively being served was so air would not get in it and would not spoil. She said an outsider coming would not know if anything got on the cake or how long it had been sitting there uncovered. She said, not knowing that she would have disposed of the cake and not served it to the residents.</p> <p>During an interview on [DATE] at 10:27 AM, the DM stated that she and the ADM would always check for dented cans. She said the problem was that the mandarin orange can be thinner than the other cans, and when they pulled a can out, it would dent the mandarin orange cans. She said that mandarin oranges were on the menu earlier that week, and when staff pulled the can out, they might not have realized a can was dented in the process. She said she expected that the dented can be separated, and an X was to be placed on the top of the can and not to be used. She said she could take a picture of the dented can, send it to the provider, and receive reimbursement. She said she had been trained not to use dented cans and to keep them separate from the cans for resident consumption in her dietary manager training, videos, and told throughout her career. She said her system to monitor for dented cans was checking them daily around 5:30 AM. She said that she did not check the cans on [DATE] but did see the dented cans on [DATE], so she removed them. She said the potential negative outcome was that the cans could have been exposed to air and could have made the residents sick, and because the residents were elderly, they could have died. She said she had no concerns about this happening because she only had two other girls who worked with her, and they knew not to use dented cans.</p> <p>(continued on next page)</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>The DM said that everyone was responsible for ensuring that all fruits and vegetables were disposed of when they were no longer good for resident consumption. She said the potatoes were still in the pantry because she had not been in the pantry to clean. She said she cleaned the pantry at least once a week. She said she had kept a checklist when this task was completed. She said she must have missed the rotten potatoes and expected them to be thrown away when they started to sprout roots and grow fuzz on them. She said they did not use potatoes often and only used them once a month. She said she had been trained to throw spoiled food away. She said it was a part of all their training during food safety and her dietary manager training. She said since potatoes were their only fresh item, the facility system checked them when they cleaned the pantry. She said they were busy with the state because they usually cleaned the pantry on Tuesdays. She said she was aware of the rotten potatoes on [DATE] but was busy cleaning the freezers. She said she had intentions of taking the potatoes out on [DATE]. She said she had not seen the facility's policy for storing fresh fruits and vegetables. She said the date on the potatoes was the date that the potatoes were bought. She said that observing fuzz, the sprouting of roots, the shriveling of the potatoes, and the softness of the potatoes meant that the potatoes were no good. She said that the potential negative outcome was that the Residents could get sick. She said they would have never served the potatoes to the residents. She said the purpose of having fresh fruits and vegetables was that spoiled ones were harmful to the residents.</p> <p>The DM said everyone was responsible for ensuring that all items in the fridge were labeled. She said everything was not labeled in the refrigerator because when the Corporate Dietician came in, they were told that they did not have to label every single item if it was on a tray. She said the Corporate Dietician no longer worked for the facility. She said the Director of Nutrition told her to label everything in the refrigerator. She said they do not label the number of items on the tray; they just put what items were on it. She said she expected that all items would be labeled in the refrigerator. She said she and her staff have been trained to label all items. She said it becomes difficult with one person doing all the work in the kitchen and that she often would get overwhelmed. She said the facility system was that all foods should be labeled with the date opened, date received, and date expired. She said she did see the three cups of milk on the tray in the refrigerator, but they were not labeled. She said the [NAME] poured the milk the morning of [DATE] and was aware that she had not labeled the milk individually. She said she saw the facility's policy on [DATE]. She said the potential negative outcome of not dating and labeling individual items was the items could spoil and be given to the resident. She said the purpose of dating and labeling each food item was that they would know what the item was when it was prepared and when to throw it away. She said this assisted the staff does not give residents expired food.</p> <p>The DM said that all staff knew to wash their hands when entering the food preparation area, which was her expectation. She said she did not wash her hands because the [NAME] asked for the food items and the residents needed them immediately. She said the food items were covered in the bowls, and she thought handling them without washing her hands was okay. She said they had been trained to wash their hands when entering the food preparation area. She said she received this training in her dietary manager training. She said the facility system in monitoring handwashing was making sure they wash each time they enter the food preparation area. She said she did not realize she had not washed her hands at the time. She said she had seen the facility's policy on handwashing. She said the potential negative outcome for staff not washing their hands each time they enter the food preparation area was that staff hands could be dirty and if staff touch food, the residents could get sick. She said the purpose of handwashing when entering the food preparation areas was to keep staff hands free from debris and prevent cross-contamination.</p> <p>(continued on next page)</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>The DM said it was the responsibility of whoever plated the food to cover the food item if it was not actively being served. She said the reason the cake was left out was because they usually give leftovers to the activity's residents for the residents. She said that the [NAME] was going to provide the cake for the staff for activities. She said she expected that the cake should have been covered since it was not actively being served. The DM said she gave the cake to the staff because the cake had not been uncovered that long. The DM could not state how she determined the cake had not been uncovered long. The DM said she should have thrown the cake away. She said she had not been trained to cover food that was not actively being served but that she just knew because it was common sense. She said the facility system to ensure that food was covered when not actively being served was that everything should be covered immediately. She said she did not see the cakes initially but noticed them after the surveyor's intervention. She said she had not seen the facility's policy on covering food not actively served. She said the potential negative outcome was that the food could spoil, and residents could get sick. She said covering food not actively served would ensure bugs and dust do not get on the food. She said she believed the cake was in the kitchen for about 30 minutes. She said she knew this because lunch was finished at 12:30 PM. She said she did not observe the [NAME] plate the cake.</p> <p>During an interview on [DATE] at 12:39 PM, the ADM stated the DM was responsible for ensuring no dented cans were in the resident's food for consumption. He said he did not know why the two cans observed were in the food for resident consumption. He said that he expected dented cans to be kept separate or discarded. He said he had been trained to keep dented cans separate from the resident's food for consumption. The ADM said that the facility's policy for monitoring dented cans was he did sanitation every Thursday. He said if he found dented cans, he would inform the DM and put them aside. He said he was unaware of the two dented cans identified. He said that the potential negative outcome was that bacteria could get in the cans and make the residents sick.</p> <p>The ADMs said the DM was responsible for ensuring that the potatoes were disposed of if they were not fresh. He said he had no reason for the spoiled potatoes to be in the bin. He said he expected the potatoes that were no good to be discarded. He said he was unaware of the rotten potatoes but had recently identified spoiled lettuce and discarded those. He said the potential negative outcome was if used, it could make the residents sick. He said the purpose of having fresh fruits and vegetables was so the residents could get their vitamins and nutrition.</p> <p>The ADM said the DM was responsible for ensuring that all food items were dated and labeled. He said the [NAME] should also know. He said he did not have a reason or was not provided a reason why all the food items were not dated and labeled. He said he expected all food items to be dated and labeled. He said the Corporate Dietician never told him it was okay to date one item and place other things on a tray. He said he had no formal training. He said there was no excuse that the items were not labeled because the DM had plenty of stickers, and they also had to print labels if they did not have stickers. He said he was unaware that the kitchen staff was using one sticker and grouping items on one tray. He said the potential negative outcome of not dating and labeling all food items was that the food items could be spoiled, rotten, and served to the residents. He said he expected all items to be labeled with the item name and date and used within three days. He said the item should be thrown away if it was not dated or past the three days.</p> <p>(continued on next page)</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>The ADM said the DM was responsible for ensuring handwashing occurred when staff entered the food preparation area. He said he did not have a reason, nor was he given a reason for the DM failing to wash her hands when she entered the food preparation area. He said he had been trained on handwashing in the food preparation area and that staff should wash their hand each time they leave and return to the food preparation area. He said washing their hands when they entered and before they left was also the facility system for monitoring hand washing. He stated he was unaware the DM did not wash her hands when she entered the food preparation area on [DATE]. He said even through his sanitation rounds, he had not observed an issue with handwashing. He said he had peeked through the kitchen windows and monitored handwashing. He said the potential negative outcome was bacteria could spread and make the residents sick.</p> <p>During an interview on [DATE] at 9:48 AM, the Director of Nutrition stated that she was the facility's nutrition program consultant. She said she made the menus, reviewed policies, and educated staff when needed. She said she was last in the facility around [DATE], where she conducted a mock survey. She said that she only identified concerns with dating/labeling and handwashing. She said she would have to see what documentation she had from her mock survey. She said if she did not reach out, she could not locate any documentation from the mock survey or reeducation conducted then. She said the facility system for identifying deficient practices in the kitchen was to bring them to the DM's attention when she or the ADM conducted rounds and discussed them in their meetings.</p> <p>The Director of Nutrition said there were no concerns with dented cans during their mock survey in [DATE]. She said the facility had a spot where they were supposed to put dented cans in the dry pantry. She said the dented cans were to be kept separate from the remaining cans for resident consumption. She said the potential negative outcome of having cans in circulation of cans for resident consumption was that residents could be exposed to botulism. She said botulism was a deadly disease that can occur when air seeps into the can.</p> <p>The Director of Nutrition said she was unaware of rotten potatoes in the dry pantry. She said the potential negative outcome was that if served to the residents, it could cause foodborne illness.</p> <p>The Director of Nutrition said that the DM called her about labeling the food items, and she told her that all items must be labeled. She said she never told her that it was okay that they could label one item for all the items on the tray. She said it could become confusing if multiple items were on a tray. She said, for example, milk not knowing what kind of milk could cause residents to get items they were not supposed to have and could make them sick.</p> <p>The Director of Nutrition said the hands of all staff should always be washed when entering the food preparation area. She said that since the food line was outside the food preparation area, she also expected staff to wash their hands before returning to the line. She said the potential negative outcome of staff not washing hands when entering the food preparation areas was that foodborne illness and bacteria on staff hands could make the residents sick.</p> <p>The Director of Nutrition said the potential negative outcome of not covering food was like staff not washing their hands. She stated that food could become contaminated, leading to foodborne illness and making residents sick. The Director of Nutrition said she would have thrown the cakes away and not served them to residents because staff did not know how long they had been sitting out. She said if staff were unsure if it had been contaminated, they should have tossed it out. She said the saying used was, When in doubt, throw it out.</p> <p>(continued on next page)</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Record review of the U.S. Food and Drug Administration Food Code (https://www.fda.gov/food/fda-food-code/food-code-2022) revealed:</p> <p>.d+[DATE].14 Food Preparation</p> <p>During preparation, unpackaged food shall be protected from environmental sources of contamination.</p> <p>.d+[DATE] Preventing Contamination from Other Sources</p> <p>FOOD shall be protected from contamination</p> <p>.d+[DATE].11 Labeling</p> <p>Label information shall include:</p> <p>The common name of the FOOD, or absent a common name, an adequately descriptive identity statement; (2) If made from two or more ingredients, a list of ingredients and sub-ingredients in descending order of predominance by weight, including a declaration of artificial colors, artificial flavors and chemical preservatives, if contained in the FOOD; (3) An accurate declaration of the net quantity of contents;</p> <p>Duties/ Person in charge</p> <p>(D) EMPLOYEES are effectively cleaning their hands, by routinely monitoring the EMPLOYEES' handwashing;</p> <p>Chapter 3. Food</p> <p>FDA considers food in hermetically sealed containers that are swelled or leaking to be adulterated and actionable under the Federal Food, Drug, and Cosmetic Act. Depending on the circumstances, rusted and pitted or dented cans may also present a serious potential hazard.</p> <p>Record review of facility policy titled Food Safety in Receiving and Storage, last revised on [DATE], revealed:</p> <p>POLICY:</p> <p>Food will be received and stored by methods to minimize contamination and bacterial growth.</p> <p>Receiving Guidelines</p> <p>Inspect food when it is delivered to the facility and prior to storage for signs of contamination. Food packages shall be in good condition to protect the integrity of the contents so that the food is not exposed to adulteration or potential contaminants.</p> <p>(continued on next page)</p>

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NAME OF PROVIDER OR SUPPLIER Brownfield Rehabilitation and Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 510 S First St Brownfield, TX 79316	

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Examples of signs of contamination include:</p> <p>A Cans with badly swollen sides or ends, flawed seals or seams, rust, dents, or leaks.</p> <p>Signs of insects in fresh produce.</p> <p>Dried fruits and vegetables, cereals and other grain products, sugar, flour, and rice received in wet or broken packaging. Dampness or mold can be signs of spoilage or bacterial growth. Holes or tears can be signs of pest infestation.</p> <p>Inappropriate odors, colors, or textures in cold foods</p> <p>General Food Storage Guidelines</p> <p>Place food that is repackaged in a leak-proof, pest-proof, non-absorbent, sanitary container with a tight-fitting lid. Label both the container and its lid with the common name of the contents, the date it was transferred to the new container, and the discard date. It is recommended that food stored in bins (e.g. flour or sugar) be removed from its original packaging.</p> <p>Record review of facility policy titled Hand Hygiene/ Hand Washing, last revised on [DATE], revealed:</p> <p>POLICY:</p> <p>Hand hygiene is the most important component for preventing the spread of infection. Proper hand washing technique will be used when hand washing is indicated. Employees keep their hands and exposed portions of arms clean.</p> <p>Wash hands:</p> <p>B. Before starting work</p> <p>D. Before handling or eating food</p> <p>F. Before and after patient/resident contact</p>

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F 0835 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Administer the facility in a manner that enables it to use its resources effectively and efficiently. Deficiency Text Not Available

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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 0883</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement policies and procedures for flu and pneumonia vaccinations.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49279</p> <p>Based on interview and record review, the facility failed to ensure the resident's medical record included documentation that indicated the resident either received the pneumococcal immunization or did not receive the pneumococcal immunization due to medical contraindication or refusal for 1 of 26 residents (Residents #20) reviewed for pneumococcal immunizations.</p> <p>- The facility failed to document pneumococcal immunization status for Resident #20</p> <p>These failures could place residents at risk for contracting a viral disease and cause respiratory complications and potential adverse health outcomes.</p> <p>Findings included:</p> <p>Resident #20</p> <p>Record review of Resident #20 undated face sheet revealed a [AGE] year-old female admitted on [DATE]. Resident #20 had a medical history of type 2 diabetes, hypertension (high blood pressure), muscle atrophy (muscle wasting), and vascular dementia (dementia caused by decreased blood flow to the brain).</p> <p>Record review of Resident #20 MDS dated [DATE] revealed a BIMS score of 01 which indicated resident had severe cognitive impairment. Section O- Special treatments, procedure, and programs of the MDS revealed resident did not receive the pneumococcal vaccine with the reason of offered and declined.</p> <p>Record review of Resident #20's physician orders did not reveal an order for the pneumococcal vaccine.</p> <p>Record review of Resident #20s undated vaccine record did not reveal Resident #20 or resident representative had been educated on the pneumococcal vaccine. Record review of Resident #20's undated vaccine record did not reveal a consent form for refusal of the pneumococcal vaccine.</p> <p>During an interview with the ADON on 7/18/2024 at 9:21 AM, she stated she was the infection preventionist and MDS coordinator. She stated she and the DON are responsible for running vaccine audits. She stated they screen residents on admission for missing vaccines and if they refuse, they will do a yearly audit. She stated the last audit she did was approximately 15 months ago. She stated the potential negative outcome are the resident's risk of getting an infectious disease. She stated she believed she had received a consent for Resident #20 but was unable to find the document. She stated she has had training in infection prevention but no further training on vaccines.</p> <p>During an interview with the DON on 7/18/2024 at 9:33 AM, she stated she and the ADON are responsible for ensuring residents are current with their vaccines or have been offered the vaccines. She stated the resident's vaccine status are assessed during admission and the pharmacy notifies the facility of the residents who need their vaccines. She stated the potential negative outcome is the resident being more at risk for getting the flu or pneumonia.</p> <p>(continued on next page)</p>		

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<p>F 0883</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview with ADM on 7/18/2024 at 10:14 AM, he stated the ADON is responsible for the resident's vaccines. He stated the vaccine assessment status is part of the admission packet. He stated he did not believe there had been training on the pneumococcal vaccine, but they had an in-service on the flu and covid. He stated he had a check list to monitor for flu and covid vaccines but not the pneumococcal vaccine. He stated the potential negative outcome is the residents can get sick.</p> <p>Record review of facility policy titled INFECTION PREVENTION AND CONTROL POLICIES AND PROCEDURES, last revised on 8/2/2023, revealed:</p> <p>Immunization recommendations for patients/residents:</p> <p>a) Pneumococcal vaccine (over [AGE] years, chronic illnesses)</p> <p>7. The facility offers pneumococcal immunizations to patients and residents who are risk for pneumococcal infection.</p>

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<p>F 0912</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Some</p>	<p>Provide rooms that are at least 80 square feet per resident in multiple rooms and 100 square feet for single resident rooms.</p> <p>43344</p> <p>Based on record review, observation and interview, the facility failed to provide 80 square feet of floor space per resident in 24 of 24 semiprivate resident rooms containing two beds (Rooms 1, 3, 4, 5, 7, 8, 9, 10, 11, 12, 13, 15, 18, 20, 22, 24, 26, 28, 29, 30, 31, 32, 33, and 34) reviewed for physical environment.</p> <p>Rooms 1, 3, 4, 5, 7, 8, 9, 10, 11, 12, 13, 15, 18, 20, 22, 24, 26, 28, 29, 30, 31, 32, 33, and 34 semi- private rooms did not have 80 square feet per resident.</p> <p>This failure could result in overcrowding in resident rooms and possible diminished quality of life.</p> <p>The findings included:</p> <p>Record review of CASPER 3 (Certification and survey provider enhanced reporting system report) during preparation for survey revealed a waiver for room size requirements had been done yearly by the facility.</p> <p>Record review of Texas Health and Human Services Form 3740 (Bed Classifications (Numbers and Location) dated 07/16/24 documented that rooms #'s 1, 3, 4, 5, 7, 8, 9, 10, 11, 12, 13, 15, 18, 20, 22, 24, 26, 28, 29, 30, 31, 32, 33, and 34 were listed as a Title 18/19 bed classification semi-private rooms for two residents.</p> <p>During an interview on 07/18/24 at 12:39 PM, the ADM stated there was no policy for room sizes. He said he would like to continue to be granted the room waiver for rooms 1, 3, 4, 5, 7, 8, 9, 10, 11, 12, 13, 15, 18, 20, 22, 24, 26, 28, 29, 30, 31, 32, 33, and 34. He said the potential negative outcome for rooms not within the standard guidelines was that the resident's room may become overcrowded. He said the reason that the rooms did not meet the standard size was because of old construction. He said he had not received any complaints regarding room sizes. He stated room #'s 1, 3, 4, 5, 7, 8, 9, 10, 11, 12, 13, 15, 18, 20, 22, 24, 26, 28, 29, 30, 31, 32, 33, and 34 had a waiver for years and there had been no change to the floor plan. He stated room #'s 1, 3, 4, 5, 7, 8, 9, 10, 11, 12, 13, 15, 18, 20, 22, 24, 26, 28, 29, 30, 31, 32, 33, and 34 had a waiver for years and there has been no change to the floor plan.</p> <p>During a general observation tour on 07/16/24 between 12:30 PM and 1:00 PM, it was noted that 24 of 24 semi-private rooms had 156 square feet instead of the required 160 square feet for 2 residents: (Rooms) 1, 3, 4, 5, 7, 8, 9, 10, 11, 12, 13, 15, 18, 20, 22, 24, 26, 28, 29, 30, 31, 32, 33, and 34.</p>

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<p>F 0926</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Have policies on smoking.</p> <p>49279</p> <p>Based on observation, interview, and record review the facility failed to follow their own established smoking policy for 1 of 1 smoking area (main building) reviewed for smoking policies.</p> <p>- The facility failed to ensure the designated smoking area was free from cigarette butt trash.</p> <p>These failures could affect residents by resulting in an environment that is not safe, sanitary, or comfortable for residents, staff, and visitors.</p> <p>Findings included:</p> <p>During an observation on 7/17/2024 at 10:05 AM, the designated smoking area had multiple cigarette butts in the grass and around the outdoor tables and chairs.</p> <p>During an interview with Maintenance Supervisor on 7/17/2024 at 11:10 AM, he stated he usually keeps the patio clean, trims the grass and picks up outside at least once a week. He stated the potential negative outcomes of the cigarette butts being thrown in the grass could be a fire. He stated he attempts to keep everything picked up, but the cigarette butts keep being thrown in the grass. He stated he does not remember having any training or in-services. He stated he uses the policy and procedure book as his guide.</p> <p>During an interview with Housekeeping Supervisor on 7/17/2024 at 2:34pm, she stated housekeeping helps sweep the outdoor patio every morning, but it is maintenance responsibility for the outdoor to be kept clean. She stated the potential negative outcome could be the grass catching fire if the cigarette butts are thrown on the grass. She stated she does not believe they have received any training on outdoor upkeep.</p> <p>During an interview with the DON on 7/18/2024 at 9:33 am, she stated she is not sure who specifically is responsible for keeping up the grounds. She stated all staff tries to help by picking up if they can. She stated maintenance does rounds every Friday. She stated the cigarette butts on the grass can be a fire hazard. She stated her expectation of staff who takes residents outside to smoke are for them to assist with lighting the cigarette, using the ash tray and making sure the butts are discarded in the appropriate trash cans.</p> <p>During an interview with the ADM on 7/18/2024 at 10:14 AM, he stated the Maintenance Supervisor keeps the backyard clean and housekeeping will sweep the patio in the mornings. He stated the potential negative outcome of the cigarette butts being thrown in the grass is a potential fire. He stated his expectation of staff monitoring smoking times, is for them to assist with lighting and disposing of the cigarettes.</p> <p>During an interview with CNA B on 7/18/2024 at 11:13AM, she stated during smoke times she is to observe the residents, light the cigarettes and help them dispose of the cigarette in the red trash bin. She stated if she saw a resident throw the cigarette on the ground, she would put it out and throw it in the red bin. She stated she had not had training or in-services on keeping the ground clean. She stated she often sees the cigarette butts on the floor, and housekeeping usually sweeps them up.</p> <p>(continued on next page)</p>

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<p>F 0926</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview with LVN C on 7/18/2024 at 12:00 p.m. she stated she has observed residents smoking outside a few times. LVN C stated she has observed residents flick cigarettes on the ground. LVN C stated it is the staff's responsibility to distinguish the cigarette and discard it properly. LVN C stated the cigarettes or cigarette butts should not be left on the ground at any time. LVN C stated there is a risk that the cigarette could cause a fire or burn a resident if it is not discarded properly. LVN C stated she and all staff at the facility have received in-service training on supervising resident's properly while smoking.</p> <p>Record review of facility policy titled MAINTENANCE/HOUSEKEEPING POLICIES AND PROCEDURES EQUIPMENT AND UTILITIES MANAGEMENT PROGRAM last revised 7/26/2017, revealed:</p> <p>ITEM: Exterior Inspection .</p> <p>1. Inspect for cleanliness of grounds, especially in trash dumping area.</p> <p>Record review of facility policy titled LEADERSHIP POLICIES AND PROCEDURES last revised 11/1/2017, revealed:</p> <p>SMOKING POLICY, GUIDELINES . 15. Assigned Facility staff will routinely and adequately maintain all disposal containers and the property to remove all cigarette butts and other trash.</p>