

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675282	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/09/2025
NAME OF PROVIDER OR SUPPLIER Amarillo Medical Lodge		STREET ADDRESS, CITY, STATE, ZIP CODE 9 Medical Dr Amarillo, TX 79106	

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 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide safe and appropriate respiratory care for a resident when needed.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 39813</p> <p>Based on observation, interview, and record review, the facility failed to ensure that residents who need respiratory care were provided such care consistent with professional standards of practice for 1 (Resident #14) of 6 residents reviewed for respiratory care.</p> <p>The facility failed to ensure Resident #14's nasal cannula was stored properly.</p> <p>This failure could affect residents on respiratory therapy by placing them at risk for respiratory compromise and associated complications such as shortness of breath, confusion, respiratory failure, and exacerbation of their condition.</p> <p>Findings include:</p> <p>Record review of Resident #14's clinical record revealed a [AGE] year-old male resident admitted to the facility originally on 4-22-2019 and readmitted on [DATE] with diagnosis to include chronic pulmonary disease (a group of lung diseases that block airflow and make it difficult to breath).</p> <p>Record review of Resident #14's clinical record revealed his last MDS was a quarterly completed 11-30-2024 listing him with a BIMS of 04 indicating he was severely cognitively impaired, he had a functionality of substantial/maximal assistance to supervision/touching assistance with most of his activities of daily living, and he was listed as having oxygen therapy on admission and while a resident.</p> <p>Record review of Resident #14's Order Summary Report with Active Orders as of 1-8-2025 revealed the following order:</p> <p>-MAY USE O2 VIA NASAL CANNULA @ 1-5 LPM FOR O2 SATS BELOW 90 PRN EVERY SHIFT-PRN every 24 hours as needed for shortness of breath. Verbal Active 11/26/2024.</p> <p>Record review of Resident #14's clinical record revealed a care plan with the admitted [DATE] revealed the following:</p> <p>Focus: Resident has oxygen therapy r/t periods of dyspnea (difficulty breathing). - Date initiated 4-11-2022. Revision 3-2-2023.</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 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-No procedures were listed with care of any respiratory equipment to include nasal cannula or tubing.</p> <p>During an observation on 01-07-2025 at 10:21 AM Resident #14 was not in his room. Resident #14's roommate reported that Resident #14 was at dialysis. Resident #14 had an O2 concentrator next to the left side of his bed with the O2 tubing dated 1-6-2025. Observed was the nasal cannula hanging off the back of Resident #14's concentrator on the floor with the nasal prongs facing upward.</p> <p>During an observation on 01-07-2025 at 11:02 AM Resident #14's O2 concentrator was at his bedside with the nasal cannula on the floor behind the machine with the nasal prongs facing upward.</p> <p>During an observation on 01-07-2025 at 02:02 PM Resident #14's O2 concentrator was at his bedside with the nasal cannula on the floor behind the machine with the nasal prongs facing upward. Resident #14's room was observed to have been cleaned and his bed had been made.</p> <p>During an observation and interview on 01-07-2025 at 03:38 PM Resident #14 was in his room lying on his bed. Resident #14 was difficult to understand, appeared to be confused, and did not respond effectively to questions. Resident #14's O2 concentrator was at his bedside with the nasal cannula on the floor behind the machine with the nasal prongs facing upward.</p> <p>During an observation on 01-08-2025 at 07:45 AM Resident #14's O2 tubing (dated 1-6-2025) and nasal cannula was observed stored in a bag laying on the floor behind his O2 concentrator.</p> <p>During an observation on 01-09-2025 at 08:02 AM Resident #14's O2 concentrator was at his bedside with the nasal cannula on the floor to the right side of the concentrator behind the machine on the floor with the nasal prongs facing upward.</p> <p>During an interview on 01-09-2025 at 08:05 AM the DON reported that floor staff are to make rounds on resident every 2 hours. The DON reported that floor staff were to check the residents for incontinence or if they had any other needs. The DON verified that the staff were to check on the resident's equipment to include the respiratory equipment. The DON reported that if a nasal cannula was found on the floor then the nasal cannula would need to be changed because the nasal cannula would be exposed to the floor and who knows what is on that floor. The DON reported that the floor could be dirty with any substance and if the resident was immunocompromised then they would be at even more risk. The DON reported that she would immediately start an in-service to correct the issue.</p> <p>During an interview on 01-09-2025 at 08:36 AM the DON reported that the facility did not have a policy on employee round responsibilities, and they were looking for a policy on respiratory tubing care.</p> <p>During an interview on 01-09-2025 at 08:57 AM the DON reported that the facility did not have a policy on respiratory tubing care.</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</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** 47159</p> <p>Based on observation, interview, and record review the facility failed to store and distribute food in accordance with professional standards for food service safety in 1 of 1 kitchen reviewed for food safety.</p> <ol style="list-style-type: none"> 1. The facility failed to ensure stored foods were properly labeled and dated. 2. The facility failed to ensure expired foods were discarded. 3. The facility failed to store foods in accordance with professional standards. <p>These failures could place residents who ate the food from the kitchen at risk for food-borne illness and a diminished quality of life.</p> <p>Findings included:</p> <p>On [DATE] at 8:11AM an initial tour of the kitchen was conducted and revealed the following:</p> <p>Facility Refrigerator:</p> <ul style="list-style-type: none"> (1) 2-quart bag of strawberries with an expiration date of [DATE]. 15 sausage patties with no date opened and open to air. (1) 40 count cartons of chocolate milk with no date received. (7) 40 count cartons of white milk with no date received. <p>Facility Freezer:</p> <ul style="list-style-type: none"> (1) 5-pound bag of frozen strawberries with no date received and open to air. (1) 2-pound bag of frozen green beans with no date received and open to air. 11 frozen hashbrown patties with an expiration date of [DATE]. 15 frozen eggrolls with no date received and open to air. (1) 10-pound bag of frozen corn with no date received and open to air. 80 count frozen hamburger patties with no date received and open to air. <p>Facility Dry Pantry:</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 - Some</p>	<p>(1) 1.57-pound bag of cream soup base with an expiration date of [DATE].</p> <p>An interview with the Dietary Manager on [DATE] at 10:30AM revealed the negative outcome of serving foods which were not properly dated and/or expired would be residents could become sick from a food-borne illness, which could reduce their quality of life.</p> <p>Record Review of the undated facility policy for Food Storage revealed the following:</p> <p>Refrigerated food storage:</p> <p>(f) All foods should be covered, labeled, and dated. All foods will be checked to assure that foods (including leftovers) will be consumed by their safe use by dates, or frozen (where applicable), or discarded.</p> <p>Frozen food storage:</p> <p>(c) All food should be covered, labeled, and dated. All foods will be checked to assure that foods will be consumed by their safe use by dates or discarded.</p> <p>There was no food storage policy regarding expiration dates or discard by dates, for the dry pantry.</p> <p>Record Review of FDA Food Code dated 2022 revealed the following:</p> <p>.d+[DATE] Labeling</p> <p>.d+[DATE].11 Food Labels.</p> <p>(A) FOOD PACKAGED in a FOOD ESTABLISHMENT, shall be labeled as specified in LAW, including 21 CFR 101 - Food labeling, and 9 CFR 317 Labeling, marking devices, and containers.</p> <p>(B) Label information shall include:</p> <p>(1) The common name of the FOOD, or absent a common name, an adequately descriptive identity statement;</p> <p>.d+[DATE].12 Other Forms of Information.</p> <p>(B) FOOD ESTABLISHMENT or manufacturers' dating information on FOODS may not be concealed or altered.</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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 39813</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 1 (CNA A) of 5 staff observed for resident care</p> <p>CNA A did not wear the proper PPE when assisting with wound care per Enhanced Barrier Precautions, increasing the risk of MDRO contamination.</p> <p>This deficient practice could place residents at risk of cross-contamination and infections.</p> <p>Findings include:</p> <p>Record review of Resident #155's clinical record revealed a [AGE] year-old female resident admitted to the facility on [DATE] with diagnoses to include metabolic encephalopathy (a chemical imbalance in the blood that causes problems in the brain), obesity (a disorder involving excessive body fat that increase the risk of health problems), chronic kidney disease (longstanding disease of the kidneys leading to kidney failure), and muscle weakness (a lack of muscle strength).</p> <p>Record review of Resident #155's clinical record revealed her last MDS was an admission completed 12-17-2024 listing her with a BIMS of 11 indicating she had a moderately impaired cognitive function, and she has a functionality of requiring supervision or touching assistance with most of her activities of daily living.</p> <p>Record review of Resident #155's care plan with admitted [DATE] revealed the following:</p> <p>Focus: Resident has a pressure ulcer r/t decreased mobility-right buttocks stage 3-date initiated 12-17-2024</p> <p>Interventions: Use Enhanced Barrier Precautions-date initiated 1-2-2025</p> <p>During an observation on 01-08-2025 at 11:06 AM LVN B was performing wound care for Resident #155's Stage 3 pressure ulcer with the assistance of CNA A. LVN B donned a gown and gloves for the procedure. CNA A was only wearing gloves. CNA A did not don a gown. CNA A rolled the resident on her right side after removing the resident's covers and pulling the residents brief to her knees to expose the wound area for care. CNA A assisted the resident to maintain this position for the entire wound care procedure, then returned the resident to her back, put her brief back in place, and pulled her covers back up.</p> <p>During an interview on 01-08-2025 at 02:37 PM CNA A verified that he did not wear a gown during the wound care provided for Resident #155's Stage 3 pressure ulcer and reported that he did not think that he was supposed to because he was not touching the wound. CNA A verified that he performed incontinent care on the resident with the Stage 3 pressure ulcer prior to the wound care because the resident was incontinent and that he had removed the residents covers and pulled down her brief to prepare for her wound care all without wearing a gown because he did not touch the wound.</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>During an interview on 01-08-2025 at 11:44 AM LVN B stated Resident #155 (that she had performed wound care with the assistance of CNA A) was on EBP for a Stage 3 pressure ulcer and that CNA A did not don a gown for the procedure. LVN B stated not following EBP could result in the spread of infection and result in negative effects for residents such as infections and cross-contamination.</p> <p>During an interview on 01-08-2025 at 02:25 PM the DON reported that a staff member such as a CNA assisting with care on a resident that had a wound or catheter, may use their discretion if they feel they will not have direct contact with the wound or catheter, especially if the residents did not have an MDRO. The DON reported that only if they are going to touch the wound then they need to use EBP. The DON reported that education for staff, visitor, and family would have been done by posting signage on the resident's door if they required EBP. Also gloves, gowns, and isolation boxes for disposal of used PPE would have been placed in the resident's room. The DON reported that currently the facility had no residents that required EBP precautions because no residents were currently positive for MDRO infections.</p> <p>During an interview and record review on 1-9-2025 at 08:57 the DON reported they provide signage for a resident's doorway when the resident was placed on EBP, and the DON provided the signage that revealed the following:</p> <p>Enhanced Barrier Precautions Everyone Must:</p> <p>Clean their hands, including before entering and when leaving the room.</p> <p>Providers and staff must also: Wear gloves and gown for the following High-Contact Resident Care Activities:</p> <p>.Providing Hygiene</p> <p>Changing Briefs or assisting with toileting</p> <p>Device care of use:</p> <p>Central line, urinary catheter, feeding tube, tracheostomy.</p> <p>Wound care: any skin opening requiring a dressing.</p> <p>Record review of the facility provided policy titled, Infection Prevention and Control Program Revised July 2022, revealed the following:</p> <p>3. Enhanced Barrier Precautions (EBP): expand the use of PPE and refer to the use of gown and gloves during high-contact resident care activities that provide opportunities for transfer of MDRSs to staff hands and clothing. MDROs may be indirectly transferred from resident-to-resident during these high-contact care activities. Nursing home resident with wounds and indwelling medical devices are at especially high risk of both acquisition of and colonization of MDROs.</p> <p>a. PPE: The use of gown and gloves for high-contact resident care activities is indicated, when contact precautions do not otherwise apply, for nursing home resident with:</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>i. Wounds and/or indwelling medical devices regardless of MDRA colonization resident, for staff performing care.</p> <p>ii MDRO infection or colonization.</p> <p>c. Examples of high-contact resident care activities requiring gown and glove use for Enhanced Barrier Precautions include:</p> <p>iv. Providing Hygiene</p> <p>vi. Changing briefs .</p> <p>vii. Device care or use: central vascular line (including hemodialysis catheters), indwelling urinary catheters, feeding tube, .</p> <p>viii. Wound care: any skin opening requiring a dressing.</p>