

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675336	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/27/2024
NAME OF PROVIDER OR SUPPLIER Kirkland Court Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1601 Kirkland 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 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 2 (CNA B and CNA C) of 4 staff and 1 of 1 resident (Resident #1) observed for resident care.</p> <p>CNA B and CNA C did not wear the proper PPE when performing catheter care on Resident #1 per Enhanced Barrier Precautions increasing risk of MDRO contamination.</p> <p>This deficient practice has the potential to affect residents in the facility receiving incontinent care by exposing them to care that could lead to the spread of infections, tissue breakdown, and feelings of isolation related to poor hygiene.</p> <p>Findings include:</p> <p>Record review of Resident #1's face sheet printed 11-27-2024 revealed he was a [AGE] year-old male admitted to the facility originally on 1-18-2024 and readmitted on [DATE] with diagnoses to include hemiplegia (partial paralysis), seizures (sudden, uncontrolled body movements and changes in behavior that occur because of abnormal electrical activity in the brain), intracranial abscess (a puss fill pocket of infection in the brain), neuromuscular dysfunction of the bladder (the nerves and muscles of the bladder do not work well resulting in the bladder not filling or emptying well), malnutrition (lack of proper nutrition), and encounter for attention to gastrostomy (an opening into the stomach from the abdominal wall).</p> <p>Record review of Resident #1's clinical record revealed his last MDS was a quarterly completed 9-26-2024 which indicated he had a BIMS was 5 indicating he was severely cognitively impaired, and he had a functionality of being dependent on staff for all his activities of daily living. Section H - Bladder and Bowel Resident #1 was marked for having an indwelling catheter and Section K - Swallowing/Nutritional Status Resident #1 was marked for having a feeding tube.</p> <p>Record review of Resident #1's Order Summary Report with Active Orders as of 11-27-2024 revealed Resident #1 had the following:</p> <p>- Enteral Feed Order every 4 hours Enteral feed bolus Glucerna 1.2, 240mls via PEG Tube q4hours with 50mls water flush before and after Phone Active 02/08/2024. PEG Tube (a feeding tube that is inserted through the abdomen and into the stomach).</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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>- Foley catheter to be placed d/t NEUROMUSCULAR DYSFUNCTION OF BLADDER, UNSPECIFIED Phone Active 02/02/2024.</p> <p>No orders were noted for Enhance Barrier Precautions for Resident #1.</p> <p>Record review of Resident #1's clinical record revealed a care plan with the admitted [DATE] with no care plan for Enhanced Barrier Precautions.</p> <p>During an observation on 11-27-2024 at 10:28 AM catheter care was performed on Resident #1. Prior to entering Resident #1's room noted on Resident #1's door was a sign with ENHANCED BARRIER PRECAUTIONS with the following information.</p> <p>ENHANCED BARRIER PRECATIONS</p> <p>Wear gloves and gown for the following High-Contact Resident Care Activities.</p> <p>-Device care of use:</p> <p>.urinary catheter, feeding tube, .</p> <p>During an observation on 11-27-2024 at 10:28 AM catheter care was performed on Resident #1. CNA B and CNA C performed the entire procedure without doffing (the process of removing personal protective equipment in a way that minimizes the risk of self-contamination) a gown for Enhanced Barrier Precautions. Both CNA B and CNA C were noted to have extended contact with Resident #1 during the procedure.</p> <p>During an interview on 11-27-2024 at 10:45 PM both CNA B and CNA C reported that Enhanced Barrier Precautions were implemented when a resident had an active infection. CNA B and CNA C were asked to read the Enhanced Barrier Precautions sign on Resident #1's door. CNA C read the sign and stated, it's for enhanced barrier precautions but I don't know why it is up there. CNA B stated, I don't know why that's on the door. I think it's an old sign and they forgot to pull it. Both CNA B and CNA C indicated they did not know what enhanced barrier precautions pertained to with regards to Resident #1.</p> <p>During an interview on 11-27-2024 at 11:16 AM the DON reported that if a resident was supposed to be on Enhanced Barrier Precautions, then that resident would have orders, daily assessment, supplies placed in the resident's room, a door kit for the room, and something in the room to dispose of used supplies. The DON reported that only a resident with a communicable disease such as a wound that had an active infection like MRSA or a resident with COVID was considered for Enhanced Barrier Precautions by the facility. A resident with a UTI or something simple like that was not considered for Enhanced Barrier Precautions</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 11-27-2024 at 11:53 AM ADON A reported the current policy for Enhanced Barrier Precautions was to follow CDC guidelines which means any resident with a wound, catheter, peg tube, etc. the facility needed to be providing care with staff wearing the correct PPE. ADON A reported that when a CNA was providing care to a resident with a catheter or a feeding tube then they should be following Enhanced Barrier Precautions and wearing gloves, a gown, and proper handwashing and that they should follow these guidelines so they do not risk cross contamination, spreading infection from one body site to another, or carrying an infection from on area to another resident area.</p> <p>During an interview on 11-27-2024 at 12:00 PM CNA B reported that ADON A provided all training on infection control and that they had received training recently.</p> <p>During an interview on 11-27-2024 at 12:03 the DON read the facility policy provided by ADON A and reported that the facility had discussed the Enhanced Barrier Precautions policy several months ago and that she just now remembered that discussion. The DON reported that they had discussed that residents identified with foleys, central lines, feeding tubes, and such you should still use some kind of precautions, but it was up to the facility. The DON reported that she would like to see some literature on the benefits of Enhanced Barrier Precautions because she did not see the benefit at this time. The DON reported that the facility would need to start using Enhanced Barrier Precautions on resident with foleys, central lines, feeding tubes, and such. The DON reported that the facility needed to start using the Enhanced Barrier Precautions because someone decided it could reduce infections.</p> <p>During an interview on 11-27-2024 at 12:22 PM ADON A reported that she had provided infection control training for both CNA B and CNA C on 11-26-2024 verbally but she did not get an in-service record signed so she did not have any proof they were completed. ADON A also reported that she did not know why CNA B and CNA C were not aware of the correct Enhanced Barrier Precautions to be provided when providing catheter care because they were provided the CDC information.</p> <p>Record review of the facility provided policy titled Healthcare-Associated Infection (HAIs) undated, revealed the following:</p> <p>Frequently Asked Questions (FAQ's) about Enhanced Barrier Precautions in Nursing Homes.</p> <p>13. If a resident does not have a history of MDRO but does have an indwelling medical device or wound, should they still be placed on Enhanced Barrier Precautions?</p> <p>-Yes. Enhanced Barrier Precautions are recommended for residents with indwelling medical devices or wounds.</p>		