

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675407	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/20/2024
NAME OF PROVIDER OR SUPPLIER Ralls Nursing Home		STREET ADDRESS, CITY, STATE, ZIP CODE 1111 Avenue P Ralls, TX 79357	

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** 49279</p> <p>Based on observations, interviews, and record review, the facility failed to maintain an infection control program designed to provide a safe, comfortable, and sanitary environment to help prevent the development and transmission of diseases for 1 of 3 residents (Residents #32) reviewed for infection control.</p> <p>The facility failed to ensure CNA A utilized proper hand hygiene during incontinence care for Resident #32.</p> <p>This failure could place residents at risk for infection and cross contamination.</p> <p>The findings include:</p> <p>Record review of Resident #32's undated face sheet revealed an [AGE] year-old male originally admitted on [DATE]. Resident #32 had a medical history of malignant neoplasm of prostate (an abnormal growth of tissue that can spread into nearby tissues and other parts of the body), epilepsy (a disorder in which nerve cell activity in the brain is disturbed, causing seizures), and atrial fibrillation (a common type of irregular heart rhythm).</p> <p>Record review of Resident #32's quarterly MDS assessment dated [DATE], revealed a BIMs score of 15 which indicated Resident #32 was cognitively intact. Section H- Bladder and Bowel revealed Resident #32 had an indwelling catheter.</p> <p>Record review of Resident #32's care plan last revised on 8/14/2024, revealed Resident #32 had a foley catheter with the following intervention Catheter care every shift to be performed by CNA. Date Initiated: 01/31/2024.</p> <p>Record review of Resident #32's physician orders revealed, Catheter care every shift to be performed by CNA every shift, with a start date of 1/19/2024.</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>During an observation on 8/19/2024 at approximately 10:15AM, CNA A washed his hands and donned PPE (gloves and gown) outside of the resident's room. CNA A entered the room and assisted Resident #32 with his pants. CNA A unfastened Resident #32's brief and cleaned the resident's foley and front. CNA A assisted Resident #32 to turn onto his right side and tucked the dirty brief under the resident. CNA grabbed the clean brief with contaminated gloves and placed it under Resident #32. CNA A assisted resident to turn to his left side and removed the dirty brief. CNA cleaned Resident #32's bottom with wet wipes. CNA A applied barrier cream onto resident's bottom. CNA A turned Resident #32 onto his back and fastened his brief. CNA A removed his dirty gloves and gown and utilized ABHS. CNA A failed to change gloves and utilize hand hygiene during incontinence care.</p> <p>During an interview on 8/19/2024 at 1:15pm with CNA A, he stated the infection preventionist was the DON and ADM. He stated he had been trained on handwashing during incontinence care but did not remember the last one. He stated the potential negative outcomes of not changing gloves and utilizing handwashing during incontinence care could be skin breakdown, bed sores, skin discoloration, or cross contamination between residents. He stated handwashing should be performed before resident care and immediately after. CNA A stated glove changes should occur if the gloves were visibly soiled. He stated during the care he realized he had grabbed the clean brief with dirty gloves, and he had been nervous during the incontinence care.</p> <p>During an interview with the DON on 8/20/2024 at 10:52 AM, she stated she was the infection preventionist. She stated handwashing training is done monthly and yearly. She stated handwashing compliance is monitored by the nurses and herself and they track UTI rates. She stated the potential negative outcome of not utilizing proper hand hygiene could be infection. She stated handwashing should be done before they go into the resident's room, when they go from dirty to clean, and when they exit the room. She stated handwashing should always occur between glove changes. She stated handwashing is monitored by observation.</p> <p>During an interview with the ADM on 8/20/24 at 12:05 pm, he stated the DON was the infection preventionist. He stated handwashing training is done as needed and yearly. The ADM stated competencies are conducted annually to monitor for compliance. The ADM stated the risk of not utilizing proper hand hygiene during incontinence care is potential for contamination. He stated glove changes should occur after cleaning the soiled area and before switching to a clean area. He stated staff are trained on handwashing or to use ABHS in between glove changes.</p> <p>Record review of facility policy titled Handwashing/Hand Hygiene, revealed .</p> <p>Indications for Hand Hygiene .</p> <p>d. After touching a resident.</p> <p>e. after touching the resident's environment.</p> <p>f. before moving from work on a soiled body site to a clean body site on the same resident and</p> <p>g. immediately after glove removal</p> <p>.Applying and removing gloves .</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>4. Hold the removed glove in the gloved hand and remove the other glove by rolling it down the hand folding it into the first glove.</p> <p>5. perform hand hygiene.</p>

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<p>F 0921</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public.</p> <p>49154</p> <p>Based on observation and interview, the facility failed to provide a safe, functional, sanitary, and comfortable environment for residents, staff, and the public, on facility grounds in 1 of 2 parking lots (front entrance parking lot) in that:</p> <p>The facility failed to ensure the trash was emptied into the dumpster for five hours.</p> <p>This failure could attract unwanted pests and cause the facility to have an unsightly appearance.</p> <p>The findings included:</p> <p>On 8/19/24 at 9:45 AM, an observation was made of a trashcan located near the front entrance in the front parking lot. The trashcan was observed to be full of trash which prevented the lid from closing. The trash items observed were Styrofoam food containers and cups, fast food bags, and other miscellaneous trash.</p> <p>On 8/19/24 at 12:29 PM, an observation was made of a trashcan located near the front entrance in the front parking lot. The trashcan was observed to be full of trash which prevented the lid from closing. The trash items observed were Styrofoam food containers and cups, fast food bags, and other miscellaneous trash.</p> <p>On 8/19/24 at 2:45 PM, an observation was made of a trashcan located near the front entrance in the front parking lot. The trashcan was observed to be full of trash which prevented the lid from closing. The trash items observed were Styrofoam food containers and cups, fast food bags, and other miscellaneous trash.</p> <p>On 8/20/24 at 12:57 PM, an interview was conducted with the Maintenance and Housekeeping Supervisor, and he stated he was aware that the trashcan by the front entrance was full. He stated he saw it around 10:00 AM as he walked by it, but he was in the middle of repairing something else and did not take it to the dumpster at that time. He stated trashcans were not supposed to be overflowing with trash that prevent the lid from closing. He stated he has since spoken to the housekeeping staff to include checking trashcan outside and on the patio's every morning. He stated he expected housekeeping staff to throw trash immediately when they notice it was full or overflowing. He stated he expected all other staff to let housekeeping staff know when they see any trashcans were full or overflowing so it can be thrown out. He stated he was responsible for training housekeeping staff about requirements for trash. He stated most of his housekeeping staff were new and were still in the process of being trained. He stated he did not know when the last time housekeeping staff received that training if hired prior to him becoming the Maintenance and Housekeeping Supervisor nine months ago. He stated he did not know of a potential negative outcome that could occur from trashcans being left full and overflowing with trash.</p> <p>(continued on next page)</p>		

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<p>F 0921</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 8/20/24 at 1:45 PM, an interview was conducted with the Regional Director/Interim Administrator, and he stated facility policy was that all litter must be disposed of properly and timely. He stated he saw the trashcan by the front entrance was full as he walked a visitor out of the facility, and he told staff to throw it out. He stated there was currently not a system to ensure that trashcan was checked regularly, but he would create a check-off list for housekeeping staff to add checking trashcans in the parking lot, as the current list only included checking trashcans inside the facility. He stated he expected staff to get rid of trash as soon as they had seen it. He stated housekeeping staff were trained; however, he was not sure when each member received the training as it would depend on who their supervisor was when they were hired. He stated potential negative outcomes were that it was unsightly and could invite pests.</p> <p>Record review of the facility policy titled Grounds, Revised May 2008, revealed the following documentation, Policy Statement. Facility grounds shall be maintained in a safe and attractive manner. Policy Interpretation and Implementation.</p> <ol style="list-style-type: none"> 1. Maintenance shall be responsible for keeping the grounds free of litter. 2. Lawns shall be mowed on a weekly basis during the grass cutting season. Shrubs shall be trimmed as needed. 3. Areas around the buildings (i.e., sidewalks, patios, gardens, etc.) shall be maintained in a safe and orderly manner at all times. 		