

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  675445	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  08/01/2024
NAME OF PROVIDER OR SUPPLIER  Oak Manor Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE  624 N Converse St Flatonia, TX 78941	

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 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>28689</p> <p>Based on observations, interviews, and record review, the facility failed to store, prepare, distribute, and serve food in accordance with professional standards for foods safety for two of two staff reviewed for food safety and sanitation.</p> <p>The facility failed to ensure two staff, [NAME] B and [NAME] C wore beard restraints .</p> <p>This failure placed residents at risk of foodborne illness.</p> <p>Findings included:</p> <p>Observation on 07/30/2024 at 9:20 AM during the initial kitchen tour, [NAME] B had a beard and was not wearing a beard restraint.</p> <p>Observation and interview on 07/30/2024 at 12:05 PM during meal service in the kitchen, [NAME] B and [NAME] C had beards and were not wearing beard restraints. [NAME] B stated the Dietary Manager was on sick leave and was not available for an interview. He stated he was not aware of any beard restraints in the kitchen for staff to wear.</p> <p>In an interview on 07/31/2024 at 10:00 AM the ADM stated the men in the kitchen did not have beards until this month. She stated the kitchen did not have beard covers until it was brought to her attention. She stated the staff had been in-serviced on wearing beard restraints, and the staff were wearing beard restraints. She stated the facility had ordered beard restraints. She further stated she did not think their policy said anything about covering beards.</p> <p>In an interview on 07/31/2024 at 2:08 PM [NAME] B stated hair could fall in food if he was not wearing a beard restraint. He stated hair could contaminate the food and it could make the residents angry to see hair in their food. He further stated he had been told about the beard restraint policy, but they didn't have them available to wear.</p> <p>In an interview on 07/31/2024 at 2:12 PM [NAME] C stated he had never been told about a beard restraint policy and there had not been any beard restraints available. He further stated the potential risk to the resident was hair in their food and it could contaminate the food.</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 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>In an interview on 07/31/2024 at 2:22 PM the interim DM stated she had worked at a sister facility for nine years and would assist at the facility when requested. She stated she had conducted an in-service on hair and beard restraints that morning. She stated staff were required to wear hair and beard restraints. She further stated hair could fall in the food and cause a food borne illness.</p> <p>In an interview on 08/01/2024 at 10:36 AM the ADM stated she had worked at the facility for one year and two months. She stated the kitchen staff were supposed to cover any facial hair. She stated hair could cause food borne illness and it was a sanitation issue. She stated residents might get upset if they saw hair in their food.</p> <p>Record review of a facility policy and procedure titled Preventing Foodborne Illness - Employee Hygiene and Sanitary Practices dated October 2022 and reviewed 6/12/2024 reflected 1. All employees who handle, prepare, or serve food will be trained in the practices of safe food handling and preventing foodborne illness. Employees will demonstrate knowledge and competency in these practices prior to working with food or serving food to residents. 12. Hair nets or caps and/or beard restraints must be worn to keep hair from contacting exposed food, clean equipment, utensils, and linens.</p>

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 50001</p> <p>Based on observations, interviews, and record review the facility failed to ensure the facility established and maintained an infection prevention program designed to provide a safe environment and to help prevent the transmission of communicable diseases for one of one staff observed for insulin administration (LVN A).</p> <p>LVN A failed to clean Resident #16's fingertips with alcohol prep pad before puncturing the fingertip with a lancet for a blood sugar reading.</p> <p>This failure could place residents at increased risk of infection and inaccurate blood sugar readings.</p> <p>Findings included:</p> <p>Review of Resident #16's Face Sheet reflected she was a [AGE] year-old female admitted on [DATE] and readmitted on [DATE] with diagnoses including Diabetes Mellitus Type 2.</p> <p>Review of Resident #16's quarterly MDS dated [DATE] reflected a BIMS score of 04 which indicated she was severely impaired cognitively.</p> <p>Review of Resident #16's Care Plan (no date) reflected; Resident #16 had Diabetes Mellitus and she was to receive the diabetes medication as ordered by the doctor.</p> <p>Observation on 07/31/2024 at 11:46 AM revealed LVN A administered Humalog insulin 06 units to Resident #16's left upper abdomen. Before LVN A checked Resident #16's blood sugar, she did not wipe the resident's finger with alcohol before applying the lancet to the finger.</p> <p>In an interview on 07/31/2024 at 01:25 PM LVN A stated she has been told in the past by State employees during surveys that she was not required to use alcohol before lancing the resident's fingers. She stated she was taught to wipe the finger with alcohol before lancing. She stated the potential risk to the resident if she did not lance the finger with alcohol would be possible infection risks.</p> <p>In an interview on 07/31/2024 at 01:31 PM the DON stated the facilities policy was that staff were to wipe the residents' fingers with alcohol before lancing it when checking blood glucose levels. The DON stated the possible risk for the resident when you do not lance the finger with alcohol would be inaccurate readings.</p> <p>Review of the policy Fingerstick policy and procedure with no date; Steps in the procedure number 5. Wipe the area to be lanced with an alcohol pledget.</p>