STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	675459	A. Building B. Wing	04/16/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Oasis at Austin	3509 Rogge LN Austin, TX 78723

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)
F 0695 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some	Provide safe and appropriate respiratory care for a resident when needed. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 37435 Based on observation, interviews, and record reviews, the facility failed to ensure residents who needed respiratory care, including tracheostomy care and tracheal suctioning, were provided such care, consistent with professional standards of practice, the comprehensive person-centered care plan, and the residents' goals and preferences. The facility failed to keep the facility safe, functional, sanitary, and comfortable AEB: The facility failed to ensure that a resident who needed respiratory care was provided such care, consistent with professional standards of practice. This failure resulted in Resident #1 being hospitalized and placed all 7 residents reviewed for tracheostomies at risk for infection, aspiration, hospitalization , respiratory distress, and death. An IJ was identified on 04/11/24. The IJ template was provided to the ADM on 04/11/24 at 4:30 PM. While the IJ was removed on 4/16/24, the facility remained out of compliance at a scope of widespread and a severity level of K because all staff had not been trained on Respiratory Care. Findings include: A record review of the undated face sheet for Resident #1 reflected a [AGE] year-old male admitted on [DATE] and readmitted on [DATE] with diagnoses of (Other) disorders of the autonomic nervous system (a control system that regulates bodily functions, such as the heart rate, digestion, respiratory rate, pupillary response, urination, and sexual arousal), acute and chronic respiratory failure with hypoxia (nervous system damage preventing body from getting oxygen into blood or getting carbon dioxide out of the blood), tracheostomy status (a procedure to help air and oxygen reach the lungs by creating an opening into the trachea (windpipe) from outside the neck. A person with a tracheostomy breathes through a tracheostomy tube inserted in the opening), traumatic brain injury (an injury to the brain caused by an external force), tachycardia (fast heart rate), hyperosmolality and hypernatremia (electrolyte problem characterized by increased sodium concentration in the blood), retention of urine, and gastrostomy status. A record review of the Quarterly MDS assessment dated [DATE] for Resident #1 Reflected a BIMS score of 0, which indicated severely impaired cognition. Resident #1 had tracheostomy status and required total assistance from another person for activities of daily living, was not able to participate in transfers, standing, or walking, and was incontinent of bowel and bladder. (continued on next page)

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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F 0695 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some	A record review of the Care Plan for Resident #1 dated 3/26/24 reflected Resident #1 was at risk for increased secretions/congestion, infection, and respiratory distress related to respiratory failure and tracheostomy status. Goal - secretions/congestion will be relieved with suctioning or medications and no occurrence of infection will occur over the next 90 days. Interventions include give medications per order, monitoring of labs/x-rays and to report results to MD, observe for needed suctioning of increased secretions/congestion - assess for relief, observe for signs and symptoms of infection and report to MD, provide for support to prevent anxiety if episodes of SOB occur, provide oxygen and tracheostomy care and tubing change per orders, and provide oxygen per tracheostomy at (1-5/5-10) liters per minute via trach collar/T-piece to keep oxygen saturation level greater than or equal to 92%. Monitor oxygen saturation level every shift. A review on 4/07/24 of Medication Review Report dated 4/06/24 for Resident #1 reflected: Resident #1 had orders dated 08/22/23 to assess tracheostomy stoma/peri-stoma site for signs of skin breakdown, document if abnormalities noted, and to notify MD if breakdown noted every evening shift for Tracheostomy management. Tracheostomy care to be done every shift and as needed for Tracheostomy management. Change inner disposable #6 Cannula daily and as needed for shortness of breath/prophylaxis every shift. Change tracheostomy ties when needed for soilage. Change tracheostomy as needed by trained personnel. Notify MD prior to change as needed per facility protocol or for accidental decannulation. Review of Nursing Progress Note dated 4/05/24 at 1506 (3:06 PM) by LVN A reflected during patient care, Resident #1 had some discoloration noted around his neck where the trach collar was located. Head to toe assessment was performed and it was noted that there was redness, swelling and warmth noted around the neck. Placed a call to NP regarding discoloration of trach, new orders to send patient to hospital to eval and treat. Asked RT B on shift to cleanse tracheostomy site and change trach out. Resident #1's FM at bedside and aware of hospital transfer. Review of Progress Note per RT A dated 4/05/24 at 1831 (6:31 PM) Resident #1 with size 6.0 tracheostomy cannula (secured). Breathing treatment and suction done with no complications. Resident #1 had Airvo set @20L on RA (21%) (Airvo is a humidifier with an integrated flow generator that delivers high flow warmed humidified respiratory gases). During shift FM called RT 2A into room stating that she found a bug on Resident #1. RTF A noted that trach was secured and connected properly to Airvo. RT A performed trach care and when replacing tracheostomy ties had seen a foreign object on those tracheostomy ties. RT A changed out entire trach with no complications. Transport arrived and took Resident #1 away with oxygen saturations @ 97%. Review on 04/07/24 of the Resident #1's electronic health record reflected a progress note written by RT B on 04/05/24 at 6:31 PM (18:31) by RT B that Resident #1 had left the facility via ambulance with a final oxygen saturation of 97%. In an interview on 04/07/24 at 11:29 AM, the ADMIN revealed staff LVN A reported redness and swelling around Resident #1's tracheostomy. The ADMIN stated per a note in the chart , an insect was possibly seen on the resident's shoulder. The ADMIN also stated he may have overreacted, but he sent Resident #1 to the hospital to be safe. The ADMIN stated the facility conducted in-services on tracheostomy care and pesticide treatments along with assessment of hallways, window screens and doors to keep insects out. The ADMIN revealed Respiratory Therapy were in facility 24 hours a day, 7 days a week and they do all trach assessments and dressing changes as scheduled. (continued on next page)

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F 0695 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some	In an interview on 04/07/24 at 11:30 AM with C RN, she stated the concern with Resident #1 developing redness around trach site and sighting of maggots on and around trach site started 04/05/24 at 3:15 PM but the resident did not leave with ambulance until around 6:30PM. C RN said non-emergent transfers can take a few hours to get an ambulance. C RN further stated when discoloration around trach site was identified on 4/05/24 at 3:15 PM , LVN A and RT B assessed the site. C RN stated RT B changed the entire trach system and ties and reported seeing an unknown foreign object near the tracheostomy site. In a telephone interview on 04/07/24 at 2:40 PM with H RN, stated she was Resident #1's nurse at the hospital. H RN stated she did not see any bruising around the Trach site, and only some redness from the tracheostomy ties. Resident #1 was started on antibiotics to treat pneumonia. H RN revealed the tracheostomy ties did not appear too tight or loose. H RN further revealed she received report that maggots were found in the Trach site 2 times . H RN could not explain why they would appear a second time after having been cleaned out or any other details regarding the maggots. Review on 04/07/24 of the Resident #1's electronic health record reflected a progress note on 04/05/24 at 6:31 PM (18:31) by RT B that Resident #1 had left the facility via ambulance with a final oxygen saturation of 97%. A review on 4/07/24 of Medication Review Report dated 4/06/24 for Resident #1 reflected: Resident #1 had orders dated 8/22/24 to assess tracheostomy stoma/peri-stoma site for signs of skin breakdown, document if abnormalities noted, and to notify MD if breakdown noted every evening shift for Tracheostomy management. Tracheostomy care to be done every shift and as needed for Tracheostomy management. Change inner disposable #6 Cannula daily and as needed for shortness of breath/prophylaxis every shift. Change tracheostomy ties when needed for soilage. Change tracheostomy as needed by trained personnel. Notify MD prior to change as needed per facility protocol or for accidental decannulation. Review of Nursing Progress Note dated 4/05/24 at 1506 (3:06 PM) reflected during patient care, Resident #1 had some discoloration noted around his neck where the trach collar was located. Head to toe assessment was performed and it was noted that there was redness, swelling and warmth noted around the neck. Placed a call to NP regarding discoloration of trach, new orders to send patient to hospital to eval and treat. Asked RT 2 on shift to cleanse tracheostomy site and change trach out. Resident #1's FM at bedside and aware of hospital transfer. Review of Progress Note per RT B dated 4/05/24 at 1831 (6:31 PM) Resident #1 with size 6.0 tracheostomy cannula (secured). Breathing treatment and suction done with no complications. Resident #1 had Airvo set @20L on RA (21%) (Airvo is a humidifier with an integrated flow generator that delivers high flow warmed humidified respiratory gases). During shift mother called RT B into room stating that she found a bug on Resident #1. RT B noted that trach was secured and connected properly to Airvo. RT 2 performed trach care and when replacing tracheostomy ties had seen a foreign object on those tracheostomy ties. RT B changed out entire trach with no complications. Transport arrived and took Resident #1 away with oxygen saturations @ 97%. (continued on next page)

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F 0695 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some	Interview on 4/09/24 at 12:20 PM with RT A revealed there were 6 residents in the facility with a tracheostomy. RT A stated the facility used disposable cannulas for all residents, along with keeping two cannulas at bedside with current size and a smaller size in the case of decannulation. RT A confirmed he had not seen any redness or signs of infection on Resident #1's tracheostomy site on 4/04/24, on day shift. RT A stated Resident #1 had been sent to hospital the next day, 4/05/24, with diagnosis of pneumonia. RT A stated baseline lung sounds for Resident #1 were course and very productive, and these were findings from his lung assessment on 04/04/24. RT A confirmed Tracheostomy care was provided every shift for Resident #1 and documented in the electronic health record, on the Treatment Administration Record. RT A revealed the residents with tracheostomies had cannulas changed on the first shift, and Respiratory Therapists were scheduled to work 12-hour shifts 7 days per week. Interview on 4/09/24 at 5:02 PM revealed the facility had a new ADMIN and a new DON. Tracheostomy care was supposed to be done every shift, including cleaning cannula and suctioning, and tracheostomy site care. The disposable inner cannula can be changed at a minimum of daily and PRN, depending on the number of secretions. C RN stated changes were made in PCC that required forced entries versus clicking for supplemental documentation instead of answering yes or no to statements, and this was implemented on 04/06/24. C RN revealed the facility had stopped the staff from taking the trash out through D Hall (the hall with all the residents with tracheostomies) once the incident occurred involving Resident #1. Interview on 04/09/24 at 4:49 PM with the NP revealed she had been made aware of maggot sighting on Resident #1's tracheostomy site, as one of the nurses had called to report it to her on 4/05/24. The NP stated pneumonia was caused by viruses or bacteria, and Resident #1 had excessive secretions due to chronic respiratory disease and issues with his lungs including pneumonia. The NP further stated Resident #1 was prescribed a nebulizer treatment that included antibiotics and administration of the nebulizer treatment was 28 days on and 28 days off. The NP stated if staff were to miss providing trach care on a shift, she thought it might take days for maggots to form. Observation on 4/10/24 at 7:45 AM of video clips from the RP and the FM revealed a clear plastic cup containing 5 live maggots crawling around the bottom of the cup, and the second video revealed one live maggot crawling on a white disposable barrier that was across Resident #1's chest. Telephone interview on 4/10/24 at 8:24 AM with the HOSP MD revealed EMS had reported seeing the maggots, and there was no further sighting [NAME] of maggots since Resident #1 had been at the hospital. The HOSP MD stated it was hard to say at this point if there could have been aspiration of a maggot. Pneumonia can either be viral or bacterial, and very unlikely caused by maggots. The HOSP MD further stated sighting of maggots in a patient trach was not a good sign of general caretaking, and particularly cleaning and monitoring of a tracheostomy site. Interview on 4/10/24 at 8:35 AM with the RP stated 2 video clips were taken on 04/05/24 by FM in Resident #1's room at facility during tracheostomy care. Interview on 04/10/24 at 10:10 AM with LVN A revealed trach care and suctioning was part of scope of practice. LVN A stated Respiratory Therapists round frequently with residents, and a Respiratory Therapist worked in facility 24 hours per day and 7 days per week. LVN A revealed she observed redness and discoloration around Resident #1's tracheostomy site on 04/05/24 and reported to the NP. (continued on next page)

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F 0695 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some	Interview on 4/10/24 at 10:18 AM with Resident #2 revealed from a respiratory therapy and physical therapy perspective, he was receiving phenomenal care; they were very attentive and ensured cleanliness. Resident #2 stated the Nursing and CNA department included massive shortage of staff and frequently understaffed almost half the time he had had been here which has been about 8 months. Resident #2 stated the wound care nurse was pulled onto his hall and was not trained to work on Respiratory Hall. Had DON until recently, and she was so removed from patient care she did not really know what she was doing for 4-5 months. Resident #2 and RP 2 stated they kept a fly swatter hanging on the wall for the occasional fly. Observation on 4/10/24 at 10:18 AM revealed a crawling insect on the floor near Resident #2's bed, and a green fly swatter was hanging on the wall near the window. Observation on 4/10/24 at 10:50 AM of Resident #1's room at facility revealed an air conditioner window unit with small open area to the outside secured with duct tape, and light from outside coming through and cool air coming through the hole to touch. The lighting cover over A bed contained dead bugs, including flies. Interview on 4/10/24 at 3:57 PM with ADM revealed the MD should let him know of any pest control concerns. When pest control comes to treat facility they give a report to the MD, report to ADM and then take care of it. ADM stated he was not aware of any issues or questions from recent pest control visits, and stated it was important to follow up on pest control concerns to prevent infestation problems, and currently had no concerns. MD normally do rounds first thing; we'll walk the floor together. ADM stated if MD were to be out sick, he would do rounds inside and outside. ADM stated he did not do rounds today. ADM stated adverse effects of not doing pest control rounds would be quality of care, infection control, and sanitization. ADM stated when staff see bugs, they should log into maintenance log in the binder by MD's office and does not know if there were any other binders. ADM stated when a work order needs to be placed, MD should notify him and then put in a work order. Interview on 4/10/24 at 4:15 PM with pest control tech stated that he comes once a month to do pest control. He stated facility has not requested any additional visits. He stated that he had recommended few month ago about exit door needs to have weather tripping done properly and recommend to have their company to do them. He stated he did not hear anything back from the facility. He stated it's important to have proper weather stripping on the exit doors and windows to prevent anything from outdoor from entering inside such as insects. He stated, Tighter the seal, the better. Interview on 4/10/24 at 4:57PM with MD stated having maggots found on the resident clearly stated poor trach care. MD stated the adverse effect of having maggots on the trach is the potential for obstruction of the airway and build up of bacteria. MD stated the s/s of airway obstructions is difficulty breathing, decrease o2 saturation, and increase respiration. Interview on 4/10/24 at 5:13PM with RT B stated the resident was coughing, and he helped with suctioning prior to EMS arrival. RT B stated he did not take vital signs and thought the nurse might have taken it. RT B stated when EMS arrived, he overheard them saying the O2 saturation was 97%. RT B stated the foreign object documented on the resident chart could have been maggots. RT B stated there was a maggot by the collar bone of the resident and by the trach ties. RT B stated the adverse effect of having maggots if it gets inside the opening of the trach could lead to obstruction of airway of the resident. (continued on next page)

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F 0695 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some	Interview on 4/11/24 at 10:20 AM with Resident #2 and RP B, revealed neither of them had told anyone specifically, but kept the fly swatter visible and hanging on the wall. When staff would take trash out the back door on Hall D the flies would come in, and this was more prevalent 2 or more months ago. Resident #2 stated they have had a fly occasionally in the past, and he thought having a fly swatter was cheap. Resident #2 denied having flies land on him in the room, and there were not enough flies for the nurses to take note of. The highest number of flies in a day would be one, maybe two, and not every day. During last summer we would see a fly. When the facility kept the doors closed on Hall D, there were no flies. When they would prop the door open, we would see flies, door propped open for 10-15 minutes 3-4 months ago. For at least a couple of months RP B had not notice the back door left open. Interview on 4/ 11/24 at 10:45 AM with RT C revealed he worked night shift once or twice per month and had not noticed any flies or other insects in the facility, in the rooms, in traps, nor on the floor. RT C stated RT A was the lead therapist and managed the schedule over there. RT C further stated if there were maggots near a tracheostomy site, there could be a risk for infection. A trach collar or a speaking valve would be placed over the trach opening and that would help keep insects and maggots out. RT C stated ha had not yet received Respiratory Care training due to being PRN. Interview on 4/11/24 at 11:05 AM with RT A revealed he was covering shifts through the upcoming weekend. RT A stated a respiratory therapist had applied back in January 2024, and he was currently confirming the paperwork along with another potential candidate. An IJ was identified on 4/11/24 at 3:30 PM. The IJ template was provided to the facility on [DATE] at 5:30 PM. Observation on 4/10/24 at 7:45 AM of video clips from Resident's daughter revealed a clear plastic cup containing 5 live maggots crawling around the bottom of the cup, and the second video revealed one live maggot crawling on a white sheet that was across Resident #1's chest. (See zoom pic from second video) Interview on 4/10/24 at 8:35 AM with Resident #1's daughter stated the videos were taken in resident's room at facility during tracheostomy care. Interview on 04/10/24 at 8:35 AM with Resident #1's RP stated the nurse on duty regarding observing the maggots on the Resident #1 and stated the nurse just brushed it off. Resident #1's daughter stated Resident #1 was having discomfort and in pain which made my grandmother inform the nurse the second time and which led the nurse to send Resident #1 out the hospital. Telephone interview on 4/10/24 at 3:20 PM with Pest control company revealed a bid was given to facility to replace weather stripping on exterior doors a few months ago. Pest control Rep said it was important to have exit doors and windows sealed appropriately to prevent outdoor pests from entering the facility. Rep stated summer 2023 he had recommended to the facility to have the dumpster clean out by the dumpster company due to increased number of flies. Rep stated the fly catcher has been installed in the hallways by the exit door and I know it's working well because when I come out every month, I have to clean them out. (continued on next page)

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F 0695 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some	Record review on 4/10/24 of the pest control invoices revealed pest control had come to facility monthly from November 2023 through April 2024, and no other additional spot treatment shad been provided. Observation on 4/10/24 at 5:00 PM of Resident #1's room revealed a window unit air conditioner that duct tape was used to secure to window. A hole was left open to the outside where pest could come inside. There was a large electric bug zapper covered in bugs in the hallway right outside of Resident #1's room (4 rooms between bug zapper and back door). The back door did not close all the way allowing pests to come inside. Interview on 4/10/24 at 4:57 PM, the Hospitalist stated having maggots at the trach site revealed there was not a good job done in taking care of the trach. The Hospitalist stated if maggots were to be inside the tracheal opening, resident could potentially have airway passageway obstructed and can have respiratory compromised. The hospitalist Continued to state that resident may have s/s of increased respiration, decrease in O2 saturation, difficulty breathing, and buildup of bacteria associated with it. Interview on 4/10/24 at 05:13 PM with the RT B stated Resident #1 was having strong productive cough and he helped suction and observed foreign body defining maggots at the trach tie and by the collar bone of Resident #1. RT B informed the nurse on duty regarding maggots and stated nurse did not respond. RT B stated the adverse effect of having maggots on resident who was comatose and nonverbal could lead to infection and possibility of airway obstruction. RT B further stated he did not take vital signs at the time of the event because he assumed the nurse had taken it. RT B stated when EMS arrived, their conversation stated O2 saturation being in the 97%. Interview on 4/ 11/24 at 10:45 AM with RT A revealed, if there were maggots near a tracheostomy site, there could be a risk for infection. Record review of Ambulance Run dated 4/5/24 revealed Resident #1's Primary clinical impression was acute respiratory distress, with a moderate distress level. EMT document vitals upon arrival of O2 sat of 94% on room air, respiratory rate of 26 bpm, pulse 128, bp 115/83, and pain 4. Resident #1 skin was warm/pale/diaphoretic. He was coughing and choking with audible crackling in tracheostomy tubing and throughout lungs. Suctioning was performed during transport by EMT with clear/white frothy sputum removed. Facility reported finding a live maggot on the trach restraining band prior to calling for transport. Record review of the ER note revealed that Resident #1 appeared to have fever upon arrival to the ER. Record review of March TAR revealed evening shift on 3/16/24 where trach care was not provided. Plan of Removal Immediate Jeopardy (continued on next page)

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F 0695 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some	On 04/11/2024, an HHSC surveyor provided an Immediate Jeopardy (IJ) Template notification that the Regulatory Services has determined that the condition at the facility constitutes an immediate jeopardy to resident health and safety. The notification of Immediate Jeopardy states as follows: F695 Respiratory care. The facility failed to ensure that a resident who needs respiratory care was provided such care, consistent with professional standards of practice. The facility needs to take immediate action to ensure proper measures are in place to keep residents safe from harm. Action: Resident #1 was discharged and transported to the hospital by the facility on 04/05/2024. Start Date: 04/11/2024 Completion Date: 04/11/2024 Responsible: Facility's Director of Nursing Action: All of the facility's eight residents with tracheotomies were assessed, and trach ties were changed. No maggots, signs of infection, airway obstruction, serious illness, or loss of dignity were assessed during the assessment and changing of the trach tie changing. Start Date: 04/11/2024 Completion Date: 04/11/2024 Responsible: Facility's Lead Respiratory Therapist Action: The Chief Nursing Officer (CNO) in-serviced the Lead Respiratory Therapist (RT) on the facility Policy and Procedure Tracheostomy Care, that reads, tracheostomy care should be provided as often as needed, at least once daily; additionally, the CNO in-serviced the Lead RT on the necessary documentation that follows the tracheostomy care procedure. Start Date: 04/11/2024 Completion Date: 04/11/2024 Responsible: Chief Nursing Officer (continued on next page)

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F 0695 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some	Action: The Lead RT will in-serviced the facility RTs and staff Nurses (RNs/LVNs) on the facility Policy and Procedure Tracheostomy Care, that tracheostomy care should be provided as often as needed, at least once daily per physician orders. Additionally, the Lead RT will in-serviced the facility RTs and staff Nurses (RNs/LVNs) with the necessary documentation that follows the tracheostomy care procedure. Facility RTs and staff Nurses (RNs/LVNs) not on duty during the training period will receive 1:1 training before starting their next shift by Competency-demonstrated RT. Mode of Education via a memo in the form of a copy of the Policy and Procedure, Face-to-Face Staff Meeting, and a Competency Check-off. Education and Competency check-off has been added as part of the orientation for ongoing training of new hires, agency, and PRN RTs and staff Nurses (RNs/LVNs) through a combination of employee training, employee monitoring, and reporting processes. The teach-back method will be used to assess comprehension. Start Date: 04/11/2024 Completion Date: 04/12/2024 Responsible: Lead Respiratory Therapist Action: Under the direction of the administrator, signs restricting use were placed on all of the facility parameters exit doors, and an audible alarm was set to alert facility management of incidentally opening. Start Date: 04/11/2024 Completion Date: 04/11/2024 Responsible: Facility's Director of Nursing Action: Under the director of the facility Administrator, Resident #1's room was deep cleaned by the Maintenance Director and the Lead Housekeeper and treated by a Pest Control vendor on 04/11/2024, and all sightings of pests were eliminated. Start Date: 04/11/2024 Completion Date: 04/12/2024 Responsible: Administrator, Maintenance Director and Lead Housekeeper Action: Under the administrator's direction, other resident rooms were inspected by the Maintenance Director and Lead Housekeeper on 04/11/2024. No maggots or pests were identified during the room check. Start Date: 04/11/2024 Completion Date: 04/12/2024 Responsible: Maintenance Director and Lead Housekeeper (continued on next page)

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	675459	A. Building B. Wing	04/16/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Oasis at Austin	3509 Rogge LN Austin, TX 78723

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F 0695 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some	Action: Under the direction of the Administrator, the facility Maintenance Director will complete an inspection of resident rooms windows and sealed any openings on 04/12/2024 to ensure windows are appropriately sealed to prevent outside pests from entering the facility and will replace weather stripping on the facility exterior doors on 04/12/2024 to ensure exit doors are sealed appropriately to prevent outdoor pests from entering the facility. All windows and doors will be hole-free by the end of the day on 04/12/2024. Start Date: 04/11/2024 Completion Date: 04/12/2024 Responsible: Administrator and Maintenance Director Action: Under the Administrator's direction, the Maintenance Director will thoroughly clean the dumpster. Start Date: 04/12/2024 Completion Date: 04/12/2024 Responsible: Administrator and Maintenance Director Action: The Chief Nursing Officer educated the facility's Administrator, Maintenance Director, Lead Housekeeper, and Director of Nursing on the facility's Pest Control Policy which states, .facility shall maintain an effective pest control program to ensure that the building is kept free of insects and rodents; windows are screened at all times; . approved FDA and EPA insecticides and rodenticides are permitted in the facility; and maintenance services assist, when appropriate and necessary, in providing pest control services; and an outside vendor provides routine pest control services. Mode of Education was via memo in the form of a copy of the Policy and Procedure and one-on-one staff meeting. The teach-back method will be used to assess comprehension. A signed copy on on-file for each (Administrator, Maintenance Director, Lead Housekeeper, and Director of Nursing) Start Date: 04/11/2024 Completion Date: 04/12/2024 Responsible: Chief Nursing Officer Action: The Administrator, Maintenance Director, Lead Housekeeper, and Director of Nursing in-service all staff in all departments on the facility's Pest Control Policy, with specific instructions to report and write in the maintenance work order request binder any sighting of pests. Facility staff not on duty during the training period will receive 1:1 training before starting their next shift. Mode of Education via a memo in the form of a copy of the Policy and Procedure and Face-to-Face Staff Meeting. Education has been added as part of the orientation for ongoing training of new hires, agency, and PRN staff through a combination of employee training, employee monitoring, and reporting processes. The teach-back method will be used to assess comprehension. Start Date: 04/11/2024 (continued on next page)

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F 0695 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some	Completion Date: 04/12/2024 Responsible: Administrator, Maintenance Director, Lead Housekeeper, and Director of Nursing Action: The facility Administrator has contracted with a pest control company that has agreed to schedule visits monthly and as needed to ensure that pests and/or rodent activity will be identified and treated in a timely manner. Routine visits will provide a means of identifying/tracking more trafficked areas of pest/rodent activity and treating them as applicable. Start Date: 04/11/2024 Completion Date: 04/12/2024 Responsible: Administrator Action: On 04/11/2024, the Chief Nursing Officer, Director of Nursing, Assistant Director of Nursing, and Wound Care Nurse assessed all residents with wounds, feeding tubes, and tracheostomy tubes to ensure no signs of maggots or other pests. No concerns were identified as a result of the audit. Start Date: 04/11/2024 Completion Date: 04/12/2024 Responsible: Chief Nursing Officer, Director of Nursing, Assistant Director of Nursing, and Wound Care Nurse Action: An ad-hoc QAPI meeting was held, and the facility Medical Director was notified of the deficient practice and the plan of removal. Action items will be reviewed monthly during the QAPI meetings for the next 3 months and ongoing as needed. Mode of Education via virtual meeting with facility Medical Director, Administrator, Maintenance Director, Lead Housekeeper, and Director of Nursing and a memo kept in the form of meeting minutes. Start Date: 04/12/2024 Completion Date: 04/12/2024 Responsible: Administrator, Maintenance Director, Lead Housekeeper, and Director of Nursing Action: The facility Administrator updated the Electronic Health Record system - Point Click Care home page to read, Any sighting of pest should be reported to both the Director of Nursing and Administrator immediately and written in the maintenance work order binder; both the Administrator and Director of Nursing phone number has been added to the home page. Facility staff not on duty during the training period will receive 1:1 training before starting their next shift. Mode of Education via a memo in the form of a copy of the Policy and Procedure and Face-to-Face Staff Meeting. Education has been added as part of the orientation for ong [TRUNCATED]

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 38073 Based on observation, interview, and record review, the facility failed to establish and 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 of 8 residents (Residents #8and #7) reviewed forinfection control. RT D failed to maintain a sterile technique during tracheostomy care for Residents #7 and #8 on 06/05/24. This failure placed residents at risk of respiratory failure and infection. Findings included: Review of the undated face sheet for Resident #8 reflected a [AGE] year-old male admitted to the facility on [DATE]. His diagnoses included chronic inflammatory demyelinating polyneuritis (autoimmune condition that affects the myelin sheath around your peripheral nerves causing worsening symptoms, like muscle weakness and abnormal sensations), acute and chronic respiratory failure, tracheostomy status, functional quadriplegia (complete inability to move due to severe disability or frailty caused by another medical condition without physical injury or damage to the spinal cord). Review of the quarterly MDS assessment for Resident #8 dated 03/05/24 reflected a BIMS score of 15, indicating he had intact cognition. It also reflected he received oxygen therapy, suctioning, and tracheostomy care. Review of the care plan for Resident #8 dated 09/16/23 reflected the following: TRACHEOSTOMY: [Resident #8] is at risk for increased secretions/congestion, infection and respiratory distress --Dx Respiratory failure --Tracheostomy in place -(name brand speaking valve for tracheostomy) in use. [Resident #8's] secretions/congestion will be relieved with suctioning or medications and no occurrence of infection will occur over the next 90 days. Encourage socialization and activity attendance. Give medications per order - monitor labs/x-rays - report results to MD. Observe for needed suctioning of increased secretions/congestion - assess for relief. Observe for s/sx of infection - report to MD. Provide for support to prevent anxiety if episodes of SOB occurs. Provide O2/tracheostomy care and tubing change per order. Review of physician orders for Resident #8 reflected the following orders, all dated 05/30/24: -Trach care q shift and as needed every day and night shift for Tracheostomy management -Trach: Change inner disposable #_4 Flex__ Cannula daily and as needed for SOB/Prophylaxis. every day shift Review of the June 2024 TAR for Resident #8 reflected RT D signed the procedure Trach: Change inner disposable #_4 Flex__ Cannula daily and as needed for SOB/Prophylaxis. every day shift as completed and signed that sterile technique was used on 06/03/24 and 06/05/24. (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Review of the undated face sheet for Resident #7 reflected a [AGE] year-old male admitted to the facility on [DATE]. His diagnoses included anoxic brain damage (lack of oxygen supply to the brain), acute respiratory failure with hypoxia, tracheostomy status, herpes viral infection, and other bacterial infections of unspecified site. Review of the quarterly MDS assessment for Resident #7 dated 05/13/24 reflected a Staff Assessment for Mental Status score of 3, indicating he was severely cognitively impaired. It also reflected he received oxygen therapy, suctioning, presence of tracheostomy, and presence of invasive mechanical ventilator. Review of the care plan for Resident #7 dated 04/30/24 reflected the following TRACHEOSTOMY: [Resident #7] is at risk for increased secretions/congestion, infection and respiratory distress --Dx Respiratory failure --Tracheostomy in place--Vent in place. [Resident #7's] secretions/congestion will be relieved with suctioning or medications and no occurrence of infection will occur over the next 90 days. Give medications per order - monitor labs/x-rays - report results to MD. Observe for needed suctioning of increased secretions/congestion - assess for relief. Observe for s/sx of infection - report to MD. Provide for support to prevent anxiety if episodes of SOB occurs. Provide O2/tracheostomy care and tubing change per order. Review of physician orders for Resident #7 reflected the following orders, all dated 04/1d6/24: -Provide tracheal suctioning Q shift every shift for tracheostomy management - Trach: Monitor respiratory status every shift. Notify MD for SOB; signs/symptoms of distress, or abnormalities. every shift for Resp. monitoring Review of the June 2024 TAR for Resident #7 reflected tracheal suctioning was performed by RT D on the day shift on 06/05/24. Observation on 06/05/24 at 09:15 AM revealed RT D prepared to perform tracheostomy care on Resident #8. The tracheostomy supplies were set up on a bedside table on top of a bath towel. The sterile drape was still in its packaging. care supplies set up on a bedside table that was draped with a bath towel. On one end of the bedside table was the packaging for the tracheostomy supplies such as the replacement inner cannula, cotton swabs. Next to that was the sterile drape in its packaging, with an unopened foam dressing and a loose pair of cream-colored disposable gloves sitting on the dressing. RT D donned blue nitrile gloves she had obtained from a box on the hallway, removed the old foam dressing around Resident #8's tracheostomy site, and cleaned the site with gauze. She doffed her blue gloves, did not perform hand hygiene and donned the cream-colored gloves by picking them up with her left hand and touching the outside of them (not maintaining sterile technique). RT D applied the new foam dressing to Resident #8's tracheostomy. RT D asked Resident #8 if she could change his inner cannula, and he gave her permission. RT D removed the decannulation cap from Resident #8's outer tracheostomy tube and expressed surprise that there was no inner cannula in place. RT D replaced the cap and finished the procedure by replacing the tracheostomy tie. (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During an interview on 06/05/24 at 09:45 AM, RT D stated she had worked at the facility for two weeks and worked PRN , so she did not have a set schedule. She stated she had been a licensed respiratory therapist for five years. RT D stated she got brief training when she started at the facility and did a day of orientation with the lead RT, RT A. RT D stated she needed to use a sterile technique only if she had to change a reusable inner cannula. RT D stated she was not aware that she needed to use sterile technique for all tube changes and suctioning. She stated the bedside table she used for her supplies was not sterile and she had not set up a sterile field. She stated the bath towel under the supplies was not sterile. She stated she did not maintain aseptic technique when donning her second pair of gloves during the tracheostomy care she provided to Resident #8 and realized she should have donned them in a way that maintained their sterility. She stated she picked them up with her hands and touched the outside of them before donning them for the procedure. She stated she was used to working in a hospital where she would have her own little cart she prepared and the bedside tables in the residents' rooms were the closest thing she had to that. She stated she had not asked for a cart or a designated bedside table to use for the tracheostomy supplies. She stated she did not think she needed to use a sterile technique for any of the procedures she had done that morning, and she stated she had learned that during school and when she entered the hospital setting as a respiratory therapist for the past five years. She stated she was never trained to perform hand hygiene between glove changes and believed she only needed to perform hand hygiene before entering a resident room or when leaving a resident room. She stated failure to perform hand hygiene or maintain aseptic (sterile) technique at the times required by policy could have resulted in the resident contracting an infection. Observation on 06/05/24 at 01:11 PM revealed RT D perform open suctioning (open suctioning involves using a suction catheter to remove secretions or other material from the airway while the patient is being ventilated with a bag-valve-mask or mechanical ventilator) on Resident #7. RT D set up a sterile field on the chest/lap area of Resident #7 and touched the sterile field several times with non-sterile gloves. RT D used clean gloves to attach the suction catheter to the suctioning machine. She removed the clean gloves and donned sterile gloves out of the tracheostomy kit without performing hand hygiene. While donning the sterile gloves, she touched the outside and ripped the wrist portion of the right glove but continued with the procedure using the same gloves. RT D held the end of the suction catheter that connected to machine with her left hand and used her right hand to guide the suction into Resident #7's tracheostomy and touched the exterior portion of the tracheostomy tube with the end of the suction catheter. RT D continued the procedure after contaminating the suction catheter. During an interview on 06/05/24 at 01:15 PM, RT D stated she had not performed the inner cannula change according to the physician order and had not maintained an aseptic but had signed off that she had performed it and that she had maintained an aseptic technique. RT D stated she was not aware of the need to use a sterile technique during suctioning and had not read the facility policy on tracheostomy tubing changes or suctioning. (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During an interview on 06/05/24 at 03:35 PM, RT A stated he was not a manager of the respiratory therapy department, but he was the lead respiratory therapist and did most of the training and in-servicing for the other respiratory therapist . - lead respiratory. He stated he had worked at the facility for one year. RT A stated he was not aware of any new staff needing to be trained on facility policy and procedure since April 2024. He stated RT D had her training and skills checks done by the CRN. RT A stated when they did open suctioning, a sterile technique was important, but using a closed suction system did not require sterile technique. RT A stated he had not seen an order specifying what type of suction they should have used, but the type of machine used on the resident dictated whether the suction was open or closed. He stated a resident on a ventilator would have a closed technique and the suction would be built into the breathing apparatus in the ventilator. RT A stated a resident who was no longer on a ventilator but being weaned off of the tracheostomy would likely have an open suction process, and that needed to be sterile, because there were aspects of the resident care environment that could contaminate the airway and cause infection. RT A stated Resident #7 was weaning off the tracheostomy, so an open suction should have been used. During an interview on 06/05/24 at 03:51 PM, the DON stated she had worked at the facility for three and a half months. She stated she thought RT D was trained by RT A, because all their respiratory therapists were . She stated as DON she ensured the new staff were getting the training by corresponding with RT A. The DON stated during all tracheostomy procedures in the facility, a sterile field was required. She stated the therapists would have set up everything they needed within that field, and it takes a special skill to make sure nothing gets contaminated. The DON stated sterile gloves came in little wrappers, and they should not have been touched on the outside but donned in such a way that the outside of the gloves were not touched. She stated it was not sterile for the gloves to be pulled out of the wrapper and dropped on top of other supplies. She stated a bath towel was not sterile, and the bedside table needed to be cleaned and sterilized before use to prevent infection and draped with the cloth that came in the tracheostomy kit. The DON stated hand hygiene had to be performed every time gloves were removed. The DON stated she had in-serviced on hand hygiene, and the staff should have known that was a requirement. The DON stated it was important for a sterile technique to be maintained and important for hand hygiene to be performed at the required intervals because they never know what they might pick up that could cause infection. During an interview on 06/05/24 at 04:35 PM, the CRN stated a sterile technique was required during open suctioning and tube changes. During an interview on 06/05/24 at 05:02 PM, the ADM stated he monitored the tracheostomy care system for compliance by relying on the DON and RT A. He stated they had competency checks and training. The ADM stated he was non-clinical, so he was not sure of all the details of what constituted noncompliance. He stated infection could be a result of not maintaining a sterile field during tracheostomy care. Review of in-services from March 2024 through June 2024 reflected the most recent in-service on hand hygiene and infection control was conducted 05/01/24 and did not include RT D. Review of competency checks for RT D dated 05/10/24 reflected the following three had been signed off by RT D and the CRN: Tracheostomy Care, Suctioning, and Oxygen Management Review of facility policy dated October 2021 and titled Suctioning the Lower Airway reflected the following: (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Purpose of this procedure is to remove secretions, maintain a patent airway, and prevent infection of the lower respiratory tract. Preparation 4. Verify that there is a physician's order for this procedure. Review the physician's orders or facility protocol for. 5. Review the resident's care plan to assess for any special needs of the resident. 6. Obtain baseline vital signs and oxygen saturation from the resident's medical record. General Guidelines 2. Complications of suctioning the lower airway include trauma of the airway, infection, hypoxia, hypoxemia, and cardiac arrhythmias resulting from hypoxemia. To minimize the risk of complications, apply the following guidelines: a. Suction only estimated based on assessment of the residence level of respiratory distress; b. Use sterile equipment to avoid widespread pulmonary and systemic infection: (Note: suctioning of lower airway is a sterile procedure. All equipment that comes in contact with the lower airway must be sterile).; c. Hyperinflate the resident with manual resuscitation (as ordered) before and after oxygen d. Hyperoxygenate the resident by increasing the oxygen flow as ordered before the procedure and between suctioning (Note: after the procedure, oxygen should be readjusted as ordered to prevent oxygen toxicity and increased CO2 in COPD residents. 2. Monitor the resident's pulse and oxygen saturation during suctioning. If pulse decreases more than 20 bpm BPM or increases more than 40 bpm, or oxygen saturation drops below 90% or 5% from baseline, discontinue suctioning and ventilate and re-oxygenate the resident. Steps in the Procedure 16. Connect one end of suction tubing to suction unit and place the other near the resident. 17. Turn on suction unit and adjust to appropriate negative pressure. 18. Remove gloves. 19. Open suction catheter kit. (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	20. Place sterile drape across the resident's chest. 21. Remove sterile cup, touching only the outside. 22. Fill cup with 100 cc sterile or sterile water. 23. Apply sterile gloves. The dominant hand will remain sterile. 24. Holding the catheter in the dominant hand and the tubing in the non-dominant hand connect the catheter. Review of facility policy dated October 2021 and titled Tracheostomy Care reflected the following: Purpose of this procedure is to guide tracheostomy care and the cleaning of reusable tracheostomy cannulas. 1. Aseptic technique must be used: a. During cleaning and sterilization of reusable tracheostomy tubes; b. During all dressing changes until the tracheostomy wound has granulated; and c. During tracheostomy tube changes, either reusable or disposable. 2. Gloves must be used on both hands during any oral manipulation of the tracheostomy. Sterile gloves must be used during aseptic procedures. 4. Tracheostomy tubes should be changed as ordered and as needed (at least monthly). Procedure Guidelines Preparation and Assessment 4. Check physician order. 5. Explain procedure to resident. 6. Wash hands. Put exam gloves on both hands. Review of facility policy dated and titled Infection Control reflected the following: 3. Employees wash their hands for 10 to 15 seconds using antimicrobial or non-antimicrobial soap and water under the following conditions: d. After removing gloves; (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	4. In most situations, the preferred method of hand hygiene is with an alcohol-based hand rub. If hands are not visibly soiled, use an alcohol-based hand rub containing 60 to 95% ethanol or isopropyl for all the following situations: b. Before donning sterile gloves. h. After handling used dressings, contaminated equipment, etc. i. After contact with objects, medical equipment in the immediate vicinity of the resident; j. After removing gloves.

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F 0925 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some	Make sure there is a pest control program to prevent/deal with mice, insects, or other pests. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 37435 Based on observation, interview, and record review the facility failed to maintain an effective pest control Program so that the facility is free of pests and rodents. This failure resulted in Resident #1's tracheostomy site becoming infested with maggots and leading to hospitalization . The facility failed to keep the facility safe, functional, sanitary, and comfortable AEB: Safety: doors being propped open and unsecured with no guard/person to stop visitors. Facility reported being concerned about wife visiting and possibly bringing pest with them. Drafty doors cause A/C units to work harder and malfunction which causes heat related issues. Functional: doors to easily access trash were not functional for staff- leaving them to use resident rooms for trash disposal letting pests in. Staff also do not have a secured and designated delivery door away from resident's rooms to A/C units were in residents' rooms reducing the ability ambulate out of rooms. Doors were not secured, not closing properly, weather stripping was failing and allowing for pests to come in. Sanitary: pests were observed in the residents rooms, on the floors, many dead flies in the lighted traps less than 3 weeks after service, established pest control procedures were not being followed even after in serviced. Recommended pest control treatments were not being followed by facility and facility was not keeping documentation of pest control. Comfortable; AEB, current air conditioning units are still malfunctioning and portable ac units are a fixture in the resident's rooms. This has lead to improper sealing to the outside and bugs have been seen near the improperly sealed ac unit. This failure placed all 7 residents reviewed with tracheostomies at risk for infestation, infection, aspiration, hospitalization , respiratory distress, and death. An IJ was identified on 04/11/24. The IJ template was provided to the ADM on 04/11/24 at 4:30 PM. While the IJ was removed on 4/16/24, the facility remained out of compliance at a scope of widespread and a severity level of K because all staff had not been trained on Respiratory Care. Findings include: (continued on next page)

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F 0925 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some	A record review of the undated face sheet for Resident #1 reflected a [AGE] year-old male admitted on [DATE] and readmitted on [DATE] with diagnoses of (Other) disorders of the autonomic nervous system (a control system that regulates bodily functions, such as the heart rate, digestion, respiratory rate, pupillary response, urination, and sexual arousal), acute and chronic respiratory failure with hypoxia (nervous system damage preventing body from getting oxygen into blood or getting carbon dioxide out of the blood), tracheostomy status (a procedure to help air and oxygen reach the lungs by creating an opening into the trachea (windpipe) from outside the neck. A person with a tracheostomy breathes through a tracheostomy tube inserted in the opening), traumatic brain injury (an injury to the brain caused by an external force), tachycardia (fast heart rate), hyperosmolality and hypernatremia (electrolyte problem characterized by increased sodium concentration in the blood), retention of urine, and gastrostomy status. A record review of the Quarterly MDS assessment dated [DATE] for Resident #1 reflected a BIMS score of 0, which indicated severely impaired cognition. Resident #1 had tracheostomy status and required total assistance from another person for activities of daily living, was not able to participate in transfers, standing, or walking, and was incontinent of bowel and bladder. A record review of the Care Plan for Resident #1 dated 3/26/24 reflected Resident #1 was at risk for increased secretions/congestion, infection, and respiratory distress related to respiratory failure and tracheostomy status. Goal - secretions/congestion will be relieved with suctioning or medications and no occurrence of infection will occur over the next 90 days. Interventions include give medications per order, monitoring of labs/x-rays and to report results to MD, observe for needed suctioning of increased secretions/congestion - assess for relief, observe for signs and symptoms of infection and report to MD, provide for support to prevent anxiety if episodes of SOB occur, provide oxygen and tracheostomy care and tubing change per orders, and provide oxygen per tracheostomy at (1-5/5-10) liters per minute via trach collar/T-piece to keep oxygen saturation level greater than or equal to 92%. Monitor oxygen saturation level every shift. A review on 4/07/24 of Medication Review Report dated 4/06/24 for Resident #1 reflected: Resident #1 had orders dated 08/22/23 to assess tracheostomy stoma/peri-stoma site for signs of skin breakdown, document if abnormalities noted, and to notify MD if breakdown noted every evening shift for Tracheostomy management. Tracheostomy care to be done every shift and as needed for Tracheostomy management. Change inner disposable #6 Cannula daily and as needed for shortness of breath/prophylaxis every shift. Change tracheostomy ties when needed for soilage. Change tracheostomy as needed by trained personnel. Notify MD prior to change as needed per facility protocol or for accidental decannulation. Review of Nursing Progress Note dated 4/05/24 at 1506 (3:06 PM) by LVN A reflected during patient care, Resident #1 had some discoloration noted around his neck where the trach collar was located. Head to toe assessment was performed and it was noted that there was redness, swelling and warmth noted around the neck. Placed a call to NP regarding discoloration of trach, new orders to send patient to hospital to eval and treat. Asked RT B on shift to cleanse tracheostomy site and change trach out. Resident #1's FM at bedside and aware of hospital transfer. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	675459	A. Building B. Wing	04/16/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Oasis at Austin	3509 Rogge LN Austin, TX 78723

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0925 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some	Review of Progress Note per RT A dated 4/05/24 at 1831 (6:31 PM) Resident #1 with size 6.0 tracheostomy cannula (secured). Breathing treatment and suction done with no complications. Resident #1 had Airvo set @20L on RA (21%) (Airvo is a humidifier with an integrated flow generator that delivers high flow warmed humidified respiratory gases). During shift FM called RT A into room stating that she found a bug on Resident #1. RT A noted that trach was secured and connected properly to Airvo. RT A performed trach care and when replacing tracheostomy ties had seen a foreign object on those tracheostomy ties. RT A changed out entire trach with no complications. Transport arrived and took Resident #1 away with oxygen saturations @ 97%. Review on 04/07/24 of the Resident #1's electronic health record reflected a progress note written by RT B on 04/05/24 at 6:31 PM (18:31) by RT B that Resident #1 had left the facility via ambulance with a final oxygen saturation of 97%. In an interview on 04/07/24 at 11:29 AM, the ADMIN revealed staff LVN A reported redness and swelling around Resident #1's tracheostomy. The ADMIN stated per a note in the chart , an insect was possibly seen on the resident's shoulder. The ADMIN also stated he may have overreacted, but he sent Resident #1 to the hospital to be safe. The ADMIN stated the facility conducted in-services on tracheostomy care and pesticide treatments along with assessment of hallways, window screens and doors to keep insects out. The ADMIN revealed Respiratory Therapy were in facility 24 hours a day, 7 days a week and they do all trach assessments and dressing changes as scheduled. In an interview on 04/07/24 at 11:30 AM with C RN, she stated the concern with Resident #1 developing redness around trach site and sighting of maggots on and around trach site started 04/05/24 at 3:15 PM but the resident did not leave with ambulance until around 6:30PM. C RN said non-emergent transfers can take a few hours to get an ambulance. C RN further stated when discoloration around trach site was identified on 4/05/24 at 3:15 PM , LVN A and RT B assessed the site. C RN stated RT B changed the entire trach system and ties and reported seeing an unknown foreign object near the tracheostomy site. In a telephone interview on 04/07/24 at 2:40 PM with H RN, stated she was Resident #1's nurse at the hospital. H RN stated she did not see any bruising around the Trach site, and only some redness from the tracheostomy ties. Resident #1 was started on antibiotics to treat pneumonia. H RN revealed the tracheostomy ties did not appear too tight or loose. H RN further revealed she received report that maggots were found in the Trach site 2 times . H RN could not explain why they would appear a second time after having been cleaned out or any other details regarding the maggots. Review on 04/07/24 of the Resident #1's electronic health record reflected a progress note on 04/05/24 at 6:31 PM (18:31) by RT B that Resident #1 had left the facility via ambulance with a final oxygen saturation of 97%. A review on 4/07/24 of Medication Review Report dated 4/06/24 for Resident #1 reflected: Resident #1 had orders dated 8/22/24 to assess tracheostomy stoma/peri-stoma site for signs of skin breakdown, document if abnormalities noted, and to notify MD if breakdown noted every evening shift for Tracheostomy management. (continued on next page)

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F 0925 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some	Tracheostomy care to be done every shift and as needed for Tracheostomy management. Change inner disposable #6 Cannula daily and as needed for shortness of breath/prophylaxis every shift. Change tracheostomy ties when needed for soilage. Change tracheostomy as needed by trained personnel. Notify MD prior to change as needed per facility protocol or for accidental decannulation. Review of Nursing Progress Note dated 4/05/24 at 1506 (3:06 PM) reflected during patient care, Resident #1 had some discoloration noted around his neck where the trach collar was located. Head to toe assessment was performed and it was noted that there was redness, swelling and warmth noted around the neck. Placed a call to NP regarding discoloration of trach, new orders to send patient to hospital to eval and treat. Asked RT 2 on shift to cleanse tracheostomy site and change trach out. Resident #1's FM at bedside and aware of hospital transfer. Review of Progress Note per RT B dated 4/05/24 at 1831 (6:31 PM) Resident #1 with size 6.0 tracheostomy cannula (secured). Breathing treatment and suction done with no complications. Resident #1 had Airvo set @20L on RA (21%) (Airvo is a humidifier with an integrated flow generator that delivers high flow warmed humidified respiratory gases). During shift mother called RT B into room stating that she found a bug on Resident #1. RT B noted that trach was secured and connected properly to Airvo. RT 2 performed trach care and when replacing tracheostomy ties had seen a foreign object on those tracheostomy ties. RT B changed out entire trach with no complications. Transport arrived and took Resident #1 away with oxygen saturations @ 97%. Interview on 4/09/24 at 12:20 PM with RT A revealed there were 6 residents in the facility with a tracheostomy. RT A stated the facility used disposable cannulas for all residents, along with keeping two cannulas at bedside with current size and a smaller size in the case of decannulation. RT A confirmed he had not seen any redness or signs of infection on Resident #1's tracheostomy site on 4/04/24, on day shift. RT A stated Resident #1 had been sent to hospital the next day, 4/05/24, with diagnosis of pneumonia. RT A stated baseline lung sounds for Resident #1 were course and very productive, and these were findings from his lung assessment on 04/04/24. RT A confirmed Tracheostomy care was provided every shift for Resident #1 and documented in the electronic health record, on the Treatment Administration Record. RT A revealed the residents with tracheostomies had cannulas changed on the first shift, and Respiratory Therapists were scheduled to work 12-hour shifts 7 days per week. Interview on 4/09/24 at 5:02 PM revealed the facility had a new ADMIN and a new DON. Tracheostomy care was supposed to be done every shift, including cleaning cannula and suctioning, and tracheostomy site care. The disposable inner cannula can be changed at a minimum of daily and PRN, depending on the number of secretions. C RN stated changes were made in PCC that required forced entries versus clicking for supplemental documentation instead of answering yes or no to statements, and this was implemented on 04/06/24. C RN revealed the facility had stopped the staff from taking the trash out through D Hall (the hall with all the residents with tracheostomies) once the incident occurred involving Resident #1. (continued on next page)

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F 0925 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some	Interview on 04/09/24 at 4:49 PM with the NP revealed she had been made aware of maggot sighting on Resident #1's tracheostomy site, as one of the nurses had called to report it to her on 4/05/24. The NP stated pneumonia was caused by viruses or bacteria, and Resident #1 had excessive secretions due to chronic respiratory disease and issues with his lungs including pneumonia. The NP further stated Resident #1 was prescribed a nebulizer treatment that included antibiotics and administration of the nebulizer treatment was 28 days on and 28 days off. The NP stated if staff were to miss providing trach care on a shift, she thought it might take days for maggots to form. Observation on 4/10/24 at 7:45 AM of video clips from the RP and the FM revealed a clear plastic cup containing 5 live maggots crawling around the bottom of the cup, and the second video revealed one live maggot crawling on a white disposable barrier that was across Resident #1's chest. Telephone interview on 4/10/24 at 8:24 AM with the HOSP MD revealed EMS had reported seeing the maggots, and there was no further sighting [NAME] of maggots since Resident #1 had been at the hospital. The HOSP MD stated it was hard to say at this point if there could have been aspiration of a maggot. Pneumonia can either be viral or bacterial, and very unlikely caused by maggots. The HOSP MD further stated sighting of maggots in a patient trach was not a good sign of general caretaking, and particularly cleaning and monitoring of a tracheostomy site. Interview on 4/10/24 at 8:35 AM with the RP stated 2 video clips were taken on 04/05/24 by FM in Resident #1's room at facility during tracheostomy care. Interview on 04/10/24 at 10:10 AM with [NAME], LVN A revealed trach care and suctioning was part of scope of practice. LVN A stated Respiratory Therapists round frequently with residents, and a Respiratory Therapist worked in facility 24 hours per day and 7 days per week. LVN A revealed she observed redness and discoloration around Resident #1's tracheostomy site on 04/05/24 and reported to the NP. Interview on 4/10/24 at 10:18 AM with Resident #2 revealed from a respiratory therapy and physical therapy perspective, he was receiving phenomenal care; they were very attentive and ensured cleanliness. Nursing and CNA department included massive shortage of staff and frequently understaffed almost half the time he had been here which has been there for about 8 months Stated the RN C was pulled onto this hall and was not trained to work on Respiratory Hall. Had DON until recently, and she was so removed from patient care she did not really know what she was doing in the roll for 4-5 months. Resident #2 and RP 2 stated they kept a fly swatter hanging on the wall for the occasional fly. Observation on 4/10/24 at 10:18 AM revealed a crawling insect on the floor near Resident #2's bed, and a green fly swatter was hanging on the wall near the window. Observation on 4/10/24 at 10:50 AM of Resident #1's room at facility revealed an air conditioner window unit with small open area to the outside secured with duct tape, and light from outside coming through and cool air coming through the hole to touch. The lighting cover over A bed contained dead bugs, including flies. (continued on next page)

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F 0925 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some	Interview on 4/10/24 at 3:57 PM with ADM revealed the MD should let him know of any pest control concerns. When pest control comes to treat facility they give a report to the MD, report to ADM and then take care of it. ADM stated he was not aware of any issues or questions from recent pest control visits, and stated it was important to follow up on pest control concerns to prevent infestation problems, and currently had no concerns. MD normally do rounds first thing; we'll walk the floor together. ADM stated if MD were to be out sick, he would do rounds inside and outside. ADM stated he did not do rounds today. ADM stated adverse effects of not doing pest control rounds would be quality of care, infection control, and sanitization. ADM stated when staff see bugs, they should log into maintenance log in the binder by MD's office and does not know if there were any other binders. ADM stated when a work order needs to be placed, MD should notify him and then put in a work order. Interview on 4/10/24 at 4:15 PM with pest control tech stated that he comes once a month to do pest control. He stated facility has not requested any additional visits. He stated that he had recommended few month ago about exit door needs to have weather tripping done properly and recommend to have their company to do them. He stated he did not hear anything back from the facility. He stated it's important to have proper weather stripping on the exit doors and windows to prevent anything from outdoor from entering inside such as insects. He stated, Tighter the seal, the better. Interview on 4/10/24 at 4:57PM with MD stated having maggots found on the resident clearly stated poor trach care. MD stated the adverse effect of having maggots on the trach is the potential for obstruction of the airway and build up of bacteria. MD stated the s/s of airway obstructions is difficulty breathing, decrease o2 saturation, and increase respiration. Interview on 4/10/24 at 5:13PM with RT B stated the resident was coughing, and he helped with suctioning prior to EMS arrival. RT B stated he did not take vital signs and thought the nurse might have taken it. RT B stated when EMS arrived, he overheard them saying the O2 saturation was 97%. RT B stated the foreign object documented on the resident chart could have been maggots. RT B stated there was a maggot by the collar bone of the resident and by the trach ties. RT B stated the adverse effect of having maggots if it gets inside the opening of the trach could lead to obstruction of airway of the resident. Interview on 4/11/24 at 10:20 AM with Resident #2 and RP B, revealed neither of them had told anyone specifically, but kept the fly swatter visible and hanging on the wall. When staff would take trash out the back door on Hall D the flies would come in, and this was more prevalent 2 or more months ago. Resident #2 stated they have had a fly occasionally in the past, and he thought having a fly swatter was cheap. Resident #2 denied having flies land on him in the room, and there were not enough flies for the nurses to take note of. The highest number of flies in a day would be one, maybe two, and not every day. During last summer we would see a fly. When the facility kept the doors closed on Hall D, there were no flies. When they would prop the door open, we would see flies, door propped open for 10-15 minutes 3-4 months ago. For at least a couple of months RP B had not notice the back door left open. Interview on 4/ 11/24 at 10:45 AM with RT C revealed he worked night shift once or twice per month and had not noticed any flies or other insects in the facility, in the rooms, in traps, nor on the floor. RT C stated RT A was the lead therapist and managed the schedule over there. RT C further stated if there were maggots near a tracheostomy site, there could be a risk for infection. A trach collar or a speaking valve would be placed over the trach opening and that would help keep insects and maggots out. (continued on next page)

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F 0925 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some	Interview on 4/11/24 at 11:05 AM with RT A revealed he was covering shifts through the upcoming weekend. RT A stated a respiratory therapist had applied back in January 2024, and he was currently confirming the paperwork along with another potential candidate. An IJ was identified on 4/11/24 at 3:30 PM. The IJ template was provided to the facility on [DATE] at 5:30 PM. Observation on 4/10/24 at 7:45 AM of video clips from Resident's daughter revealed a clear plastic cup containing 5 live maggots crawling around the bottom of the cup, and the second video revealed one live maggot crawling on a white sheet that was across Resident #1's chest. Interview on 4/10/24 at 8:35 AM with Resident #1's daughter stated the videos were taken in resident's room at facility during tracheostomy care. Interview on 04/10/24 at 8:35 AM with Resident #1's RP stated the nurse on duty regarding observing the maggots on the Resident #1 and stated the nurse just brushed it off. Resident #1's daughter stated Resident #1 was having discomfort and in pain which made my grandmother inform the nurse the second time and which led the nurse to send Resident #1 out the hospital. Telephone interview on 4/10/24 at 3:20 PM with Pest control company revealed a bid was given to facility to replace weather stripping on exterior doors a few months ago. Pest control Rep said it was important to have exit doors and windows sealed appropriately to prevent outdoor pests from entering the facility. Rep stated summer 2023 he had recommended to the facility to have the dumpster clean out by the dumpster company due to increased number of flies. Rep stated the fly catcher has been installed in the hallways by the exit door and I know it's working well because when I come out every month, I have to clean them out. Record review on 04/10/24 of the pest control invoices dated October 2023 through April 2024 revealed pest control comes out once a month and no other additional spot treatments been provided. Observation on 4/10/24 at 5:00 PM of Resident #1's room revealed a window unit air conditioner that duct tape was used to secure to window. A hole was left open to the outside where pest could come inside. There was a large electric bug zapper covered in bugs in the hallway right outside of Resident #1's room (4 rooms between bug zapper and back door.) The back door did not close all the way allowing pests to come inside. Interview on 4/10/24 at 4:57 PM, the Hospitalist stated having maggots at the trach site revealed there was not a good job done in taking care of the trach. The Hospitalist stated if maggots were to be inside the tracheal opening, resident could potentially have airway passageway obstructed and can have respiratory compromised. The hospitalist Continued to stated that resident may have s/s of increased respiration, decrease in O2 saturation, difficulty breathing, and buildup of bacteria associated with it. (continued on next page)

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F 0925 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some	Interview on 4/10/24 at 05:13 PM with the RT B stated Resident #1 was having strong productive cough and he helped suction and observed foreign body defining maggots at the trach tie and by the collar bone of Resident #1. RT B informed the nurse on duty regarding maggots and stated nurse didn't respond. RT B stated the adverse effect of having maggots on resident who was comatose and nonverbal could lead to infection and possibility of airway obstruction. RT B further stated he did not take vital signs at the time of the event because he assumed the nurse had taken it. RT B stated when EMS arrived, their conversation stated O2 saturation being in the 97%. Interview on 4/ 11/24 at 10:45 AM with RT A revealed, if there were maggots near a tracheostomy site, there could be a risk for infection. Record review of Ambulance Run dated 4/5/24 revealed Resident #1's Primary clinical impression was acute respiratory distress, with a moderate distress level. EMT document vitals upon arrival of O2 sat of 94% on room air, respiratory rate of 26 bpm, pulse 128, bp 115/83, and pain 4. Resident #1 skin was warm/pale/diaphoretic. He was coughing and choking with audible crackling in tracheostomy tubing and throughout lungs. Suctioning was performed during transport by EMT with clear/white frothy sputum removed. Facility reported finding a live maggot on the trach restraining band prior to calling for transport. Record review of the ER note revealed that Resident #1 appeared to have fever upon arrival to the ER. Record review of March TAR revealed evening shift on 3/16/24 - where trach care was not provided. Plan of Removal On 04/11/2024, an HHSC surveyor provided an Immediate Jeopardy (IJ) Template notification that the Regulatory Services has determined that the condition at the facility constitutes an immediate jeopardy to resident health and safety. The notification of Immediate Jeopardy states as follows: F695 Respiratory care. The facility failed to ensure that a resident who needs respiratory care was provided such care, consistent with professional standards of practice. The facility needs to take immediate action to ensure proper measures are in place to keep residents safe from harm. Action: Resident #1 was discharged and transported to the hospital by the facility on 04/05/2024. Start Date: 04/11/2024 Completion Date: 04/11/2024 Responsible: Facility's Director of Nursing Action: All of the facility's eight residents with tracheotomies were assessed, and trach ties were changed. No maggots, signs of infection, airway obstruction, serious illness, or loss of dignity were assessed during the assessment and changing of the trach tie changing. Start Date: 04/11/2024 (continued on next page)

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F 0925 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some	Completion Date: 04/11/2024 Responsible: Facility's Lead Respiratory Therapist Action: The Chief Nursing Officer (CNO) in-serviced the Lead Respiratory Therapist (RT) on the facility Policy and Procedure Tracheostomy Care, that reads, tracheostomy care should be provided as often as needed, at least once daily; additionally, the CNO in-serviced the Lead RT on the necessary documentation that follows the tracheostomy care procedure. Start Date: 04/11/2024 Completion Date: 04/11/2024 Responsible: Chief Nursing Officer Action: The Lead RT will in-serviced the facility RTs and staff Nurses (RNs/LVNs) on the facility Policy and Procedure Tracheostomy Care, that tracheostomy care should be provided as often as needed, at least once daily per physician orders. Additionally, the Lead RT will in-serviced the facility RTs and staff Nurses (RNs/LVNs) with the necessary documentation that follows the tracheostomy care procedure. Facility RTs and staff Nurses (RNs/LVNs) not on duty during the training period will receive 1:1 training before starting their next shift by Competency-demonstrated RT. Mode of Education via a memo in the form of a copy of the Policy and Procedure, Face-to-Face Staff Meeting, and a Competency Check-off. Education and Competency check-off has been added as part of the orientation for ongoing training of new hires, agency, and PRN RTs and staff Nurses (RNs/LVNs) through a combination of employee training, employee monitoring, and reporting processes. The teach-back method will be used to assess comprehension. Start Date: 04/11/2024 Completion Date: 04/12/2024 Responsible: Lead Respiratory Therapist Action: Under the direction of the administrator, signs restricting use were placed on all of the facility parameters exit doors, and an audible alarm was set to alert facility management of incidentally opening. Start Date: 04/11/2024 Completion Date: 04/11/2024 Responsible: Facility's Director of Nursing Action: Under the director of the facility Administrator, Resident #1's room was deep cleaned by the Maintenance Director and the Lead Housekeeper and treated by a Pest Control vendor on 04/11/2024, and all sightings of pests were eliminated. Start Date: 04/11/2024 (continued on next page)

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F 0925 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some	Completion Date: 04/12/2024 Responsible: Administrator, Maintenance Director and Lead Housekeeper Action: Under the administrator's direction, other resident rooms were inspected by the Maintenance Director and Lead Housekeeper on 04/11/2024. No maggots or pests were identified during the room check. Start Date: 04/11/2024 Completion Date: 04/12/2024 Responsible: Maintenance Director and Lead Housekeeper Action: Under the direction of the Administrator, the facility Maintenance Director will complete an inspection of resident rooms windows and sealed any openings on 04/12/2024 to ensure windows are appropriately sealed to prevent outside pests from entering the facility and will replace weather stripping on the facility exterior doors on 04/12/2024 to ensure exit doors are sealed appropriately to prevent outdoor pests from entering the facility. All windows and doors will be hole-free by the end of the day on 04/12/2024. Start Date: 04/11/2024 Completion Date: 04/12/2024 Responsible: Administrator and Maintenance Director Action: Under the Administrator's direction, the Maintenance Director will thoroughly clean the dumpster. Start Date: 04/12/2024 Completion Date: 04/12/2024 Responsible: Administrator and Maintenance Director Action: The Chief Nursing Officer educated the facility's Administrator, Maintenance Director, Lead Housekeeper, and Director of Nursing on the facility's Pest Control Policy which states, .facility shall maintain an effective pest control program to ensure that the building is kept free of insects and rodents; windows are screened at all times; . approved FDA and EPA insecticides and rodenticides are permitted in the facility; and maintenance services assist, when appropriate and necessary, in providing pest control services; and an outside vendor provides routine pest control services. Mode of Education was via memo in the form of a copy of the Policy and Procedure and one-on-one staff meeting. The teach-back method will be used to assess comprehension. A signed copy on on-file for each (Administrator, Maintenance Director, Lead Housekeeper, and Director of Nursing) Start Date: 04/11/2024 (continued on next page)

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	675459	A. Building B. Wing	04/16/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Oasis at Austin	3509 Rogge LN Austin, TX 78723

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)
F 0925 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some	Completion Date: 04/12/2024 Responsible: Chief Nursing Officer Action: The Administrator, Maintenance Director, Lead Housekeeper, and Director of Nursing in-service all staff in all departments on the facility's Pest Control Policy, with specific instructions to report and write in the maintenance work order request binder any sighting of pests. Facility staff not on duty during the training period will receive 1:1 training before starting their next shift. Mode of Education via a memo in the form of a copy of the Policy and Procedure and Face-to-Face Staff Meeting. Education has been added as part of the orientation for ongoing training of new hires, agency, and PRN staff through a combination of employee training, employee monitoring, and reporting processes. The teach-back method will be used to assess comprehension. Start Date: 04/11/2024 Completion Date: 04/12/2024 Responsible: Administrator, Maintenance Director, Lead Housekeeper, and Director of Nursing Action: The facility Administrator has contracted with a pest control company that has agreed to schedule visits monthly and as needed to ensure that pests and/or rodent activity will be identified and treated in a timely manner. Routine visits will provide a means of identifying/tracking more trafficked areas of pest/rodent activity and treating them as applicable. Start Date: 04/11/2024 Completion Date: 04/12/2024 Responsible: Administrator Action: On 04/11/2024, the Chief Nursing Officer, Director of Nursing, Assistant Director of Nursing, and Wound Care Nurse assessed all residents with wounds, feeding tubes, and tracheostomy tubes to ensure no signs of maggots or other pests. No concerns were identified as a result of the audit. Start Date: 04/11/2024 Completion Date: 04/12/2024 Responsible: Chief Nursing Officer, Director of Nursing, Assistant Director of Nursing, and Wound Care Nurse Action: An ad-hoc QAPI meeting was held, and the facility Medical Director was notified of the deficient practice and the plan of removal. Action items will be reviewed monthly during the QAPI meetings for the next 3 months and ongoing as needed. Mode of Education via virtual me [TRUNCATED]