

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675468	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/12/2024
NAME OF PROVIDER OR SUPPLIER Hico Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 712 Railroad Ave Hico, TX 76457	

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 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47926</p> <p>Based on observation, interview, and record review, the facility failed to ensure residents had the right to be treated with respect and dignity for 1 of 6 residents (Resident #35) residents reviewed for dignity, in that:.</p> <p>Resident # 35 was left alone in her room with the door shut with food covering the front of her blouse.</p> <p>This failure placed residents at risk of not being treated with dignity.</p> <p>Findings included:</p> <p>Record review of Resident #35's undated admission record reflected she was a [AGE] year-old female who was admitted to the facility on [DATE] with a diagnosis of Hemiplegia and Hemiparesis following a Cerebral Infarction Affecting the Right Dominant Side (paralysis of the right extremities after a stroke), Aphasia (difficulty with communication or speaking), Anxiety, and Conversion Disorder (a psychiatric condition) with seizures.</p> <p>Record review of Resident #35's care plan dated 08/15/2023 revised on 09/05/2024 reflected resident #35 had impaired cognitive function, impaired thought processes, and cognitive communication deficit related to a stroke. The goal was for Resident #35 to be able to communicate basic needs daily through the review date. Interventions on the care plan included to cue, reorient, and supervise as needed.</p> <p>Record review of Resident #35's Annual MDS dated [DATE] reflected a BIMS score of 03 indicating she was cognitively impaired. The MDS also reflected Resident #35 had an impairment on one side of upper extremities and Impairment on both sides' lower extremities in mobility, and she used a manual wheelchair for mobility. The MDS reflected Resident #35 required supervision or touching assistance with eating, substantial/maximal assistance with personal hygiene, upper body, and lower body dressing.</p> <p>In an observation on 09/11/24 at 10:53 AM Resident #35 was sitting in her wheelchair in her room with the door closed. Resident #35's call light was clipped to her pillow on her bed out of her reach. Resident #35 had food covering the front of her blouse and was crying .</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 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>In an interview on 09/11/24 at 10:56 AM with CNA B, she stated Resident #35 was not normally left sitting in her room with door closed. She stated she was not sure who put her in her room with food on her shirt and her call light not in reach. CNA B stated Resident #35 feeds herself but would have needed her shirt changed.</p> <p>In an interview on 09/12/24 at 1:10 PM with the DON she stated Residents who feed themselves should have some type of clothing protector in place. She stated the clothing protectors are readily available in the dining room. The DON stated the Nurses and CNAs should apply the clothing protector to prevent food from going all over Resident #35's blouse or changed the blouse when they saw it was soiled with food. The DON stated it was not appropriate to leave a resident in soiled clothing and would cause the resident impaired dignity.</p> <p>In an interview on 09/12/24 at 1:26 PM with the ADM he stated his expectation was that if a resident had soiled clothing it should have been taken care of and cleaned up. The ADM stated no residents should have been left in that condition. He stated the CNAs and nurses were responsible for making rounds and monitoring for those types of needs. He stated having soiled sheets and clothing could lead to a decline in health, impaired dignity, and infection.</p> <p>Record review of facility policy titled Resident Rights dated 2024 reflected The resident has a rights to be treated with respect and dignity.</p>

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<p>F 0558</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Reasonably accommodate the needs and preferences of each resident.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47926</p> <p>Based on observation, interview, and record review, the facility failed to ensure residents had the right to reside and receive services in the facility with reasonable accommodation of resident needs for 1 of 6 residents (Resident #35) who were reviewed for accommodation of needs.</p> <p>The facility failed to ensure Residents #35's call light was placed within their reach.</p> <p>This failure could place dependent residents at risk of injuries and unmet needs.</p> <p>Findings included:</p> <p>Record review of Resident #35's undated admission record reflected she was a [AGE] year-old female who was admitted to the facility on [DATE] with a diagnosis of Hemiplegia and Hemiparesis following a Cerebral Infarction Affecting the Right Dominant Side (paralysis of the right extremities after a stroke), Aphasia (difficulty with communication or speaking), Anxiety, and Conversion Disorder (a psychiatric condition) with seizures.</p> <p>Record review of Resident #35's care plan dated 08/15/2023 revised on 09/05/2024 reflected resident #35 had impaired cognitive function, impaired thought processes, and cognitive communication deficit related to a stroke. The goal was for Resident #35 to be able to communicate basic needs daily through the review date. Interventions on the care plan included to cue, reorient, and supervise as needed.</p> <p>Record review of Resident #35's Annual MDS dated [DATE] reflected a BIMS score of 03 indicating she was cognitively impaired. The MDS also reflected Resident #35 had an impairment on one side of upper extremities and Impairment on both sides' lower extremities in mobility, and she used a manual wheelchair for mobility. The MDS reflected Resident #35 required supervision or touching assistance with eating, substantial/maximal assistance with personal hygiene, upper body, and lower body dressing.</p> <p>In an observation on 09/11/24 at 10:53 AM Resident #35 was sitting in her wheelchair in her room with the door closed. Resident #35's call light was clipped to her pillow on her bed out of her reach. Resident #35 had food covering the front of her blouse and was crying.</p> <p>In an interview and observation on 09/11/24 at 10:56 AM with CNA B she stated Resident #35 was not normally left sitting in her room with door closed. CNA B stated staff were instructed to always place the call light in reach of the resident. She stated she was not sure who put Resident #35 in her room with food on her shirt and her call light not in reach. CNA B stated Resident #35 could have been in distress without her call light and the door closed no one would have known. CNA B placed resident to bed with assistance of another CAN and attached call light within reach.</p> <p>In an interview on 09/12/24 at 1:10 PM with the DON she stated the call light should be in reach of all residents. If the clip on the call light was broken or if there was not a clip on the call light the CNAs should notify the DON. The risk to Resident #35 would be falling in the room and no one would know.</p> <p>(continued on next page)</p>		

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<p>F 0558</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>In an interview on 09/12/24 at 1:26 PM with the ADM, he stated call lights were expected to be in residents reach at all times. The ADM stated everyone was responsible for making sure the call lights were in reach of the residents. He stated the staff were trained through in-services from The DON to make sure call lights were in reach and this was monitored by making rounds throughout the building. The ADM stated negative effects to Resident #35 for not having her call light within reach could be falls and residents needs not being met.</p> <p>Record review of facility policy titled Call Lights: Accessibility and Timely Response dated February 2023 reflected #5 Staff will ensure the call light is within reach of resident and secured as needed.</p>		

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41654</p> <p>Based on observation, interview, and record review the facility failed to ensure residents are given the appropriate treatment and services to maintain or improve his or her ability to carry out the activities of daily living (ADLs) for 2 of 6 residents (Resident #14 and Resident #35) reviewed for ADL abilities, in that..</p> <p>1) Resident #14 appeared disheveled, had ground meat covering the front of her blouse after her meal covered up with her blanket in her wheelchair 2 hours after lunch.</p> <p>2) Resident #35 was lying in a soiled bed with a brown smear approximately 12 inches by 3 inches on bed sheet.</p> <p>This deficient practice could place residents who required assistance at risk for not receiving care and services to meet their needs and avoid ADL decline.</p> <p>Findings included:</p> <p>1) Record review of Resident #14's undated admission record reflected he was a [AGE] year-old male who was admitted to the facility on [DATE] with a diagnosis of occlusion and Stenosis of bilateral carotid arteries (a clogging of the arteries), dementia (an impairment of memory), and major depressive disorder.</p> <p>Record review of Resident #14's care plan dated 04/20/17 reflected an ADL self-care performance deficit related to his diagnosis of Dementia, muscle weakness, lack coordination, and abnormality of gait and mobility.</p> <p>The care plan also reflected Resident #14 required limited assistance by 1 staff for toileting and personal hygiene .</p> <p>Record review of Resident #14's Quarterly MDS dated [DATE] reflected a BIMS score of 14 indicating he was cognitively intact. Setup or clean-up assistance x1 staff with Personal hygiene and toileting hygiene Partial/moderate assistance with Shower/bathe self. Resident used a manual wheelchair for mobility.</p> <p>In an observation on 09/10/24 at 12:05 PM Resident #14 was lying in bed asleep with a brown smear approximately 12 inches long and 3 inches wide on the lower end of the bed, resident was not covered, and the bottom sheet was exposed. There was a soiled brief in the trashcan.</p> <p>In an observation and interview on 09/10/24 at 02:30 PM with Resident #14's bedsheets continues to have brown smear on bedsheets approximately 12 inches long and 3 inches wide on lower end of bed. Resident #14 stated he had an accident this morning when using the restroom. He stated the staff do change his sheets every several days and staff occasionally check on him. Resident #14's lunch tray was served by staff and still in the room. The soiled brief remained in the trashcan.</p> <p>(continued on next page)</p>		

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>In an interview on 09/10/24 at 2:39 PM with RN -A, charge nurse for Resident #14, she stated the staff make rounds every 2 hours and check on resident's needs. RN A stated the staff should not have served the lunch tray with feces on the bed. She stated the CNA should have taken the dirty trash out prior to serving the lunch tray. RN A stated negative risk to the resident could be infection, cross contamination, we are instructed on ADL care, infection control, and resident rounding upon hire and as needed by nursing management.</p> <p>In an interview on 09/10/24 at 2:42 PM The DON stated it is not normal practice to serve lunch when residents are dirty or leave smeared feces on their bed. The DON stated it was a behavior of Resident #14 to take himself to the bathroom and he will occasionally smeared feces on his bed, but it is not acceptable to leave the resident like that. She stated visually he is checked on at least every 2 hours. She stated CNAs and staff were instructed to check on all residents q 2 hours and as needed. The DON stated charge nurses were responsible for making sure resident rounds were done and she was responsible for the education of the staff. She stated the negative effects for Resident #14 having soiled sheets could have included infection, cross contamination, impaired dignity, and lack of needs being met.</p> <p>2) Record review of Resident #35's undated admission record reflected she was a [AGE] year-old female who was admitted to the facility on [DATE] with a diagnosis of Hemiplegia and Hemiparesis following a Cerebral Infarction Affecting the Right Dominant Side (paralysis of the right extremities after a stroke), Aphasia (difficulty communication or speaking), Anxiety, and Conversion Disorder (a psychiatric condition) with seizures.</p> <p>Record review of Resident #35's care plan dated 08/15/2023 revised on 09/05/2024 reflected resident #35 had impaired cognitive function, impaired thought processes, and cognitive communication deficit related to a stroke. The goal was for Resident #35 to be able to communicate basic needs daily through the review date. Interventions on the care plan included to cue, reorient and supervise as needed.</p> <p>Record review of Resident #35's Annual MDS dated [DATE] reflected a BIMS score of 03 indicating she was cognitively impaired. The MDS also reflected Resident #35 had an impairment on one side of upper extremities and Impairment on both sides' lower extremities in mobility, she used a manual wheelchair for mobility. The MDS reflected Resident #35 required supervision or touching assistance with eating, substantial/maximal assistance with personal hygiene, upper body and lower body dressing.</p> <p>In an observation on 09/11/24 at 10:53 AM Resident #35 was sitting in her wheelchair in her room with the door closed. Resident #35's call light was clipped to her pillow on her bed out of her reach. Resident #35 had food covering the front of her blouse and was crying.</p> <p>In an interview on 09/11/24 at 10:56 PM with CNA B 1 she stated Resident #35 was not normally left sitting in her room with the door closed. She stated she was not sure who put her in her room with food on her shirt and her call light not in reach. CNA B stated Resident #35 feeds herself but would have needed her shirt changed.</p> <p>(continued on next page)</p>		

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>In an interview on 09/12/24 at 1:10 PM the DON stated Residents who feed themselves should have some type of clothing protector in place. She stated the clothing protectors are readily available in the dining room. The DON stated the Nurses and CNAs should apply the clothing protector to prevent food from going all over Resident #35's blouse or changed the blouse when they saw it was soiled with food. The DON stated it was not appropriate and would cause the resident impaired dignity.</p> <p>In an interview on 09/12/24 at 01:26 PM with the ADM he stated his expectation was that if a resident had soiled sheets or clothing it should be taken care of and cleaned up. The ADM stated no residents should be left in that condition. He stated the CNAs and nurses were responsible for making rounds and monitoring for those types of needs. He stated having soiled sheets and clothing could lead to a decline in health, impaired dignity, and infection.</p> <p>Record review of facility policy titled Activities of Daily Living dated February 2023 reflected the facility will, based on the resident's comprehensive assessment and consistent with the residents needs and choices ensure a resident's ability in ADLs do not deteriorate unless deterioration is unavailable.</p> <p>Care and services will be provided for the following activities of daily living including bathing, dressing grooming and oral care and toileting.</p> <p>3. A resident who is unable to carry out activities of daily living will receive the necessary services to maintain good nutrition, grooming and personal hygiene.</p>		

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<p>F 0727</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>41654</p> <p>Have a registered nurse on duty 8 hours a day; and select a registered nurse to be the director of nurses on a full time basis.</p> <p>Based on interview and record review, the facility failed to use the services of a registered nurse for at least 8 consecutive hours a day, 7 days a week for 2 of 90 days (FY Quarter 3 2024 - April 1 - June 30) reviewed for RN coverage.</p> <p>The facility failed to ensure they had an RN on duty on for 2 days: 06/08/24 and 06/09/24.</p> <p>This failure placed residents at risk of missed nursing assessments, interventions, care, and treatment.</p> <p>Findings included:</p> <p>Review of the daily staffing for 06/08/24 reflected zero hours worked by an RN on 06/08/24. Review of the daily staffing for 06/09/24 reflected zero hours worked by an RN on 06/09/24.</p> <p>In an interview on 09/12/24 at 11:38 AM, the DON stated there was one weekend when she did not have RN coverage for 8 hours a day in the facility. She stated she had not had an RN that she could have hired at the time and there were not any RN's available through agency. She stated she worked many hours and a lot of days herself to cover the RN position when she was supposed to be off on the weekends. She stated she also used agency when they had an RN available. She stated she was aware there was supposed to be 8 hours of RN coverage every day in the facility. She stated if there was no RN coverage in the facility for 8 hours a day, the LVN's would not have anyone to go to for guidance.</p> <p>In an interview on 09/12/24 at 01:11 PM, the ADM stated it was a requirement of the facility to have 8 hours of RN coverage every day, 7 days a week. He stated if there was no RN scheduled, they should have tried to get it covered by reaching out to PRN staff, sister facilities, or agency, and if they could not find anyone, then the DON should have worked. He stated if there was not 8 hours of RN coverage in the facility every day, the overall quality could be at risk for something happening with the resident's care.</p> <p>In an interview on 09/12/24 at 01:16 PM, the DON stated there was no policy on RN coverage in the facility and that they just followed Federal guidance which was that an RN must be present for 8 hours a day in the facility.</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50042</p> <p>Based on observation, interview, and record review, the facility failed to store, prepare, distribute, and serve food in accordance with professional standards for food service safety in the facility's only kitchen:</p> <ol style="list-style-type: none"> 1. The facility failed to label and date food and dry goods in a manner that identified the product and/or its use-by or discard date. 2. The facility failed to clean and sanitize the internal components of the ice machine. 3. The facility failed to properly discard food products which were expired or contaminated with mold. 4. The facility failed to store food in a manner that would prevent deterioration or contamination of the food, including growth from microorganisms. 5. The facility failed to store food in a manner that would maintain the look, taste, and integrity of the food. 6. The facility failed to clean and maintain kitchen equipment in a manner to prevent contamination. <p>This failure placed residents at risk of food contamination and foodborne illness.</p> <p>Findings include:</p> <p>Observation of the kitchen on [DATE], at 9:17 AM, revealed a Monthly Ice Machine Cleaning log attached to the outside of the Big Fridge. The log contained a printed table with each of the months of the years for 2024 and 2025 listed, starting with [DATE]. From [DATE] through [DATE], the ice machine had been cleaned one (1) time only, in [DATE], (no specific date specified) as evidenced by staff initials H.W. on the log for the month of [DATE].</p> <p>Observation of the contents of the kitchen's reach-in refrigerator on [DATE], starting at 9:20 AM, revealed the following:</p> <p>Four (4) of four (4) bags of leafy green vegetables, two (2) of which had been opened and placed in unmarked plastic storage bags, were not labeled, and dated to indicate their use-by or discard date.</p> <p>One (1) opened package of shredded mild cheddar cheese was placed in a plastic storage bag which was not labeled and dated to indicate its use-by or discard date.</p> <p>Observation of one (1) of one (1) kitchen ice machine on [DATE], at 9:24 AM, revealed the presence of slime, mold, or soil residues within and on the internal components of the ice machine.</p> <p>(continued on next page)</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Interview with DW conducted on [DATE], at 9:25 AM. The DW stated they have been employed with the facility for six (6) months. The DW stated they are aware of the need to keep the kitchen area, equipment, and supplies clean and sanitized. The DW stated this was to prevent foodborne illnesses. The DW stated they feel supported in their job and has what is needed to do the job successfully.</p> <p>Interview with the DM conducted on [DATE], at 9:27 AM. The DM stated that they have been employed with the facility in the kitchen for twenty-one (21) years and had been in their current position for over one (1) year. The DM stated that they have the proper training, experience, and knowledge to manage the kitchen. The DM stated they understand the importance of maintaining a clean and sanitized work area and equipment and that is to prevent foodborne illness. The DM stated it is their responsibility to order and maintain the facility's food and emergency water supply. The DM stated that it is their responsibility to audit the facility's food supply to ensure there is a sufficient supply, that proper storage practices are utilized, and to ensure the quality and freshness of food items on hand. The DM stated their food and food products are stored in their pantry, refrigerators, and freezers within the kitchen, freezer room, and paper goods room. DM confirmed that the paper logs observed on various equipment items throughout the kitchen and kitchen storage areas, were for facility staff members to manually complete once the task listed on the form had been done. The DM stated that the freezer room and paper goods room remain locked in order to limit access to these areas to staff members only.</p> <p>Observation of the kitchen on [DATE], at 9:31 AM, revealed one (1) of one (1) bottle of caramel flavored dessert topping with an expiration [DATE], which had not been discarded or disposed of.</p> <p>Observation of the kitchen on [DATE], at 9:31 AM, revealed three (3) of three (3) large, plastic, storage bins which were not labeled or dated to indicate their contents or use-by or discard date. Each bin was covered with its own plastic lid. Two (2) of the three (3) lids were cracked or broken. One (1) of the three (3) bins was warped or bowed, preventing a proper fit and seal of the bin's lid.</p> <p>Observation of the kitchen on [DATE], at 9:31 AM, revealed one (1) of one (1) box of baking soda which was open at the pour spout and not covered or secured to prevent contaminants in the air from entering and settling into its contents.</p> <p>Observation of the kitchen's dry food storage area on [DATE], at 9:38 AM, revealed at least four (4) baked cookies packaged or repackaged individually in plastic service bags that were open and not secured to prevent contamination. The bags were also not labeled or dated to indicate the contents of each bag or their use-by or discard date.</p> <p>Observation of the kitchen's dry food storage area on [DATE], at 9:41 AM revealed one (1) opened bag of hamburger buns, one (1) opened bag of hotdog buns, and one (1) opened bag of white sandwich bread which were not labeled and dated with their use-by or discard date.</p> <p>Interview with DW conducted on [DATE], at 9:50 AM. The DW confirmed they were familiar with proper food storage practices and immediately acknowledged and admitted that their storage of the facility's emergency water supply was improper because it is not supposed to be stored directly on the floor.</p> <p>(continued on next page)</p>		

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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 - Many</p>	<p>Observation of the kitchen's vegetable freezer on [DATE], at 9:51 AM, revealed freezer frost build-up and ice crystals thickly layered on the inside walls of the freezer, around the shelving in the freezer, and around and on the food stored within in such a way that prevented proper cleaning and sanitizing of the interior surfaces, that suggested improper maintenance of the equipment, and that would likely distort the integrity, appearance and taste of the frozen food.</p> <p>Observation of the kitchen's paper goods storage areas on [DATE], at 9:53 AM, revealed six (6) of ten (10) boxes of gallon jugs of water being stored directly on the ground or floor.</p> <p>Observation of the kitchen's potato freezer on [DATE], at 9:54 AM, revealed the following:</p> <p>Improper cleaning and sanitation of the unit as evidenced by food, dirt, dust and/or other particulates settling and collecting on the interior surfaces.</p> <p>Four (4) of four (4) unopened, opaque brown bags which lacked labels identifying the contents of each bag and their use-by or discard date.</p> <p>Observation of the kitchen's bread fridge on [DATE], at 10:01 AM, revealed the following:</p> <p>Two (2) of three (3) packages of hoagie buns (each containing six (6) buns) covered in ice crystals, condensation, and dark green mold inside the packaging.</p> <p>Two (2) of three (3) packages of hoagie buns which were not dated with a use-by or discard date.</p> <p>One (1) of three (3) packages of hoagie buns stored and maintained past the use-by or discard date of , d+[DATE].</p> <p>A stack of flour tortillas stored without their original packaging and within a clear plastic bag that was not labeled or dated with a use-by or discard date.</p> <p>Interview with DM conducted on [DATE], at or about 10:15AM. The DM was made aware of the expired, compromised, and contaminated food items observed. The DM stated they were not aware of the items of concern but that they would remedy the issue right away. Per facility policy, The Head Cook, or designee, shall be responsible for checking the refrigerator daily for food items that are expiring, and shall discard accordingly.</p> <p>Interview with DM conducted on [DATE], at 10:20 AM. DM stated that all kitchen staff are responsible for ensuring the facility's food supply on hand is properly stored, labeled, and dated. The DM disposed of the expired, compromised, and contaminated food items brought to their attention following the kitchen observation on [DATE]. The DM stated that they were not sure how long the contaminated hoagie rolls in the refrigerator.</p> <p>Observation of the snack/nourishment refrigerator on the unit conducted on [DATE]. At 9:48 AM revealed the following:</p> <p>A half-gallon jug of chocolate milk, opened, with approximately ,d+[DATE]th of its contents remaining, with an expiration date of [DATE].</p> <p>(continued on next page)</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>A Styrofoam to-go box containing left-over food dated [DATE].</p> <p>A packaged container of Smoked Chicken Salad lacking a use-by or discard date.</p> <p>A dried and hardened yellowish liquid of an unknown origin spilled and settled on and under the drawer compartment at the bottom of the refrigerator.</p> <p>A Styrofoam cup covered with a lid in the door of the refrigerator lacking a use-by or discard date with a label of someone's first name only.</p> <p>An unopened single serve container of Greek yogurt labeled with someone's first or last name and room number, but without a use-by or discard date.</p> <p>An opened bottle of water and an opened bottle of Big Red soda, both covered with lids, but lacking labeling or a use-by or discard date.</p> <p>Interview with the ADM conducted on [DATE], at 1:11PM regarding food receipt, storage, and handling. The ADM stated that it is their expectation that food products are to be inspected upon receipt for obvious damage. The ADM stated that food products should always be labeled with a received or use-by date, and if food is observed to be expired, contaminated, moldy, or freezer burned it is to be thrown out immediately. The ADM stated that appliances should be deep cleaned, and freezers defrosted regularly or and at least monthly. Otherwise, appliances and equipment should be cleaned as needed. The ADM also stated that they would expect all staff to utilize safe food handling and storage procedures.</p> <p>Review of the facility's Food Safety Requirements policy reflected the following in part:</p> <ol style="list-style-type: none"> 1. Food safety practices shall be followed throughout the facility's entire food handling process Elements of the process include the following: <ol style="list-style-type: none"> b. Storage of food in a manner that helps prevent deterioration and contamination of the food, including from growth of microorganisms . 2. Facility staff shall inspect all food, food products, and beverages for safe transport and quality upon delivery/receipt and ensure timely and proper storage . c. Refrigerated storage-foods that require refrigeration shall be refrigerated immediately upon receipt or placed in freezer, whichever is applicable. Practices to maintain safe refrigerated storage include: <ol style="list-style-type: none"> iv. Labeling, dating, and monitoring refrigerated food, including, but not limited to leftovers, so it is used by its use-by date, or frozen (where applicable)/discarded; and v. Keeping foods covered or in tight containers . 6. All equipment used in the handling of food shall be cleaned and sanitized and handled in a manner to prevent contamination. <p>(continued on next page)</p>

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>a. Staff shall follow facility procedures for dishwashing and cleaning fixed cooking equipment.</p> <p>8. Additional strategies to prevent foodborne illness include, but are not limited to:</p> <p>e. Cleaning and sanitizing the internal components of the ice machine according to manufacturer's guidelines.</p> <p>Review of the facility's Date Marking for Food Safety policy states the following in part:</p> <p>Policy:</p> <p>The Facility adheres to a date marking system to ensure the safety of ready-to-eat, time/temperature control for safety food.</p> <p>Policy Explanation and Compliance Guidelines for Staffing:</p> <p>2. The food shall be clearly marked to indicate the date or day by which the food shall be consumed or discarded.</p> <p>3. The individual opening or preparing a food shall be responsible for date marking the food at the time the food is opened or prepared.</p> <p>4. The marking system shall consist of a color-coded label, the day/date of opening, and the day/date the item must be consumed or discarded.</p> <p>6. The Head Cook, or designee, shall be responsible for checking the refrigerator daily for food items that are expiring, and shall discard accordingly.</p> <p>7. The Dietary Manager, or designee, shall spot check refrigerators weekly for compliance, and document accordingly. Corrective action shall be taken as needed.</p> <p>Review of the facility's Resident Rights policy states the following in part:</p> <p>8. Safe Environment. The resident has the right to a safe, clean, comfortable, and homelike environment .</p> <p>Review of the Federal Food Code 2022 reflected the following:</p> <p>,d+[DATE].12 Food Storage Containers, Identified with Common Name of Food.</p> <p>Except for containers holding FOOD that can be readily and unmistakably recognized such as dry pasta, working containers holding FOOD or FOOD ingredients that are removed from their original packages for use in the FOOD ESTABLISHMENT, such as cooking oils, flour, herbs, potato flakes, salt, spices, and sugar shall be identified with the common name of the FOOD.</p> <p>,d+[DATE].11 Food Storage.</p> <p>(continued on next page)</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>(A) Except as specified in (B) and (C) of this section, FOOD shall be protected from contamination by storing the FOOD:</p> <p>(1) In a clean, dry location.</p> <p>(2) Where it is not exposed to splash, dust, or other contamination; and</p> <p>(3) At least 15 cm (6 inches) above the floor</p> <p>,d+[DATE].11 Discarding or Reconditioning Unsafe, Adulterated, or Contaminated Food.</p> <p>(A) A FOOD that is unsafe, ADULTERATED, or not honestly presented as specified under S ,d+[DATE].11 shall be discarded or reconditioned according to an APPROVED procedure.</p> <p>,d+[DATE].11 Equipment, Food-Contact Surfaces, Nonfood-Contact Surfaces, and Utensils.</p> <p>(A) EQUIPMENT FOOD-CONTACT SURFACES and UTENSILS shall be clean to sight and touch.</p> <p>(B) The FOOD-CONTACT SURFACES of cooking EQUIPMENT and pans shall be kept free of encrusted grease deposits and other soil accumulations.</p> <p>(C) Non-FOOD-CONTACT SURFACES of EQUIPMENT shall be kept free of an accumulation of dust, dirt, FOOD residue, and other debris.</p> <p>,d+[DATE].11 Equipment Food-Contact Surfaces and Utensils.</p> <p>(A) Equipment food-contact surfaces and utensils shall be cleaned:</p> <p>(5) At any time during the operation when contamination may have occurred.</p>

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41654</p> <p>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 1 of 4 residents (Resident #35) reviewed for infection control .</p> <p>CNA C failed to wash or sanitize his hands while going from a dirty to clean surface while performing incontinent care for Resident #35.</p> <p>These deficient practices could place residents at risk for cross contamination and the spread of infection.</p> <p>Findings include:</p> <p>Record review of Resident #35's face sheet, dated 09/12/24, reflected a [AGE] year-old female with an admitted [DATE]. Resident #35 had diagnoses which included dysphagia (difficulty in swallowing), anxiety (an emotion which is characterized by an unpleasant state of inner turmoil and includes feelings of dread over anticipated events), pneumonia (an inflammatory condition of the lung primarily affecting the small air sacs known as the alveoli), and atherosclerotic heart disease of native coronary artery (reduction of blood flow to the cardiac muscle due to build-up of atherosclerotic plaque in the arteries of the heart.</p> <p>Record review of the most recent annual MDS assessment, dated 08/23/24, reflected Resident #35 had a BIMS score of 03, which indicated Resident #35 was severely cognitively impaired. Resident #35 required supervision or touching assist with eating, required substantial or maximal assist with personal hygiene, and was fully dependent on staff for toileting and showering. Resident #35 was frequently incontinent of bladder and always incontinent of bowel.</p> <p>Record review of Resident #35's care plan initiated 08/15/23 and revised 08/16/23 reflected Resident #35 had bowel incontinence r/t immobility. Goal: The resident will be continent at all times through the review date. Interventions: Check resident every two hours and assist with toileting as needed. Provide peri care after each incontinent episode.</p> <p>Record review of Resident #35's care plan initiated 08/15/23 and revised 08/16/23 reflected Resident #35 had bladder incontinence r/t Impaired Mobility, Physical Limitations. Goal: The resident will remain free from skin breakdown due to incontinence and brief use through the review date. Interventions: Clean peri-area with each incontinence episode. Check minimal every 2 hours and as required for incontinence. Wash, rinse, and dry perineum. Change clothing PRN after incontinence episodes.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>In an observation on 09/11/24 at 11:28 AM, CNA C assisted by CNA B, performed incontinent care on Resident #35. CNA B and CNA C washed their hands. CNA C performed incontinent care on Resident #35's vaginal area then removed his gloves, sanitized his hands, and donned clean gloves. CNA C then turned Resident #35 over to her side and performed incontinent care to Resident #35's bottom. CNA C removed his gloves and with bare hands applied a clean brief to resident, then made sure resident was comfortable and washed his hands. CNA C failed to wash or sanitize his hands after he provided incontinent care and before he applied a clean brief.</p> <p>In an interview on 09/11/24 at 11:17 AM, CNA C stated he had not washed or sanitized his hands when he went from a dirty to clean surface when he provided incontinent care for Resident #35. He stated he had been told different things by different State surveyors about the process of changing gloves and washing and sanitizing his hands. He stated he usually washed his hands when going from a dirty to clean surface and he had been trained on infection control, handwashing, and incontinent care. He stated he was in-serviced on all those things often in the facility. He stated if he had not washed or sanitized his hands when going from a dirty to clean surface, it could have caused the transfer of infection.</p> <p>In an interview and observation on 09/11/24 at 11:26 AM, Resident #35 stated yes when asked if she was doing ok and if staff took good care of her and met her needs. She stated yes, she was watching TV and she wanted to get up and get ready for lunch. Resident #35 was in bed and staff were getting things ready to get her up for lunch after her incontinent care. Resident #35 appeared clean and without signs of pain or distress. Resident #35's call light was in reach.</p> <p>In an interview on 09/11/24 at 1:05 PM, the ADM stated staff should have washed their hands any time when going from a dirty to clean surface, including when they had performed incontinent care. He stated staff had been trained and in-serviced on handwashing, incontinent care, and infection control. He stated if staff had not washed their hands when going from a dirty to clean surface, it could cause the spread of or worsening of an infection.</p> <p>In an interview on 09/12/24 at 11:38 AM, the DON stated staff should have always washed or sanitized their hands when going from a dirty to clean surface. She stated staff have been trained on handwashing, infection control, and incontinent care and they knew they should have washed or sanitized their hands when going from a dirty to clean surface. She stated if staff had not washed or sanitized their hands when going from a dirty to clean surface, it could have caused the start of or spread of infection.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Record review of the facility's in-service titled Report of Employee Education, dated 07/18/24, with a subject of Handwashing reflected staff, including CNA C had been trained on hand hygiene. The document read and hygiene continues to be the primary means of preventing the transmission of infection. The following is a list of some situations that require hand hygiene (even if gloves are used): When coming on duty; When hands are visibly soiled (hand washing with soap and water); Before and after direct resident contact (for which hand hygiene is indicated by acceptable professional practice); Before and after performing any invasive procedure (e.g., fingerstick blood sampling); Before and after entering isolation precaution settings; Before and after assisting a resident with meals; Before and after assisting a resident with personal care (e.g., oral care, bathing); Before and after handling peripheral vascular catheters and other invasive devices; Before and after inserting indwelling catheters; Before and after changing a dressing; Upon and after coming in contact with a resident's intact skin, (e.g., when taking a pulse or blood pressure, and lifting a resident) Before and after assisting a resident with toileting; After blowing or wiping nose; After contact with a resident's mucous membranes and body fluids or excretions; After handling soiled or used linens, dressings, bedpans, catheters and urinals; After handling soiled equipment or utensils; After performing your personal hygiene (hand washing with soap and water); After removing gloves or aprons; and After completing duty.</p> <p>Record review of the facility's Hand Hygiene policy, dated 2024, reflected the following: Policy: All staff will perform proper hand hygiene procedures to prevent the spread of infection to other personnel, residents, and visitors. This applies to all staff working in all locations within the facility. Definitions: Hand hygiene is a general term for cleaning your hands by handwashing with soap and water or the use of an antiseptic hand rub, also known as alcohol-based hand rub (ABHR). Policy Explanation and Compliance Guidelines: 1. Staff will perform hand hygiene when indicated, using proper technique consistent with accepted standards of practice. 2. Hand hygiene is indicated and will be performed under the conditions listed in, but not limited to, the attached hand hygiene table. 6. Additional considerations: The use of gloves does not replace hand hygiene. If your task requires gloves, perform hand hygiene prior to donning gloves, and immediately after removing gloves .</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Record review of the facility's undated document titled Infection Control Preventing Spread of Infection Hand Hygiene In-Service Training Guide, reflected the following: F880 - Infection Control - Review Regulation(s): S 483.80 - Infection Control - The facility must 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. S 483.80(a)(2)(vi) - Hand Hygiene - The hand hygiene procedures to be followed by staff involved in direct resident contact. Review Intent of Regulation: One intent of this regulation is to ensure that the facility: Develops and implements an ongoing infection prevention and control program (IPCP) to prevent, recognize, and control the onset and spread of infection to the extent possible and reviews and updates the IPCP annually and as necessary. This would include revision of the JPCP as national standards change. Review Definition: Hand hygiene is a general term that applies to hand washing, antiseptic hand wash, and alcohol-based hand rub. Hand washing is the vigorous, brief rubbing together of all surfaces of hands with plain (i.e., nonantimicrobial) soap and water, followed by rinsing under a stream of water. Review Excerpt from Interpretive Guidance: The facility must develop and implement written policies and procedures for the provision of infection prevention and control. The facility administration and medical director should ensure that current standards of practice based on recognized guidelines are incorporated in the resident care policies and procedures. These IPCP policies and procedures must include, at a minimum: How to use standard precautions and how and when to use transmission-based precautions (i.e., contact precautions, droplet precautions, airborne isolation precautions). The areas described below are part of standard and transmission-based precautions. For example: Hand hygiene (HH) (e.g., hand washing and/or ABHR): consistent with accepted standards of practice such as the use of ABHR instead of soap and water in all clinical situations except when hands are visibly soiled (e.g., blood, body fluids), or after caring for a resident with known or suspected Clostridium (C.) difficile or norovirus infection during an outbreak, or if infection rates of C. difficile infection (CDI) are high; in these circumstances, soap and water should be used .</p>		