

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675489	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/08/2024
NAME OF PROVIDER OR SUPPLIER Devine Health & Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 104 Enterprise Ave Devine, TX 78016	

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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47611</p> <p>Based on observations, record reviews and interviews, the facility failed to ensure treatment and care was provided in accordance with the comprehensive assessment and professional standards of practice that met the physical, mental and psychological needs for 1 of 6 residents (#10) reviewed for pacemakers in that:</p> <p>The facility did not maintain physician orders and medical information needed to monitor Resident #10's cardiac pacemaker (electronic device that is implanted in the body to monitor heart rate and rhythm that stimulates the heart with electrical impulses to maintain or restore a normal heartbeat) parameters for proper functioning.</p> <p>This failure could place residents of risk for not receiving proper care and treatment.</p> <p>The findings included:</p> <p>Record review of Resident #10's face sheet, dated 06/28/2023 revealed a [AGE] year-old female with an initial admission 4/2/2024 and a readmission on 6/7/2024 with diagnoses of; Chronic Obstructive Pulmonary Disease (lung disease that damages the lungs making it hard to breathe), Atherosclerotic Heart Disease (plaque in heart arteries that reduces blood flow), and Presence of Cardiac Pacemaker.</p> <p>Record review of Resident #10's MDS, dated [DATE] revealed BIMS score of 11, which indicated moderate cognitive impairment.</p> <p>Record review of Resident #10's Care Plan, dated 9/19/2024 revealed, The resident will maintain heart rate within acceptable limits as determined by MD/pacemaker settings .</p> <p>Record review of Resident #10's most recent admission Initial Admission assessment, dated 5/31/2023 revealed Pacemaker frequency unknown. Per resident, this is pacemaker number 4. It is managed by a vascular clinic.</p> <p>Record review of Resident #10's Order Summary Report, dated 11/6/2024 did not have orders for pacemaker parameters.</p> <p>Record review of Resident # 10's TAR's for October and November 2024 indicated no vital signs completed for pacemaker parameters.</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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 11/8/2024 at 11:46 AM with LVN A - she verified pacemaker placement to resident's upper left chest area. She also verified there was no order in place to monitor pacemaker parameters.</p> <p>During an interview on 11/8/2024 at 11:51 AM with the DON - he verified there was no order for pacemaker parameter monitoring, he stated the potential for harm could be, possibly anything having to do with cardiac care.</p> <p>Record review of facility policy titled, Permanent Pacemaker, .check per manufacturers direction and physician's order of frequency.</p>		

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<p>F 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide safe and appropriate respiratory care for a resident when needed.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47611</p> <p>Based on observation, interview, and record review the facility failed to ensure a resident who needed respiratory care, was provided such care, consistent with professional standards of practice, the comprehensive person-centered care plan, the residents' goals and preferences for 1 of 6 residents (Resident #10), reviewed for quality of care.</p> <p>Resident #10's oxygen nasal cannula was visibly soiled.</p> <p>This failure could result in cross contamination and could result in infection, and illness.</p> <p>The findings were:</p> <p>Record review of Resident #10's face sheet, dated 06/28/2023 revealed an [AGE] year-old female with an initial admission 4/2/2024 and a readmission on 6/7/2024 with diagnoses of; Chronic Obstructive Pulmonary Disease (lung disease that damages the lungs making it hard to breathe), Atherosclerotic Heart Disease (plaque in heart arteries that reduces blood flow), Presence of Cardiac Pacemaker.</p> <p>Record review of Resident #10's MDS, dated [DATE] revealed BIMS score of 11, which indicated moderate cognitive impairment.</p> <p>Record review of Resident #10's Care Plan, dated 9/19/2024 revealed, The resident has Oxygen Therapy.</p> <p>Record review of Resident #10's Order Summary Report, dated 11/6/2024, revealed order, Change nasal cannula as needed.</p> <p>Record review of Resident # 10's TARs for October and November 2024 indicated nasal cannula had not been changed.</p> <p>Observation on 11/5/2024 at 9:15 am - Observed Resident #10's nasal cannula was visibly soiled.</p> <p>Staff interview on 11/6/2024 at 3:26 pm with GVN B - she verified that the resident's nasal cannula was visibly soiled. She stated that a soiled nasal cannula could cause skin breakdown or an infection.</p> <p>Staff interview on 11/6/2024 at 3:40 with the DON - He observed that the resident's nasal cannula was visibly soiled. He stated there could be a potential for infection due to soiled cannula.</p> <p>Review of the facility policy titled, Oxygen Administration, dated 3/21/2023, stated Change the tubing (including any nasal prongs or mask) .when it malfunctions or becomes visibly contaminated.</p>		

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<p>F 0756</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure a licensed pharmacist perform a monthly drug regimen review, including the medical chart, following irregularity reporting guidelines in developed policies and procedures.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47611</p> <p>Based on interview and record review, the facility failed to ensure an irregularity noted by the pharmacist was acted upon for 1 of 6 Residents (Resident #10) reviewed for pharmacy review in that:</p> <p>The facility failed to implement to monitor Resident #10 for edema.</p> <p>This failure could place resident as risk of not having their pharmacy consultations reviewed or recommendations implemented.</p> <p>The findings included:</p> <p>Record review of Resident #10's face sheet, dated 06/28/2023 revealed a [AGE] year-old female with an initial admission 4/2/2024 and a readmission on 6/7/2024 with diagnoses of; Chronic Obstructive Pulmonary Disease (lung disease that damages the lungs making it hard to breathe), Atherosclerotic Heart Disease (plaque in heart arteries that reduces blood flow), Presence of Cardiac Pacemaker.</p> <p>Record review of Resident #10's MDS, dated [DATE] revealed BIMS score of 11, which indicated moderate cognitive impairment.</p> <p>Record review of Resident #10's Care Plan, dated 9/19/2024 revealed, The resident has potential fluid deficit r/t Diuretic use.</p> <p>Record review of Pharmacy Nursing Summary Report, dated 10/10/2024, indicated, Resident is receiving a diuretic, please add edema monitoring to routine orders.</p> <p>Record review of Resident #10's Order Summary Report, dated 11/6/2024 did not have orders to monitor resident for edema.</p> <p>Staff interview on 11/6/2024 at 3:26 pm with GVN B, she verified that there was no doctor order to monitor resident for edema.</p> <p>Staff interview on 11/6/2024 at 3:40 pm with the DON, he verified that there was no doctor order to monitor resident for edema.</p> <p>He stated the potential for harm could be fluid overload.</p> <p>Records review of facility policy titled, Resident Assessment, indicated Documentation reflecting assessment and changes in the plan of care will be reflected in the resident's medical record and/or plan of care.</p>		