

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675496	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/12/2024
NAME OF PROVIDER OR SUPPLIER Slaton Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 630 S 19th Slaton, TX 79364	

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 0584</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 safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49927</p> <p>Based on observation, interview, and record review the facility failed to ensure a resident has a right to a safe, clean, comfortable and homelike environment for 1 of 37 residents reviewed for physical environment.</p> <ol style="list-style-type: none"> 1. The facility failed to ensure Resident #12 had a functioning bathroom light switch. 2. The facility failed to ensure Resident #12 had a safe and secure toilet in the shared bathroom. <p>These failures could place residents at risk for injuries and falls.</p> <p>Findings included:</p> <p>Record review of Resident #12's electronic face sheet dated 9/11/2024 revealed a [AGE] year-old female, admitted to the facility on [DATE]. The face sheet indicated, under Diagnosis Information, diagnoses that included transient cerebral ischemic attack (short period of symptoms similar to those of a stroke caused by a brief blockage of blood flow to the brain), type 2 diabetes mellitus without complications (when body's cells resist the normal effect of insulin and glucose builds in blood), Zoster Keratitis (inflammation of the cornea), and unspecified lack of coordination.</p> <p>Record review of Resident #12's Annual MDS assessment dated [DATE], revealed under</p> <p>Section C Cognitive Patterns, a BIMS score of 13 indicating the resident was cognitively intact. The MDS assessment indicated under Section H, H0300, Resident #12 was always urinary and bowel continent.</p> <p>Record review of Resident #12's most recent care plan, dated 7/1/2024, reflected a focus area ADL Self Care Performance Deficit Impaired balance, Limited Mobility. The goals for the focus area included, The resident will maintain or</p> <p>improve current level of function through the review date. The Interventions/Tasks for the focus area included, Toilet use: requires staff x1 for assistance, with a date initiated of 07/14/2023.</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 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>An interview with Resident #12 on 9/10/2024 at 10:07 AM revealed Resident #12 stated her toilet was wobbly and her light switch was not functioning properly to the bathroom that she shared with the resident next to her. Resident #12 stated she had to either leave her door open and use the bedroom light, or she had to use the toilet without a light. The resident reported the other resident's light switch worked to control the bathroom light. Resident #12 stated she was told there was a wiring issue with the light, but she could not remember who she reported this to. Resident #12 stated she had not reported the loose toilet yet. Resident #12 stated she had not had an accident because of the loose toilet or the light switch not functioning.</p> <p>An observation on 9/10/2024 at 10:25 AM revealed the toilet shared by Resident #12, and the room next to her, was not secure and could be moved from side to side, by several inches, with only a gentle nudge. It was also observed that the bathroom light switch did not turn on the bathroom light in Resident #12's shared bathroom. It was observed that the light switch to the bathroom, inside of Resident #12's neighbor's room controlled the light to the bathroom. It was also observed that when the light switch to the bathroom, in Resident #12's neighbor's room, was switched to on, the light switch in Resident #12's room was then able to turn off and on the bathroom light. It was observed that when the light switch, in Resident #12's neighbor's room, was switched to off, the light switch in Resident #12's room would not function to control the bathroom light.</p> <p>An interview on 09/10/24 at 12:30 PM with the ADM revealed the ADM stated she was unaware of the concerns with Resident #12's toilet not being secure and the bathroom light switch not functioning properly. The ADM stated she did not believe there were any open or prior work orders for these issues. The ADM stated this would be looked at as soon as possible. The ADM reported the resident next to Resident #12 was not in the facility and was in the hospital for treatment.</p> <p>An observation on 9/11/2024 at 1:30 PM revealed the toilet shared by Resident #12 was secure and stable.</p> <p>An observation on 9/11/2024 at 1:33 PM revealed the light switch to the shared bathroom of Resident #12's was functioning properly.</p> <p>An interview on 09/12/24 at 11:00 AM with the Maintenance Director revealed the maintenance director reported he was unaware of the light switch to the bathroom of Resident #12 was not functioning properly, and he was unaware that the toilet in the bathroom shared in Resident #12's room was loose and unstable. The maintenance director reported there were no open work orders for the two needed repairs, to his knowledge. The maintenance director stated he has worked for the facility for a month and was trained on completing repairs and work orders with his new hire training. The maintenance director stated there was not a procedure in place prior to that day to check toilets or working light switches in residents' rooms. However, he stated he will begin weekly room checks to ensure everything is safe and functioning properly in each resident's room. The maintenance director stated he was able to fix the light switch in Resident #12's room to control the bathroom light, and he was able to fix the toilet in the shared bathroom for Resident #12, and it was no longer loose.</p> <p>An interview on 09/12/24 at 11:20 AM with the DON revealed the DON stated she was unaware of the toilet being loose in the bathroom shared by Resident #12 and her neighbor. The DON stated the maintenance director is responsible for ensuring toilets are safe and stable and light switches are functioning properly. The DON stated Resident #12 does use the toilet in her shared bathroom.</p> <p>(continued on next page)</p>		

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<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>An interview on 09/12/24 at 12:00 PM with the ADM revealed the ADM stated it was the maintenance director's responsibility to ensure toilets were secured properly and to ensure light switches were functioning in each resident's room. The ADM stated there was not a policy or system in place previously that specifically applied to the functioning of toilets or light switches, but a policy was since developed, and the maintenance director will do weekly checks of each resident's room beginning 9/12/2024. The ADM stated there was a system in place for reported repairs that was monitored by the maintenance director and the administrative staff. The ADM stated residents, family, and staff could report any needed maintenance using a QR code (quick-response code, a type of two-dimensional matrix barcode) that was posted throughout the facility. The ADM stated there were no reported repairs for the bathroom toilet shared by Resident #12 and her neighbor, via that system. The ADM stated the maintenance director did receive training when he was hired, one month ago, that included initiating and completing necessary repairs in residents' rooms. The ADM stated the head of each department for the facility was in each resident's room daily and they were also responsible for ensuring the resident's rooms were safe and functioning. The ADM stated resident's rooms were also inspected at the time the resident was admitted to ensure everything was safe and functioning properly. The ADM stated residents were at risk of falls and/or injuries if the resident's toilet was loose and if their light switches were not functioning properly in the bathroom.</p> <p>Review of facility's policy, Policy for Weekly Inspection of Lavatory Sinks and Toilets, effective 9/12/2024 revealed the following:</p> <p>Purpose: To ensure the safety, hygiene, and proper functioning of lavatory sinks and toilets, and to prevent potential issues that may impact the health and comfort of employees, visitors, and other facility users.</p> <p>Scope: This policy applies to all lavatory sinks and toilets within organization's facilities, including all offices, buildings, and other locations managed by the organization.</p> <p>Policy:</p> <p>1. Inspection Frequency:</p> <ul style="list-style-type: none"> o Lavatory sinks and toilets must be inspected on a weekly basis. <p>2. Inspection Responsibilities:</p> <ul style="list-style-type: none"> o The Facilities Management team or designated maintenance personnel are responsible for conducting and documenting the weekly inspections. o Each facility manager or supervisor is responsible for ensuring that inspections are completed as scheduled. <p>5. Corrective Actions:</p> <p>(continued on next page)</p>		

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<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Policy:</p> <p>1. Inspection Frequency:</p> <ul style="list-style-type: none"> o All lighting systems must be inspected on a weekly basis. <p>2. Inspection Responsibilities:</p> <ul style="list-style-type: none"> o The Facilities Management team or designated maintenance personnel are responsible for conducting and documenting the weekly inspections. o Each facility manager or supervisor must ensure that inspections are completed as scheduled. <p>3. Inspection Checklist:</p> <ul style="list-style-type: none"> o General Lighting Inspection: ? Verify that all light switches and controls operate correctly. <p>5. Corrective Actions:</p> <ul style="list-style-type: none"> o Any issues identified during the inspection must be addressed promptly. o Follow-up inspections should be scheduled as needed to confirm that corrective actions have been effective. <p>6. Training:</p> <ul style="list-style-type: none"> o All personnel involved in inspections must receive training on proper inspection techniques, safety protocols, and the use of any necessary tools or equipment. o Training should be updated regularly to incorporate any changes in procedures or safety guidelines. <p>7. Compliance:</p> <ul style="list-style-type: none"> o Adherence to this policy is mandatory. Non-compliance will be addressed through appropriate corrective measures, which may include additional <p>(continued on next page)</p>		

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<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>training or disciplinary action.</p> <p>8. Review and Revision:</p> <p>o This policy will be reviewed annually and updated as necessary to ensure continued relevance and effectiveness.</p> <p>Effective Date: This policy is effective as of 9/12/2024</p>

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<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.</p> <p>49279</p> <p>Based on observation, interview, and record review the facility failed to provide pharmaceutical services, including procedures that assured the accurate acquiring, receiving, dispensing, and administering of all drugs and biologicals, to meet the needs of each resident for 1 of 1 treatment carts (Treatment Cart A) reviewed for pharmacy services</p> <p>1. The facility failed to ensure the treatment carts were free of expired medical supplies.</p> <p>These failures could place all residents at risk of harm or decline in health due to expired medical supplies.</p> <p>Findings included:</p> <p>During an observation on 9/11/2024 at 10:42 AM of Treatment Cart A the following expired items were revealed:</p> <ul style="list-style-type: none"> - Self-Cath 14Fr (tube to drain urine from the bladder) foley catheter with an expiration date of 7/6/2024. - Catheter Stabilization Device with an expiration date of 3-27-2023 - Hypafix (adhesive bandage) with an expiration date of 2024-06 - Urinary leg bag medium 600-ml with an expiration date of 2023-12-20 <p>During an interview with DON on 9/12/24 at 11:11AM she stated she does weekly audits of the treatment carts and medication carts. She stated she assigns the nurses a cart to do a check of all the items and medications. She stated after they do their audits, she will do a second inspection to ensure it had been thoroughly monitored. She stated she is not sure how those items were missed. She stated those items were not items the facility orders and they may have belonged to a resident who gave the nurses those items for holding. She stated the last training they did for treatment carts and medication carts was in August of 2024. She stated the potential negative outcomes could be, depending on the item, not providing the protection that is needed. The DON said it could be old or weathered and it could become an issue if it is a wound dressing that is not providing the protection needed. She stated compliance is monitored by doing the checks behind the nurses and educating, re-education and coaching the nursing staff.</p> <p>During an interview with the ADM on 9/12/2024 at 11:30AM she stated the nurses are responsible for ensuring the carts are free of expired items. She stated audits are conducted weekly and the last in-service she believes was 9/11/2024. She stated the DON and ADON will pull the Medication Cart Inspection sheet and conduct their own inspections. She stated they utilize the checklist for both medication carts and treatment carts. She stated central supply does weekly sweeps of their storage.</p> <p>(continued on next page)</p>

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<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview with LVN A on 9/12/24 at 11:46 AM, she stated the nurses and administration staff are responsible for ensuring the carts are kept free of expired items and medications. She stated checks of the carts are done once a month. She stated she did not believe she had any training on checking the carts for expired drugs or medication. She stated she had not received an in-service on the medication or treatment carts. She stated the potential negative outcome of utilizing expired items could be the expired item not working at its top functionality.</p> <p>Record review of blank undated facility checklist document titled Medication Cart Inspection revealed,</p> <p>Individual Patient medications (Cart)</p> <p>Are all ordered medications available and in date?</p> <p>Is overflow medication properly organized to avoid duplication?</p> <p>Have discontinued drugs been removed and/or destroyed?</p> <p>Are external drugs separated from internal drugs?</p> <p>Are patient's inhalers, eye gtts (drops), otics (relating to, located in, or of the ear), & ointments separated from other patients to avoid intermingling / cross contamination?</p> <p>Are open eye gtts open dated and < 90 days old from open date?</p> <p>Are open insulin vials open dated and < 30 days old from open date? Are open injectables open dated?</p> <p>Medication Cart</p> <p>Is the cart clean inside?</p> <p>Are liquid med bottles wiped off before returning to cart? Is the cart clean outside?</p> <p>Is the sharps container overfull?</p> <p>Record review of facility policy titled Monthly CS (Central supply) Sweep Instructions dated 10/2023 revealed.</p> <p>It is our company guideline that a complete sweep of all areas that contain nursing supplies is done at least monthly to ensure that nothing expired is in place on our shelves</p> <p>Checking expirations dates-ALL Closets, all shelves, all bins, as well as the crash cart will be checked for expired items.</p>

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<p>F 0804</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature.</p> <p>42515</p> <p>Based on observation, interview, and record review, the facility failed to provide food that was palatable, and at a safe, and appetizing temperature for 2 of 3 food forms (regular, mechanical soft) for 1 of 1 meal reviewed for palatability.</p> <p>1. The facility lunch trays had vegetables that were lukewarm, the gravy for the meat was too salty, and the potatoes were too spicy for the regular texture and mechanical soft texture meals at lunch on 9/10/24.</p> <p>These failures could place residents at risk of decreased food intake, hunger, and unwanted weight loss.</p> <p>The findings included:</p> <p>During confidential individual interviews 3 residents voiced concerns related to food palatability. The residents stated the food did not taste good and sometimes the food is cold.</p> <p>On 09/10/24 at 10:45 AM the Dietary Manager was informed of a request for a test tray for the noon meal.</p> <p>On 09/10/24 at 12:41 PM the test trays arrived at the conference room and sampling began at 12:43 PM with the following results:</p> <p>Alternate meal plate - Regular Texture</p> <p>Tortellini - no issues</p> <p>Green beans - lukewarm and bland to taste</p> <p>Garlic bread - tough to tear/chew.</p> <p>Regular Meal - Regular Texture</p> <p>Mississippi Roast with gravy - gravy was very salty</p> <p>Roast potatoes - lukewarm - strong flavor of pepper, spicy</p> <p>Carrots - no issues</p> <p>Roll - soggy/wet with carrot juice</p> <p>Regular Meal - Mechanical Soft Texture</p> <p>Mississippi Roast with gravy - gravy was very salty</p> <p>(continued on next page)</p>		

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<p>F 0804</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Roast potatoes - strong flavor of pepper, spicy</p> <p>Carrots - lukewarm</p> <p>Roll - soggy/wet with carrot juice and gravy</p> <p>Interview on 09/10/24 at 12:56 PM, the ADM stated the gravy was salty and the potatoes were spicy with a strong pepper flavor.</p> <p>Interview on 09/12/24 at 2:49 PM, the DM stated she and the cook were responsible for tasting the meals before they were served. The DM stated the noon meal was not tasted prior to being served and she does not know why. The DM stated the cook has been working hard at making the meals and she does not know why the gravy was salty or the potatoes were over seasoned with black pepper. The DM stated cold food can grow bacteria if not at the right temperature and the residents could possibly get sick.</p> <p>Interview on 09/12/24 at 10:54 AM, the ADM stated she expects the DM and cook to follow the recipe and expectations for food palatability. The ADM stated the DM should go visit with the residents if they have complaints about the food and stated the facility also offers alternatives to the meals. The ADM stated she did not know why the test meal had problems and stated the kitchen staff are new and still getting training. The ADM stated a possible negative outcome to the residents was they may not eat the food because they did not like how it tasted.</p> <p>Record review of the facility policy and procedure titled, Preparation of Food, dated 2012, reflected the following:</p> <p>We will establish safe and nutritional preparation of food. Food is to be prepared in a manner as to maximize flavor, appearance, and nutritional value.</p> <p>Procedure:</p> <p>2. All food will be prepared by methods that preserve nutritive value, flavor, appearance with variety of color, and will be attractively served at the proper temperature and in a form to meet the individual needs of the resident.</p> <p>6. The Dietary Service Manager and cooks will taste and test meals daily. The administrator and DON may taste test meals if requested.</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** 42515</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 1 of 1 kitchen reviewed for dietary services.</p> <ol style="list-style-type: none"> 1) The facility failed to keep refrigerator, oven handles, freezer handles, and microwave handles clean. 2) The facility failed to keep all foods completely sealed when stored in the pantry and freezer. 3) The facility failed to store bowls upside down. 4) The facility failed to keep the kitchen free of expired food items. <p>These failures could place residents at risk for food contamination and foodborne illness.</p> <p>The findings included:</p> <p>Observation during a kitchen tour on [DATE] at 9:50 AM revealed 2 refrigerator door handles had hard, dried substances stuck on the inside of the handles, 1 white freezer door handle had hard, dried substances stuck to the inside and outside of the handle, 1 microwave handle had hard, dried substances on it, 2 oven handles had a sticky substance on the inside of the handles, 7 medium to large silver bowls were stored on the bottom shelf of a preparation table with the bowls facing up, 1 bag of dry granola, dated [DATE] was in the pantry in a bag that was unsealed, and 1 pie crust, dated [DATE], was in the white freezer in a bag that was unsealed.</p> <p>Interview on [DATE] at 9:50 AM, the DM stated all the dietary staff were responsible for doing daily and weekly cleaning in the kitchen. The DM stated she has had cleaning issues with her staff and has been doing ongoing verbal training with them. The DM stated all dietary staff are responsible to keeping food items completely sealed during storage. The DM stated the 7-silver bowls should have been stored upside down and not right side up. The DM stated she did not know why the handles in the kitchen were not clean, why some food items were not completely sealed or why the bowls were stored right side up. The DM stated a potential negative outcome to the residents was it could make them sick or cross-contamination issues.</p> <p>Interview on [DATE] at 10:38 AM, the ADM stated the DM and the cooks were responsible for kitchen cleanliness and for ensuring foods were stored appropriately. The ADM stated she knows one of the kitchen staff is new and they are doing daily training with her being new to the facility. The ADM stated she expects the kitchen staff to follow all policies and expectations. The ADM stated she expects the kitchen staff to follow the food storage policy and keep the kitchen up to standard. The ADM stated the kitchen last had an audit at the end of March /2024 and she did not know why the kitchen handles were not clean or why some food items were stored open. The ADM stated there is a possible cross-contamination risk and possible bacteria for unsealed food items.</p> <p>(continued on next page)</p>

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NAME OF PROVIDER OR SUPPLIER Slaton Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 630 S 19th Slaton, TX 79364	

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>Record review of the facility's policy and procedure titled, Equipment Sanitation dated 2012, reflected the following:</p> <p>We will provide clean and sanitized equipment for food preparation. The facility will clean all food service equipment in a sanitary manner</p> <p>Record review of the facility policy and procedure titled, Food Storage and Supplies dated 2012, reflected the following:</p> <p>All facility storage areas will be maintained in an orderly manner that preserves the condition of food and supplies. We will ensure storage areas are clean, organized, dry and protected from vermin and insects.</p> <p>Procedure:</p> <p>4. Open packages of food are stored in closed containers with covers or in sealed bags and dated as to when opened</p> <p>Record review of the facility policy and procedure titled, Cleaning the refrigerator, dated 2012, reflected the following:</p> <p>Refrigerators are maintained in a clean, sanitary condition free of offensive odors. Cleaning of the reach in refrigerator will be done on a daily or as needed basis</p>