STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	675522	A. Building B. Wing	06/13/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Monahans Managed Care Center	1200 W 15th St Monahans, TX 79756

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 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	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. 48593 Based on observation, interview, and record review, the facility failed to ensure the residents' right to a safe, clean, comfortable, and homelike environment for the residents on the 300 Hall reviewed for resident rights in that: The facility failed to ensure resident's room hand sinks maintained functioning hot water. This failure could place residents at risk for living in an uncomfortable, and unhomelike environment which could cause a diminished quality of life. The findings included: Observations on 06/11/2024 through 06/13/2024revealed the hand sinks in the rooms on hall 300 had no hot water. The hot water did not turn on at all. Interview on 06/12/24 at 01:33 PM with the Administrator revealed that Hall 300 did not have hot water for approximately 2 months due to a broken pipe. The Administrator stated the residents in hall 300 used the showers on Hall 200 and 400 which had hot water. The Administrator stated she had gotten several quotes and was waiting for approval from corporate. The Administrator stated she had received approval that morning, 06/12/24, to have the hot water fixed. The Administrator stated she did not have any residents complain about not having hot water. The Administrator did not think there was a negative outcome for them not having hot water since the residents were able to shower on the other halls. The Administrator stated they do not have maintenance in the facility and have to share a maintenance man with a facility in Pecos.

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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F 0727 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	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. 45399 Based on interview and record review, the facility failed to use the services of a RN for at least 8 consecutive hours a day, 7 days a week for 16 days in Quarter 2 2024 reviewed for Licensed Nursing coverage from January 2024, February 2024 reviewed for nursing services. The facility did not have the required 8 consecutive hours of RN coverage during the month of January 2024 (11 days) and February 2024 (5 days). This failure could place residents at risk for not having their nursing care and medical needs met. Findings included: Review of PBJ [Payroll Based Journal] Staffing Data Report, with a run date of 06/06/2024 revealed Failed to have Licensed Nursing Coverage 24 Hours/Day was triggered for the fiscal year Quarter 2 2024 (January 1 - March 31). The infraction dates were 01/01 (MO); 01/02 (TU); 01/03 (WE); 01/04 (TH); 01/05 (FR); 01/08 (MO); 01/16 (TU); 01/17 (WE); 01/18 (TH); 01/24 (WE); 01/25 (TH); 02/02 (FR); 02/08 (TH); 02/16 (FR); 02/21 (WE); 02/22 (TH). Record review of the January 2024 schedule/time sheets indicated no 24-hour licensed nursing coverage for any of the dates. Record review of the February 2024 schedule/time sheets indicated no 24-hour licensed nursing coverage for any of the dates. In an interview on 6/12/24 at 4:12 pm, ADON stated that facility only had one RN employed full time and no DON during the Quarter 2. The ADON stated that on the days in question they had no RN coverage. In an interview on 6/12/24 at 4:30 pm, Regional Compliance Nurse stated that the facility only had 2 PRN RNs and agency RNs. Regional Compliance Nurse stated that she checked clock in logs and was unable to find any proof of RN coverage for any of the days in question. The Regional Compliance Nurse stated that she has been covering for the DON since October 2023. Stated she did not work any of the days in question. In an interview on 6/13/24 at 11:30 am, Administrator stated that the facility lost staff when the company changed to new owners. Administrator stated that they had no DON and were unsuccessful in getting RN coverage during that time. Stated she attempted to provide coverage with agency RNs and Regional Compliance Nurse but was unsuccessful. A new DON was hired and started that week. Review of undated facility policy titled Departmental Supervision, revised August 2006 revealed, in part: (continued on next page)

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F 0727 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Policy Statement: The nursing services department shall be under the direct supervision of a Registered Nurse at all times. A Registered Nurse (RN) will be employed as the Director of Nursing (DON). The DON will be on duty during the day shift Monday through Friday. During the absence of the DON, a Registered Nurse/ Nurse Supervisor will be responsible for supervision of all direct care staff.

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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** 48593 Based on observation, interview, and record review, the facility failed to maintain an infection prevention and control program designed to provide a safe, sanitary, and comfortable environment to help prevent the development and transmission of communicable diseases and infections for 2 (Residents #4 and #17) of 12 residents reviewed for infection control. The facility failed to ensure: The facility failed to ensure CNAs A and B washed or sanitized their hands prior to putting on gloves and change their gloves after they became contaminated during incontinent care while assisting Resident #4. The facility failed to ensure CNA C changed her gloves after they became contaminated during incontinent care while assisting Resident # 17 This failure could place resident's risk for cross contamination and the spread of infection. Finding include: RESIDENT #4 Record review of Resident #4's face sheet dated 06/11/2024 indicated she was admitted to the facility on [DATE] with diagnoses which included cognitive communication deficit, muscle wasting and atrophy. She was [AGE] years of age. Record review of Resident #4's MDS assessment dated [DATE] indicated in part: BIMS Summary Score = 12 indicating she had moderately impaired cognition. Bladder and Bowel: Urinary Continence =. 2. Frequently incontinent. Bowel Continence =. 2 Frequently incontinent. Record review of Resident #4's care plan dated 03/04/24 indicated in part: Problem: Resident is incontinent of bladder/bowel. Goal: resident will be maintained in a clean, dry state and prevent complication of incontinence by checking and changing resident at regular intervals x 90 days. Approach: ensure staff is aware of resident need for incontinent care. provide incontinent care as needed post each incontinent episode. During an observation on 06/11/24 at 11:21 AM, CNA A and CNA B performed incontinent care for Resident # 4. Both CNAs entered the resident's room and put some gloves on without first sanitizing or washing their hands. CNA B undid the resident's brief and wiped the resident's vaginal area with some wet wipes and there was some bowel movement noted on the wipe. While wearing the same gloves she used to wipe off the bowel movement, CNA B repositioned the resident by pulling her towards her so that CNA A could wipe the resident's bottom. CNA A then took some wet wipes and cleansed the bowel movement from the resident's rectal area. While wearing the same gloves both CNAs fastened the new brief to the resident then straightened her gown and bed sheets back on the resident. While still wearing the same gloves, CNA B placed the call light on Resident #4's bed, gave her the bed remote and adjusted the residents' pillow. (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 06/11/24 at 03:24 PM, CNA A and CNA B said they had forgotten to wash their hands or use hand sanitizer prior to putting gloves on when providing incontinent care for Resident #4. Both CNAs said they should have changed their gloves once they became contaminated during the incontinent care. Both CNAs said they should have changed their gloves when they went from dirty to clean to prevent cross contamination. Both CNAs said they should have changed their gloves prior to assisting Resident #4 with her gown, call light and bed remote as that could also lead to possible contamination. Both CNAs said the reason that occurred was because they got nervous and forgot to wash their hands or sanitize their hands and changed their gloves during the resident care. Both CNAs said they had received training on proper handwashing and glove use. RESIDENT #17 Record review of Resident #17's face sheet dated 06/13/2024 indicated she was a [AGE] year-old female. Resident #17 was admitted to the facility on [DATE] with diagnoses that included dementia, muscle wasting and atrophy. Record review of Resident #17's MDS dated [DATE] indicated in part: Resident #17's BIMS Summary Score was 03. Under the section for Bladder and Bowel showed for urinary Continence that indicated the resident was Frequently incontinent. For Bowel Continence was Always incontinent. Record review of Resident #17's care plan dated 06/12/24 indicated in part: Problem: Resident is incontinent of bladder/bowel. Goal: resident will be maintained in a clean, dry state and prevent complication of incontinence by checking and changing resident at regular intervals x 90 days. Approach: ensure staff is aware of resident need for incontinent care. provide incontinent care as needed post each incontinent episode. During an observation on 06/12/24 at 04:10 PM, CNA C performed incontinent care for Resident #17. CNA C unlatched Resident #17's brief tucking the brief under resident. CNA C wiped the resident's vaginal area with wet wipes. CNA C turned the resident to her side then wiped the resident's bottom using wet wipes. CNA C removed resident's soiled brief and placed in trash. Without changing gloves CNA C placed a clean brief under the resident. CNA C rolled resident to her back and adjusted and fastened brief. CNA C, without changing gloves, pulled residents pants up, adjusted resident's shirt, placed resident's shoes on resident's feet and adjusted resident's blanket on the bed. During an interview with CNA C on 06/12/23 at 04:40 pm, CNA C stated she would not have done anything differently. CNA C stated she only changed gloves if they are visibly soiled. Surveyor informed CNA C that after touching the soiled brief, the gloves then are considered contaminated and should be changed. CNA C stateds she could see how that is an infection control issue and had not thought of it that was before. CNA C stateds she will follow the facilities policy on hand hygiene and glove changing. (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Record review of the facility's policy titled Diarrhea and fecal incontinence and dated October 2010 indicated in part: The purpose of this procedure is to provide guidelines that will aid in preventing the resident's exposure to feces. The following equipment and supplies will be necessary when performing this procedure. Place the clean equipment on the bedside stand or overbed table. Arrange the supplies so they can be easily reached. Wash and dry your hands thoroughly. Put on gloves. Remove soiled items. Replace with clean dry briefs or under pad as indicated. Discard disposable equipment and supplies in designated containers. Remove gloves and discard into designated container. Wash and dry your hands thoroughly. Record review of the facility's policy titled Handwashing/hand hygiene and dated April 2012 indicated in part: This facility considers hand hygiene the primary means to prevent the spread of infections. All personnel shall follow the handwashing/hand hygiene procedures to help prevent the spread of infections to other personnel, residents and visitors. Employees must wash their hands for at lead fifteen (15) seconds using antimicrobial or non-antimicrobial soap and water under the following conditions: Before and after direct resident contact - Before and after assisting a resident with personal care - upon and after coming in contact with a resident's intact skin - after removing gloves or aprons. Hand hygiene is always the final step after removing and disposing of personal protective equipment. The use of gloves does not replace handwashing/hand hygiene. Record review of the facility's policy titled Infection prevention and control program and dated 05/11/2023 indicated in part: This facility has established and maintains 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 as per accepted national standards and guidelines. All staff shall assume that all residents are potentially infected or colonized with an organism that could be transmitted during the course of providing resident care services. Hand hygiene shall be performed in accordance with out facility's established hand hygiene procedures. All staff shall use personal protective equipment (PPE) according to established facility policy governing the use of PPE.