

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675534	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/10/2024
NAME OF PROVIDER OR SUPPLIER Wheeler Nursing & Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 1000 S Kiowa St Wheeler, TX 79096	

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 0637</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Assess the resident when there is a significant change in condition</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46534</p> <p>Based on interview and record review the facility failed to ensure within 14 days after the facility determined, or should have determined, that there was a significant change in the resident's physical or mental condition for 2 of 14 residents (Residents #1 and #25) reviewed for comprehensive assessments .</p> <ol style="list-style-type: none"> 1. The facility failed to complete a significant change MDS for Resident #1 within 14 days of 01/23/24-the date he elected to receive hospice care. 2. The facility failed to complete a significant change MDS for Resident #25 within 14 days of 03/27/24-the date she tested positive for COVID 19. <p>These failures could place residents at risk of not receiving the necessary care/treatment.</p> <p>Findings Include:</p> <ol style="list-style-type: none"> 1. Record review of Resident #1's admission record reflected a [AGE] year-old male who was admitted to the facility on [DATE]. Resident #1 had diagnoses which included, but were not limited to, chronic obstructive pulmonary disease (inflammation of lung tissue due to non-infectious causes, which results in cough without mucus or phlegm, shortness of breath, and fatigue), cerebral infarction (occurs as a result of disrupted blood flow to the brain due to problems with the blood vessels that supply it, stroke), hemiplegia and hemiparesis (partial paralysis following stroke) following cerebral infarction affecting left non-dominant side, acute respiratory failure (sudden failure of lungs to deliver oxygen to the body), altered mental status (change in brain function) and cognitive communication deficit (difficulty with one or more of the following: attention, memory, perception, language, problem-solving, and reasoning). Hospice Medicaid was listed as primary payer. The name and phone number of Resident #1's hospice was listed under the external facilities section of his admission record. <p>Record review of Resident #1's significant change MDS reflected it was signed as completed on 02/19/24 by the DON. Section C reflected a BIMS of 9, which indicated moderately impaired cognition. Section O reflected Resident #1 was receiving hospice care while a resident.</p> <p>Record review of Resident #1's care plan, completed on 01/30/24, reflected Resident #1 had a terminal prognosis and was admitted to hospice care.</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 0637</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Record review of Resident #1's care plan, completed on 04/23/24 , reflected Resident #1 had a terminal prognosis and was admitted to hospice care. The care plan reflected Resident #1 was receiving pain medication related to hospice end of life care.</p> <p>Record review of Resident #1's active orders as of 07/08/24 reflected the following order with a start date of 01/23/24:</p> <p>All hospice related meds must be re-ordered through hospice pharmacy.</p> <p>Record review of Resident #1's discontinued or completed orders reflected the following order with a start date of 01/23/24:</p> <p>Admit to [name of hospice]</p> <p>Record review of Resident #1's form titled Texas Medicaid Hospice Program Individual Election/Cancellation/Update and dated 01/23/24 reflected Resident #1 elected hospice care and was signed by a hospice representative, Resident #1, and the hospice physician.</p> <p>2. Record review of Resident #25's admission record reflected a [AGE] year-old female who was admitted to the facility on [DATE]. Resident #25 had diagnoses which included, but were not limited to, heart failure (heart muscle fails to pump blood as it should), altered mental status (change in brain function), cognitive communication deficit (difficulty with one or more of the following: attention, memory, perception, language, problem-solving, and reasoning), and COVID-19.</p> <p>Record review of Resident #25's significant change MDS reflected it was signed as completed on 04/17/24 by the DON. Section C reflected a BIMS of 4, which indicated severely impaired cognition. Section I reflected COVID 19 under Additional active diagnoses. Section O reflected Resident #25 was on Isolation or quarantine for active infectious disease while a resident.</p> <p>Record review of Resident #25's care plan, completed on 07/03/24, reflected Resident #25 was positive for COVID 19 on 03/27/24.</p> <p>Record review of Resident #25's discontinued, completed, or struck out orders reflected the following orders with start date of 03/27/24:</p> <p>Zinc Oral Tablet 50 MG (Zinc) Give 2 tablet by mouth one time a day for covid for 10 Days</p> <p>Quercetin Oral Tablet 250 MG (Quercetin) Give 1 tablet by mouth one time a day for covid for 10 days</p> <p>Nac 600 Oral Capsule (Acetylcysteine [Nutrient]) Give 1 capsule by mouth one time a day for COVID for 10 Days</p> <p>Droplet precautions: Resident will remain in room for isolation at all times including meals, bathing, and therapy. Signing indicates that resident has received all care in room this shift. Resident has not left room. Every shift for Covid/Covid Exposure</p> <p>(continued on next page)</p>		

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<p>F 0637</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 07/10/24 at 09:55 AM, the MDS LVN stated she worked for the facility for 2 weeks. She stated she had one year of experience from 2015 as an MDS coordinator. She stated the RAI was the policy she followed for completing MDS assessments. She stated according to the RAI a significant change MDS had to be completed 14 days after the significant change occurred. The MDS LVN stated there was probably a negative outcome of a significant change MDS not being completed timely. She stated she was not employed when the significant change MDS' were completed for Resident #1 and Resident #25 .</p> <p>During an interview on 07/10/24 at 09:59 AM, the DON stated the policy used in completing MDS assessments was the RAI. She stated she was not familiar with the time frame for completing a significant change MDS as MDS LVN was responsible for completing the assessments timely. The DON stated the former MDS nurse would call her or send her an email when it was time for her to sign off on an MDS assessment. She stated she could not think of a negative outcome of a significant change MDS not being completed timely.</p> <p>During an interview on 07/10/24 at 10:04 AM, the ADM stated the MDS LVN was responsible for completing MDS assessments. She stated the RAI was the policy for MDS'. The ADM stated she did not know the timing for completing a significant change MDS. She stated she could not think of a negative outcome of a significant change MDS not being completed timely .</p> <p>Record review of Long-Term Care Facility Resident Assessment Instrument 3.0 User's Manual version 1.18. 11, dated October 2023, reflected the completion date of a significant change MDS assessment was to be No Later Than 14th calendar day after determination that significant change in resident's status occurred (determination date + 14 calendar days).</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** 31882</p> <p>Based on observation, interview, and record review, the facility failed to store, prepare, distribute, and serve food in accordance with the professional standards for food service safety for 1 of 1 kitchen reviewed for kitchen sanitation.</p> <ol style="list-style-type: none"> The facility failed to ensure the freezer items were properly stored, labeled, and dated. The facility failed to ensure refrigerator and pantry foods were properly stored, labeled, and dated. <p>These failures could place residents who ate food served by the kitchen at risk of food-borne illness.</p> <p>Findings include:</p> <p>Observation of the freezer on 7/8/24 at 10:20 am revealed the following:</p> <ol style="list-style-type: none"> (1) box of country fried steak, open to air. (1) box of sweet roll dough, open to air. (1) plastic bag of frozen meat patties, not in original box with no label. (1) plastic bag of frozen sausage patties, not in original box with no label. (1) plastic bag of frozen okra, not in original box with no label. <p>Observation of the kitchen pantry area on 7/8/24 at 10:30 am revealed the following:</p> <ol style="list-style-type: none"> (3) white plastic bins holding packaged foods with crumbs of food in the bottom. <p>Observations of the kitchen refrigerator on 7/9/24 at 7:10 am revealed there were:</p> <ol style="list-style-type: none"> (1) ziplock baggie of hardboiled eggs, no label or date (1) box of bacon, open to air. (1) bowl of onions, no label or date (4) glasses of milk, on a plastic tray, not covered, labeled or dated. <p>Observations of the kitchen freezer on 7/9/24 at 7:15 am revealed there were:</p> <ol style="list-style-type: none"> (1) box of sweet roll dough, open to air. <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>Provide and implement an infection prevention and control program.</p> <p>39813</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 staff (LVN A) reviewed for infection control.</p> <p>-LVN A did not wash her hands or change her gloves while performing wound care.</p> <p>This deficient practice could place residents at risk for the spread of infections, tissue breakdown, and feelings of isolation related to poor hygiene.</p> <p>Findings include:</p> <p>During an observation on 07-09-2024 at 12:49 PM LVN A was observed performing wound care on Resident #5's left decubitus heel wound. LVN A was observed washing her hand and donning gloves. LVN A then removed the old dressing, cleaned the wound with gauze wet with wound cleanser, dried the wound with gauze, cleaned the resident's left foot toes with a gauze pad soaked with betadine. LVN A then packed the left heel decubitus ulcer with collagen powder, covered the decubitus wound with a dry gauze, then wrapped the wound to include the ankle with Kerlex/Kling wrap. LVN A then removed her gloves and washed her hands. LVN A did not change her gloves or wash her hands any time after starting the wound care and before finishing the wound care.</p> <p>During an interview on 07-09-2024 at 01:28 PM LVN A reported that she should have changed her gloves and washed her hands after she removed Resident #5's old dressing because when you remove the old dressing you could have drainage on your hands or gloves that could be passed on to the new dressing and result in cross contaminating the resident which would negatively affect the resident.</p> <p>During an interview on 07-09-2024 at 01:59 PM the DON reported that with wound care and incontinent care she expects staff to change their gloves and wash their hands anytime they removed the old dressing, before they put on the new dressing, complete the incontinent care, before they put on the new brief, basically between the dirty and clean portion of the care. The DON reported that staff should also wash their hands when their hands or gloves become soiled. The DON reported that following this process keeps the infections down and will prevent cross-contamination with the residents.</p> <p>Record review of the competency assessment titled When Hand Washing Should be Performed Check List undated, revealed the following.</p> <p>-After contact with blood, body secretions, excretions, mucous membranes, or non-intact skin. (marked yes-in compliance)</p> <p>-After handling items potentially contaminated with blood, body fluids, excretions, or secretion. (marked yes-in compliance)</p> <p>Signed by LVN A 11-7-2023.</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 provided policy titled Infection Control Policy and Procedure Manual 2018 undated, revealed the following:</p> <p>Gloving:</p> <p>Gloves are worn for three important reasons.</p> <ol style="list-style-type: none"> 1. To provide protective barrier and prevent gross contamination of the hands when touching blood, body fluids, excretions, mucous membranes, and non-intact skin. The wearing of gloves is . mandatory for all employees. 2. To reduce the likelihood that microorganisms present on the hands of personnel will be transmitted to another resident during invasive or other resident care procedures . 3. To reduce the likelihood that hands of personnel contaminated with microorganisms from a resident or a fomite (objects or materials which are likely to carry infections such as cloths, utensils, and furniture) can transmit these microorganisms to another resident; in this situation, gloves must be changed between resident contacts, and hands washed after gloves are removed. <p>-Wearing gloves does not replace the need for hand washing because gloves may have small inapparent defects or be torn during use, and hands can become contaminated during removal of gloves.</p> <p>-Failure to change gloves between resident contacts is an infection control hazard.</p>