STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	675557	A. Building B. Wing	04/04/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Oasis at Pearland	3400 E Walnut Pearland, TX 77581

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 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe and appropriate respiratory care for a resident when needed. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 16989 Based on observation, interview, and record review, the facility failed to ensure one resident (Resident #1) of three residents reviewed for tracheostomy care and tracheal suctioning was provided care consistent with professional standards of practice, the comprehensive person-centered care plan, and the resident's goals and preferences. -RT A did not utilize a pulse-ox to monitor Resident #1's tolerance of the suctioning procedure. -RT A did not hyper-oxygenate Resident #1 prior to suctioning. -RT A contaminated a sterile field and required surveyor intervention to have her obtain a new sterile field. -RT A did not wear a sterile glove when she picked up the inner cannula and inserted it into the trachea. -RT A was not able to determine the difference between a sterile glove and a clean glove. The deficient practice placed Resident #1 at risk for respiratory infection and respiratory distress. Findings include: Record review of the Admission Record for Resident #1 (dated 04/03/2024) revealed she was [AGE] years old and was admitted to the facility on [DATE]. Diagnoses included acute respiratory failure with hypoxia (lack of oxygen) and tracheostomy (a surgical opening in the neck to assist with breathing). Record review of the Admission Record for Resident #1 (dated 04/03/2024) revealed she was [AGE] years old and was admitted to the facility on [DATE]. Diagnoses included, but were not limited to, acute respiratory failure with hypoxia (lack of oxygen) and tracheostomy . Record review of Resident #1's Care Plan dated 04/04/2024 revealed the resident was at risk for increased secretions/congestion, infections, and respiratory distress. The interventions read, in part, .Observe for needed suctioning of increased secretions/congestion - assess for relief . (continued on next page)

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 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Record review of Resident #1's Physician's Order dated 02/21/2024 revealed trach care was to be provided as needed. Observation on 04/03/2024 at 04:22 a.m. revealed Resident #1 was in her room, lying in bed. RT A was in the room. RT A donned gloves from a box that was in the container on the wall next to the door. RT A retrieved a trach care kit, sterile gauze (4 x 4 inch), a bottle of sterile water, and a tracheal suction catheter from the nightstand. RT A opened the trach care kit and donned sterile gloves over the gloves she was already wearing (double gloved). RT A announced that her right hand would be the 'clean' hand. RT A did not place a pulse-ox on the resident. RT A did not hyper-oxygenate Resident #1 . RT A connected the suction catheter to the suction machine tubing. RT A turned on the suction machine with her left hand. RT A removed the tracheostomy mask with her left hand. RT A inserted the suction catheter into the trachea and applied suction. RT A then withdrew the catheter from the trachea. RT A did not hyper-oxygenate Resident #1 . After approximately 10 seconds, RT A inserted the suction catheter for a second time. She applied suction and withdrew the suction catheter. Continued observation revealed RT A connected a yankauer wand to the suction machine tubing. RT A then used the yankauer to suction around Resident #1's trach collar. RT A then suctioned water from a plastic cup to rinse the yankauer. RT A then removed her gloves and donned gloves from the box by the door. Continued observation revealed RT A opened a second trach care kit. RT A donned the sterile gloves from the kit over her other gloves (double gloved). RT A picked up the sterile plastic-lined box from the kit and placed it on the resident's bed sheet, contaminating the box . RT A opened the sterile field pad from the kit onto the resident's bedding. RT A picked up the contaminated box and unfolded it into a 'cup'. She placed it on the sterile field, contaminating the field . At that time, the surveyor asked RT A to stop. The surveyor asked RT A if the cup was sterile. RT A answered no and continued. RT A retrieved a syringe of sterile water from the kit and emptied it into the cup. Continued observation revealed RT A removed her gloves and left the room to her cart in the hallway. RT A returned to the room with a bottle of sterile water. She filled the cup with sterile water. RT A donned two pair of gloves (double gloved) from the box by the door. RT A removed the gauze from around Resident #1's trach. RT A then said I don't have a sterile glove so I used from the box. RT A said the gloves from the box were sterile because no one had touched them before her. The surveyor informed her the gloves from the box were not sterile. RT A insisted the gloves from the box on the wall were sterile. The surveyor suggested she start over. RT A stopped and discarded her gloves. Continued observation revealed RT A opened a new trach care kit. She donned the sterile gloves. RT A announced her right hand would be her 'clean' hand. RT A removed the items from the kit and arranged them with her right 'clean' hand. She opened the box and formed it into a cup, using her right 'clean' hand. RT A poured sterile water into the cup using her left hand. RT A did not loosen the trach collar but wiped the upper area with gauze she dipped into the sterile water, using her right 'clean' gloved hand . She used a second 'dipped' gauze to clean the area to the right of the trach. RT A then removed her gloves and donned gloves from the box on the wall. (continued on next page)

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F 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Continued observation revealed RT A removed Resident #1's inner trach cannula with her gloved (not sterile) left hand. RT A then opened a new inner cannula package. RT A grasped the tubing end of the cannula with her non-sterile gloved right hand. She then manipulated the cannula so that she was gripping the flange end with her right gloved hand. She immediately inserted the cannula into the resident's trachea. RT A said, It's still sterile. She said her right hand was still her 'clean hand.' RT A then placed a drain sponge around the trach and re-applied the trach mask. All used supplies were then discarded, and RT A washed her hands. In an interview on 04/03/2024 at 04:55 a.m. RT B said that when changing the inner cannula on a trach, sterile gloves were to be used, and only the end of the new inner cannula was to be touched. When asked if it was acceptable to touch the tubing part of the new inner cannula with non-sterile gloves, RT B answered You could have something on your finger. That is not a good procedure. She said it would provide an increased risk for infection. RT A was present, and again said the gloves in the box by the door were sterile. RT B informed RT A the gloves would be 'clean, not sterile.' Observation and interview on 04/03/2024 at 05:05 a.m. revealed the surveyor asked RT A to demonstrate how she grasped the new inner cannula and removed it from the sterile package. A writing pen was used for demonstration purposes. RT B was present. The surveyor announced to both RTs that the end of the pen with the clip would represent the flange end of the inner cannula. Both verbalized understanding. RT A picked up the pen in the center area, where the tubing would have been. RT A said the technique was sterile, since the gloves from the box by the door were sterile. RT A said, It's sterile. I opened the box. In an interview on 04/03/2024 at 05:12 a.m., the Administrator said the RTs were facility employees, not with a contract provider. She said there were two RTs scheduled for each shift. She said there was no RT Supervisor at this time. She said the facility had an ad out to hire a Supervisor. Observation and interview on 04/03/2024 at 5:15 a.m. revealed the Corporate RN said the facility DON had left last week without notice. The new DON will be starting on 04/08/2024. She acknowledged there was no RT Supervisor at this time. She said that when providing trach care, the procedure is aseptic/sterile. She said to change the inner cannula, the new (sterile) one has to be touched. The Corporate RN demonstrated the correct technique to remove the inner cannula from the sterile package. She demonstrated and said that she would pick it up by the flange end (not the tubing end). When the surveyor demonstrated the technique used by RT A, the Corporate RN said that technique would increase the risk for potential infection. She said she would provide education for RT A and have RT A return-demonstrate. In an interview on 04/03/2024 at 06:50 a.m., the Corporate RN said she spoke with RT A, and RT A told her the glove she used to pick up the inner cannula was sterile. At that time, the surveyor informed her that the glove was from the box by the door, and that RT A had acknowledged that in front of RT B. Record review of the facility competency checklist Oxygen Management Competency (10/12/2015) for RT A (signed 03/18/2024) revealed proper hand hygiene and use of PPE and resident assessment were components of the checklist. (continued on next page)

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F 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Record review of the facility competency checklist Pulse Oximetry Competency (10/12/2015) for RT A (signed 03/18/2024) revealed indications for pulse oximetry were to be identified, resident assessment pre- and post-procedure, and proper hand hygiene and use of PPE. In addition, the checklist reflected the care provider was to differentiate between normal and low readings. Record review of the facility competency checklist Suctioning Skills Checklist for RT A (signed 03/18/2024) revealed a sterile field and a clean field were to be established on a bedside table or 'other' appropriate surface. The checklist read, in part, .9. Pick up sterile container [box that converts into a cup], open it and pour sterile saline into it .10. Ventilate resident using Ambu Bag [medical device that forces air into the lungs] at least 3 compressions (if applicable) .21. Allow 1 minute between suctioning. 22. If on oxygen reapply between suctioning . Record review of the facility competency checklist Trach Skills Checklist for RT A (signed 04/03/2024) revealed the inner cannula was to be handled using sterile technique. The facility policy Suctioning the Lower Airway (Tracheostomy Tube) (October 2021) under the heading 'General Guidelines' read, in part, .b .Use sterile equipment to avoid widespread pulmonary and systemic infection (Note: Suctioning of the lower airway is a sterile procedure. All equipment that comes in contact with the lower airway must be sterile.); c. Hyperinflate the resident with a manual resuscitation (Ambu) bad (sic) (as ordered) before and after suctioning; and d. Hyperoxygenate the resident by increasing the oxygen flow (as ordered) before the procedure and between suctioning .2. Monitor the resident's pulse and oxygen saturation (see procedure entitled Pulse Oximetry) during suctioning.