STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	675606	A. Building B. Wing	11/08/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Harlingen Nursing and Rehabilitation Center	3810 Hale St Harlingen, TX 78550

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 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide care and assistance to perform activities of daily living for any resident who is unable. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 40872 Based on observation, interview and record review, the facility failed to ensure that a resident who was unable to carry out activities of daily living received the necessary services to maintain good grooming, and personal hygiene, for one (Resident #16) of 3 residents reviewed for activities of daily living. The facility failed to provide Resident #16 with nasal grooming. This failure could result in decrease in resident self-esteem, embarrassment, and infections. Findings included: Record review or Resident #16's Admission Record dated 11/08/24 revealed a [AGE] year-old male with an Initial admitted [DATE] with diagnoses of Guillain-Barre Syndrome (a condition where body's immune system attacks the nerves. Can cause weakness, numbness), Quadriplegia C1-C4 Incomplete (spinal cord injury that affects the spine and results in some paralysis of arms and legs but allows some movement and sensation to remain), Type 2 Diabetes Mellitus, Muscle Wasting and Atrophy Not Elsewhere Classified, Major Depressive Disorder Recurrent Unspecified. Record Review of Resident#16's Quarterly MDS assessment dated [DATE] revealed a BIMS score of 15 indicating cognition is intact and was dependent of two or more helpers for all his ADLs. Record Review of Resident#16's Care Plan Revised on 11/08/24 stated Resident #16 had an ADL self-care performance deficit r/t Quadriplegia, Impaired balance, Limited Mobility, Limited ROM. Interventions were Functional Performance: Oral Hygiene; The Resident requires (Dependent Required) for oral hygiene. Date initiated: 04/09/24 and Functional Performance: Personal Hygiene; The resident requires (Dependent Required) for personal hygiene. In an observation and interview on 11/05/24 at 10:59 a.m. it was observed Resident #16 had excessive nasal hair protruding from his nostrils. Resident #16 said he would like to have the nasal hair trimmed but said he never asked staff to do it because he did not think they could do it for him. He said staff never asked him if he would like it trimmed. In an interview on 11/05/24 at 12:24 p.m. CNA L said she showered and groomed Resident #16. She said she did not notice his nasal hairs. She also said she did not do that type of grooming. She said the nurses did that. (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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675606	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/08/2024
NAME OF PROVIDER OR SUPPLIER Harlingen Nursing and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 3810 Hale St Harlingen, TX 78550	

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F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	In an interview on 11/05/24 at 4:35 p.m. LVN X said he had not noticed the excessive nasal hair on Resident #16. He said he had never trimmed nasal hair on a resident, and no one had requested that. He said he had not offered Resident #16 if he would like them to be trimmed. He also said only nurses were supposed to do that kind of trimming. In an interview on 11/06/24 at 2:21 p.m. LVN Y said residents should be groomed after showering. She said CNAs did that with the exception of ear and nose grooming. She said nurses were in charge of doing that. She said staff also offered grooming to residents. LVN Y said she had not noticed that Resident #16 needed nostril hair trimming. She said staff should be asking residents if they would like or need to have it done. She said she did not notice that Resident #16 needed it. LVN Y said that if he needs nasal trimming and it is not done, it could cause allergies or infections. Record review of facility's policy titled Activities of Daily Living (ADL's); date implemented 05/26/24 reflected: Policy: The facility will, based on resident's comprehensive assessment and consistent with the resident's needs and choices, ensure a resident's abilities in ADL's do not deteriorate unless deterioration is unavoidable. Care and services will be provided for the following activities of daily living: 1. Bathing, dressing, grooming and oral care; Policy Explanation and Compliance Guidelines: .3. A resident who is unable to carry out activities of daily living will receive the necessary services to maintain good nutrition, grooming, and personal and oral hygiene.

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. 40872 Based on observation, interview, and record review the facility failed to store, prepare, distribute and serve food in accordance with professional standard or food service safety for 1 of 1 kitchen reviewed for food service safety in that: The facility failed to ensure all food items were labeled and dated in freezer. One bag of nuggets was not labeled or dated. This failure could place residents at risk of foodborne illnesses. The findings included: An observation of the facility freezer on 11/05/24 at 8:43 a.m., revealed inside there was a plastic bag with no date or label containing what appeared to be chicken nuggets. In an interview on 11/05/24 at 8:45 a.m. the Dietary Manager said the plastic bag contained chicken nuggets that were leftover, uncooked from the previous day. He said they served nuggets for dinner the night before. The Dietary Manager said they were supposed to be labeled, dated, and stored in a zip top bag. He said the staff has been trained on that. In an interview on 11/07/24 at 3:27 p.m. [NAME] A said they were trained to label and date all food that was in the refrigerator, freezer, or dry storage that had been opened. He said that had to be done so other staff could know when it was opened and determine how long it would be good for or if it needed to be thrown away. In an interview on 11.8.24 at 11:30 a.m. the Administrator said the Dietary Manager oversaw the kitchen staff. He said staff had trainings and should be following policies. Record review of facility's policy titled Policy: Food Storage date revised: June 1, 2019, reflected: .3. Freezers a. Store all frozen meats, poultry, seafood, fruits and vegetables, and some dairy products, such as ice cream, in the freezer at a temperature that maintains the frozen state of the foods. . e. Store frozen foods in moisture-proof wrap or containers that are labeled and dated.

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48278 Based on observations, interviews, and record reviews 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 two (Resident #69, and Resident #1) of eight residents observed for infection control. 1. LVN A touched multiple surfaces and did not perform hand hygiene prior to checking Resident #69's blood sugar. 2. LVN A placed an insulin pen inside his scrub top pocket prior to administering Resident #69's insulin. 3. RN B failed to perform hand hygiene in between glove changes during a g-tube feeding administration for Resident #1. These failures place residents at risk for healthcare associated cross contamination and infections. Findings included: 1. Record review of Resident #69's electronic facility face sheet dated 11/07/24, revealed he was a [AGE] year-old male admitted to the facility on [DATE], original admitted [DATE] with diagnoses of Type 2 Diabetes Mellitus, Unspecified Dementia (group of thinking and social symptoms that interferes with daily functioning), Hypertension (high blood pressure), and Carcinoma in Situ of Colon (cancer in the large intestine). Record review of Resident #69's quarterly MDS assessment dated [DATE] revealed he scored a 01 on his BIMS which indicated he was severely cognitively impaired. During an observation on 11/06/24 at 08:45 a.m. revealed LVN A applied gloves right outside Resident #69's room. He then walked towards Resident #69's room holding a medication tray with the diabetic supplies, he then turned back to the medication cart, took his keys out of his pocket, unlocked the medication cart, and then proceeded to check Resident #69's blood sugar using the same pair of gloves. LVN A stepped out of Resident #69's room, sanitized his hands, applied gloves, closed the privacy curtain, then proceeded to check Residents #69's blood sugar a second time. LVN A then took out Resident #69's insulin pen from his scrub top pocket and administered insulin. During an interview on 11/06/24 at 09:00 a.m. with LVN A, he stated he did not think he did anything wrong during his medication administration but maybe that he dropped the insulin pen cap on the floor. LVN A stated that it was important not to keep the insulin pen in his pocket, to remove his gloves and sanitize his hands prior to touching other surfaces to protect the resident from cross contamination. He stated that the last in-service he had on infection control was about a month ago and the topics were on handwashing, sanitizing, and enhanced barrier precautions. (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	2. Record review of Resident #1's electronic facility face sheet dated 11/07/24, revealed he was a [AGE] year-old male admitted to the facility on [DATE] with diagnoses of Cerebral Infarction (stroke), Gastrostomy Status (placement of feeding tube in stomach), Dysphagia (difficulty swallowing), Unspecified Dementia (group of thinking and social symptoms that interferes with daily functioning), and Hypertension (high blood pressure). Record review of Resident #1's BIMS assessment dated [DATE] revealed he scored a 07 which indicated he was severely cognitively impaired. During an observation on 11/06/24 at 11:30 a.m. revealed RN B administered a bolus feeding to Resident #1 via g-tube when he removed his gloves and applied a new pair without sanitizing hands. During an interview on 11/06/24 at 11:45 a.m. with RN B, he stated he did not think he did anything wrong during his g-tube feeding administration. RN stated it was important to sanitize his hands in between glove changes to prevent cross contamination. He stated the last in-service he had on infection control was done about a month ago and the topic was on hygiene, and making sure to wash their hands for no less than 20 seconds. During an interview on 11/06/24 at 03:17p.m. with the DON, stated the staff was to change gloves anytime anything was touched besides the resident. THat was to prevent cross contamination. She stated LVN A had been trained and in-serviced in the past on infection control. The DON stated staff was to wash their hands or sanitize prior to putting gloves on and once they were done with patient care. The staff was to remove their gloves, and sanitize their hands if not soiled with BM. If their hands were soiled, then they were to wash hands with soap and water. That was to prevent cross contamination. She stated that the most recent infection control in-service was done about a month ago. During an interview on 11/07/24 at 02:54 p.m. the ADON stated per facility policy the staff should change their gloves when they were visibly soiled and before they rendered patient care. She stated the staff was to sanitize their hands when they removed their gloves and or wash their hands prior to putting on a new pair of gloves. The ADON stated the staff was to sanitize in between glove changes. The ADON stated that hand washing or sanitizing in between glove changes was to prevent the spread of infection of any type of virus or bacteria. She stated infection control was done monthly, randomly, depending on if she saw a certain type of infection, therefore they were ongoing. She stated the most recent infection control in-service was done yesterday, 11/06/24, some in October 2024 and in September 2024. She stated the topic was on the enhanced barrier precautions. She also does monthly spot checks on nurses, housekeeping, CNAs (peri care), and every department for handwashing. Record review of LVN A's Medication Pass Competency assessment dated [DATE] revealed he performed hand hygiene when handling cart/equipment. Injection/Intravenous he performed hand hygiene prior to handling medication(s) and after med administration if resident contact is necessary. [NAME] (put on) gloves for injections, IV infusion/meds, blood glucose checks and other PPE as appropriate. Record review of LVN A's Hand Hygiene Competency assessment dated [DATE] revealed he performed hand hygiene procedures in accordance with the facility's standard of practice. Record review of RN B's Medication Pass Competency assessment dated [DATE] revealed during medication administration via feeding tube, he performed hand hygiene and apply clean gloves prior to med administration. (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Record review of RN B's Hand Hygiene Competency assessment dated [DATE] revealed he performed hand hygiene procedures in accordance with the facility's standard of practice. Record review of the facility's Infection Prevention and Control Program Policy and procedure dated 05/13/23 revealed Policy: This facility has established and maintains an infection prevention and control program designated 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 standard and guidelines. Definitions: Staff includes all facility staff (direct and indirect care functions), contracted staff, consultants, volunteers, others who provide care and services to residents on behalf of the facility, and students in the facility's nurse aide training programs or from affiliated academic institutions. 2. All staff are responsible for following all policies and procedures related to the program. 4. Standard Precautions: a. 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. b. Hand hygiene shall be performed in accordance with our facility's established hand hygiene procedures. c. All staff shall use personal protective equipment according to established facility policy governing of they of PPE. Record review of the facility's Hand Hygiene policy and procedure dated 10/24/22 revealed Policy: All staff will perform proper hand hygiene procedures to prevent the spread of infection to other personnel, residents, and visitors. This applies to all staff working in all locations within the facility. Hand hygiene is a general term for cleaning your hands by handwashing with soap and water or the use of an antiseptic hand rub, also known as alcohol-based hand rub (ABHR). Policy Explanation and Compliance Guidelines: 1. Staff will perform hand hygiene when indicated, using proper technique consistent with accepted standards of practice.