

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  675681	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  11/07/2024
NAME OF PROVIDER OR SUPPLIER  Bronte Health and Rehab Center		STREET ADDRESS, CITY, STATE, ZIP CODE  900 S State St Bronte, TX 76933	

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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 26221</p> <p>Based on observation, interview, and record review, the facility failed to ensure each resident received adequate supervision and that the resident environment remained as free of accident hazards as possible for 2 of 5 residents (Resident #13 and Resident #42) reviewed for accidents and supervision.</p> <p>The facility failed to ensure Resident #42 did not have hazardous chemicals in her room unattended. Resident #42 had two bottles of nail polish remover in her room.</p> <p>The facility failed to ensure the staff used a gait belt when walking back from the shower with Resident #13.</p> <p>These failures placed residents at risk of injury due to not being supervised and placed at risk of accidents/hazards.</p> <p>Findings included:</p> <p>Review of Resident #42's Admission Record, dated 11/7/24, revealed she was a [AGE] year-old female admitted to the facility on [DATE] with diagnoses including Alzheimer's Disease with Late Onset (a form of dementia). Resident #42 resided on the secured unit.</p> <p>Review of Resident #42's Admission MDS assessment dated [DATE] revealed:</p> <p>She scored a 12 of 15 on her mental status exam (indicating she moderately cognitively impaired).</p> <p>Review of Resident #42's Care Plan, initiated 10/11/24, revealed Resident #42 was an elopement risk/wanderer related to disoriented to place, impaired safety awareness, history of wandering due to diagnosis, of Alzheimer's dementia and resided in the locked unit for safety. The identified goal was Resident #42's safety would be maintained through the review date.</p> <p>Observation on 11/5/24 at 10:35 a.m. revealed Resident #42 had two bottles of nail polish remover on the shelf on her side of the sink vanity.</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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Interview and observation on 11/6/24 at 2:12 p.m. the DON stated everything was allowed to be in a resident's room as long as it did not put the resident at risk. The DON stated if it was a chemical that could easily be drunk it would not be allowed on the secured room. The DON and surveyor went to Resident #42's room. The DON saw the two bottles of nail polish remover on Resident #42's vanity and agreed it would be easily ingestible and might be a threat to the resident's safety. The DON stated it was everyone's due diligence to check for chemicals. The DON stated the aides spent the most time on the secured unit with the residents. The DON said family members frequently brought things onto the secured unit not realizing they should not. The DON stated she could see that nail polish remover could get residents real sick. The DON stated the nail polish remover should have reasonably been seen by the staff.</p> <p>Interview on 11/6/24 at 3:48 p.m. the Administrator stated the expectation for chemicals on the secured unit was they be secured in a locked closet at all times. The Administrator stated nail polish remover sounded like a chemical. The Administrator stated he stated he would do more education with the families about what was allowed on the secured unit.</p> <p>Review of the Admission Agreement, undated, on Personal Care Items revealed: Resident have the right to keep personal care items in their rooms with the understanding the items should be kept in a closed cabinet and/or drawer for the safety of other residents. Items NOT allowed in resident's room include, but are not limited to the following: caustic materials.</p> <p>Review of the facility's policy and procedure on Hazardous Areas, Devices and Equipment, revised July 2017, revealed: All hazardous areas, devices, and equipment in the facility will be identified and addressed appropriately to ensure resident safety and mitigate accident hazards to the extent possible.</p> <p>As part of the facility's overall safety and accident prevention program, hazardous areas and objects in the resident environment will be identified and addressed by the Safety Committee.</p> <p>A hazard is identified as anything in the environment that has the potential to cause injury or illness. Examples of environment hazards include, but are not limited to: access to toxic chemicals.</p> <p>Review of Resident #13's Admission Record dated 11/7/24 revealed he was an [AGE] year-old male admitted to the facility on [DATE] with diagnoses including Alzheimer's Disease with late onset (a type of dementia), arthritis, muscle weakness, lack of coordination.</p> <p>Review of Resident #13's Quarterly MDS assessment dated [DATE] revealed:</p> <p>He scored a 0 of 15 on his mental status exam (indicating severe cognitive impairment) with signs of delirium including inattention, disorganized thinking, and altered levels of consciousness.</p> <p>He rejected care 4 - 6 days in the 7 days prior to the assessment.</p> <p>He had no range of motion impairments and used no mobility devices.</p> <p>He was assessed as being able to walk 150 feet independently.</p> <p>(continued on next page)</p>		

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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of Resident #13's Care Plan revised on 11/6/24 revealed: Resident had the potential for decline in ADLs due to severe cognitive impairment. Assistance required varied throughout the day based on his cognitive status and level of fatigue. He required cueing and to completed ADL tasks. He ambulated without assistive devices. He was at risk for falls due to shuffling gait. The Goal was Resident #13 would improve current level of function in ADLS through the review date.</p> <p>Observation on 11/5/24 at 12:00 p.m. revealed CNA B and CNA D walking with Resident #13. The aides had their arms hooked under Resident #13's arms even though CNA B had a gait belt draped over her shoulder. Resident #13 begged to get to his recliner, had difficult completing the pivot to turn to sit, and almost fell into the chair.</p> <p>Interview on 11/6/24 at 2:51 p.m. the DON stated the expectation for staff assisting residents in walking was that the residents be supervised. The DON said if the resident was being helped physically in any way they needed a gait belt. The DON stated if the aides were walking with the resident with their (the aides) arms hooked under the resident's it could cause should injury and there would be no way to catch the resident if they fell . The DON stated Resident #13 had the strength to walk the length of the secured unit if it was a good day. The DON said if Resident #13 had a shower it was a bad day and he was likely tired from fighting in the shower. The DON said she did not know if the staff had a chance to get the gait belt onto Resident #13 even though they had to stop at the secured unit's door. The DON said she never saw Resident #13 be so weak his legs buckled or weakness.</p> <p>Interview on 11/6/24 at 3:48 p.m. the Administrator stated a gait belt would be a safer option in assisting a resident in walking if they were unsteady because it provided more leverage and provided safer positioning for the resident and staff.</p> <p>Review of the facility's policy and procedure on Safety and Supervisor of Residents, revised July 2017, revealed: Our facility strives to make the environment as free from accident hazards as possible. Resident safety and supervision and assistance to prevent accidents are facility-wide priorities.</p> <p>Facility-Oriented Approach to Safety</p> <p>Safety risks and environment hazards are identified on an ongoing basis through a combination of employee trainee, employee monitoring, and reporting processes.</p> <p>Our individualized, resident-centered approach to safety address safety and accident hazards for individual residents.</p> <p>Due to their complexity and scope, certain resident risk factors and environment hazards are addressed in dedicated policies and procedures. These risk factors and environmental hazards include: Safe Lifting and Movement of Residents.</p>		

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<p>F 0726</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that nurses and nurse aides have the appropriate competencies to care for every resident in a way that maximizes each resident's well being.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 30057</p> <p>Based on observations, interview, and record review the facility failed to ensure that nurse aides were able to demonstrate competency in skills and techniques to provide nursing and related services for 1 of 3 residents (Resident #28) by 1 of 4 certified staff (CNA C) reviewed for competent staff, in that:</p> <p>CNA C failed to change her gloves once they became contaminated during incontinent care for Resident #28.</p> <p>These failures could place residents at risk for not receiving nursing services by adequately trained and certified aides and could result in a decline in health and infection.</p> <p>The findings were:</p> <p>Record review of Resident #28's admission record dated 11/07/2024 indicated she was admitted to the facility on [DATE]. She was [AGE] years of age with diagnoses of Dementia and chronic obstructive pulmonary disease.</p> <p>Record review of Resident #28's care plan revised date 10/24/24 indicated in part: Focus: I have bowel and bladder incontinence due to impaired cognition and confusion related to Dementia, and impaired mobility related to history of right hip fracture repair. Goal: I will remain free from skin breakdown due to incontinence and brief use through the review date. Interventions/Tasks: I use disposable adult briefs. Check for incontinence every 2 hours and as needed. Wash, rinse, and dry perineum. Change clothing as needed after incontinence episodes.</p> <p>Record review of Resident #28's MDS dated [DATE] indicated in part: resident had a Brief Interview for Mental Status score of 3 showing severe cognitive impairment. Urinary and Bowel continence = Always incontinent.</p> <p>During an observation on 11/06/24 at 03:49 pm CNA C performed incontinent care for Resident #28. CNA C turned Resident #28 to her right side after wiping her front, CNA C wiped the resident's bottom which had bowel movement. Without changing gloves CNA C grabbed the new brief placed brief on resident and secured brief. CNA C then doffed her gloves, washed her hands then helped the resident get dressed.</p> <p>During an interview on 11/06/24 at 04:35 PM CNA C stated she only usually changes her gloves if they were visibly soiled. CNA C stated she understands how not changing her gloves from dirty to clean could be a concern for cross contamination.</p> <p>(continued on next page)</p>		

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<p>F 0726</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 11/07/24 at 02:34 PM the DON said it was her expectation for CNAs to remove their gloves, wash their hands and put on a pair of clean gloves if they became contaminated during incontinent care. The DON said CNA C failed to change their gloves once they became contaminated because they got nervous. The DON said if the CNAs did not change their gloves once they were considered contaminated that could possibly lead to cross contamination. The DON said the ADON had conducted training on incontinent care and the CNAs were also trained via computer tests.</p> <p>During an interview on 11/07/24 at 02:38 PM the ADON said she had conducted proficiency training with the CNAs. The ADON said the proficiency consisted of her observing the staff perform the incontinent care task. The ADON said she had not always documented the observations and sometimes she did. The ADON said she had conducted random checks on the CNAs performing tasks. The ADON said if the CNAs had not changed their gloves or washed their hands that could lead to the spread of infections.</p> <p>During an interview on 11/07/24 at 04:46 PM the Administrator was made aware of the observation of incontinent care performed by CNA C. The Administrator said he expected for the CNAs to have removed their gloves, wash their hands and put on a pair of clean gloves after they became contaminated. The Administrator said if the CNAs did not change their gloves that could lead to the spread of infections. The Administrator said the ADON was responsible for training the CNAs on infection control and incontinent care. The Administrator said the failure occurred probably because the staff had forgotten their steps or had gotten nervous.</p> <p>Record review of proficiency documents provided by the ADON and dated 04/17/24 for CNA C indicated in part: Explain procedure speaking clearly slowly and directly maintaining face to face contact whenever possible wash hands. Apply clean gloves and remove plenty of wipes from package to use. Remove brief straps and clean using a new wiper each stroke from front to back the wipes should be placed inside the brief not touching the resident where the brief can be rolled up and placed in trash can. Remove gloves after disposing of three. Use alcohol-based hand sanitizer and apply clean gloves. Grab new brief and place underneath resident, carefully left brief to cover peri-area and ensuring that the site of the brief is placed in the groin folds, apply securement tabs to brief. Remove gloves and use alcohol-based hand sanitizer.</p> <p>Record review of document titled Job description and dated 04/25/2023 indicated in part: Position title: CNA. Provides basic nursing care to residents within the scope of the nursing assistant responsibilities and performs basic nursing procedures under the direction of the licensed nurse supervisor. Performs miscellaneous tasks as required by policy or nurse supervisor.</p> <p>Record review of the facility's policy titled Diapers/Underpass dated 09/2010 indicated in part: The purpose of this is to provide guidelines for the proper handling of diapers and under pads. The following equipment and supplies will be necessary when performing this procedure: Personal protective equipment (e.g. gloves, mask etc., as needed). 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 diaper or underpad from resident by rolling the diaper/underpad toward the inside soiled area, contain as much fecal soil as possible. Clean skin of resident and replace fresh diaper and underpad. Discard disposable equipment and supplies in designated containers. Remove gloves and discard into designated container. Wash and dry your hands thoroughly.</p> <p>(continued on next page)</p>		

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<p>F 0726</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Record review of the facility's policy titled Perineal Care dated 02/2018 indicated in part: The purposes of this procedure are to provide cleanliness and comfort to the resident to prevent infections and skin irritation and to observe the resident's skin condition. The following equipment and supplies will be necessary when performing this procedure: Personal protective equipment (e.g. gloves, mask etc., as needed). Raise the gown or lower the pajamas. Avoid unnecessary exposure of the resident's body - put on glove. Ask the resident to bend his or her knees and put his or her feet flat on the mattress, assist as necessary - Wash perineal area, wiping from front to back, rinse and dry thoroughly, discard disposable items into designated containers, remove gloves and discard into designated container, wash and dry your hands thoroughly.</p> <p>Record review of the facility's policy titled Standard precautions dated 12/2007 indicated in part: Standard precautions will be used in the care of all residents regardless of their diagnosis or suspected or confirmed infection status. Standard precautions presume that all blood, body fluids, secretions and excretions non intact skin and mucous membranes may contain transmissible infectious agents. Standard precautions include the following practices: hand hygiene hand hygiene refers to hand washing with soap or using alcohol-based hand rubs that do not require access to water. Wash hands after removing gloves. Wear gloves when you anticipate direct contact with blood body fluids mucous membranes non intact skin and other potentially infected material. Change gloves as necessary during the care of a resident to prevent cross contamination from one body site to another when moving from a dirty site to clean one. Do not reuse gloves. Remove the locks promptly after use before touching non contaminated items and environmental surfaces and before going to another resident and wash hands immediately transfer of microorganisms to other residents or environments.</p> <p>Record review of the facility's policy titled Handwashing/Hand Hygiene dated 08/2015 indicated in part: This facility considers hand hygiene the primary means to prevent the spread of infections. All personnel shall be trained and regularly in-serviced on the importance of hand hygiene in preventing the transmission of healthcare-associated infections. Wash hands with soap and water for the following situations: When hands are visibly soiled and after contact with a resident with infectious diarrhea including but not limited to infections caused by norovirus, salmonella, shigella and C. difficile. Use an alcohol-based hand rub containing at least 62% alcohol or alternatively, soap and water for the following situations: Before and after direct contact with residents, before moving from a contaminated body site to a clean body site during resident care, after contact with a resident's intact skin, after removing gloves. Hand hygiene is the final step after removing and disposing or personal protective equipment. The use of gloves does not replace hand washing/hand hygiene. Single use disposable gloves should be used when anticipating contact with blood or body fluids</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide and implement an infection prevention and control program.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 30057</p> <p>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 two (Resident #12 and #28) of 3 residents reviewed for incontinent care in that;</p> <p>CNA A failed to change her gloves once they became contaminated during incontinent care for Resident #12.</p> <p>CNA C failed to change her gloves once they became contaminated during incontinent care for Resident #28.</p> <p>These failures could place resident's risk for cross contamination and the spread of infection.</p> <p>Finding included:</p> <p><b>RESIDENT #12</b></p> <p>Record review of Resident #12s admission record dated 11/06/2024 indicated she was admitted to the facility on [DATE] with diagnoses of Alzheimer's disease and muscle weakness. She was [AGE] years of age.</p> <p>Record review of Resident #12's care plan revised date 03/09/23 indicated in part: Focus: Resident has total bowel and bladder incontinence related to Activity Intolerance, Dementia, Impaired Mobility. Resident is not aware of the need to toilet. Goal: Resident will remain free from skin breakdown due to incontinence and brief use through the review date. Interventions/Tasks: Check every 2 hrs and as required for incontinence. Wash, rinse and dry perineum. Change clothing PRN after incontinence episodes.</p> <p>Record review of Resident #12's MDS dated [DATE] indicated in part: Cognitive Skills for Daily Decision Making = 3. Severely impaired - never/rarely made decisions. Urinary and Bowel continence = Always incontinent.</p> <p>During an observation on 11/05/24 at 02:27 PM CNA A and CNA B performed incontinent care for Resident #12. Both CNAs washed their hands and placed some gloves on them. Both CNAs then turned Resident #12 on her left side and CNA A wiped the resident's rectal area which had some bowel movement. While still wearing the same gloves that she wiped the bowel movement, CNA A secured a clean brief to Resident #12 then afterwards removed her gloves.</p> <p>During an interview on 11/07/24 at 02:08 PM CNA A said she should have changed her gloves after she wiped Resident #12 bowel movement. CNA A said she knew about changing her gloves after they became contaminated but had forgotten. CNA A said if she did not change her gloves that could lead to cross contamination. CNA A said she had received training regarding changing her gloves and was aware that it could lead to infections and urinary tract infections if not changed timely. CNA A said was trained by the ADON and also by a computer program they conducted.</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 - Some</p>	<p>RESIDENT #28</p> <p>Record review of Resident #28's admission record dated 11/07/2024 indicated she was admitted to the facility on [DATE]. She was [AGE] years of age with diagnoses of Dementia and chronic obstructive pulmonary disease.</p> <p>Record review of Resident #28's care plan revised date 10/24/24 indicated in part: Focus: I have bowel and bladder incontinence due to impaired cognition and confusion related to Dementia, and impaired mobility related to history of right hip fracture repair. Goal: I will remain free from skin breakdown due to incontinence and brief use through the review date. Interventions/Tasks: I use disposable adult briefs. Check for incontinence every 2 hours and as needed. Wash, rinse, and dry perineum. Change clothing as needed after incontinence episodes.</p> <p>Record review of Resident #28's MDS dated [DATE] indicated in part: resident had a Brief Interview for Mental Status score of 3 showing severe cognitive impairment. Urinary and Bowel continence = Always incontinent.</p> <p>During an observation on 11/06/24 at 03:49 pm CNA C performed incontinent care for Resident #28. CNA C turned Resident #28 to her right side after wiping her front, CNA C wiped the resident's bottom which had bowel movement. Without changing gloves CNA C grabbed the new brief placed brief on resident and secured brief. CNA C then doffed her gloves. Washed her hands then helped the resident get dressed.</p> <p>During an interview on 11/06/24 at 04:35 PM CNA C stated she only usually changes her gloves if they are visibly soiled. CNA C stated she understands how not changing her gloves from dirty to clean could be a concern for cross contamination.</p> <p>During an interview on 11/07/24 at 02:34 PM the DON said it was her expectation for CNAs to remove their gloves, wash their hands and put on a pair of clean gloves if they became contaminated during incontinent care. The DON said CNA A and CNA B failed to change their gloves once they became contaminated because they got nervous. The DON said if the CNAs did not change their gloves once they were considered contaminated that could possibly lead to cross contamination. The DON said the ADON had conducted training on incontinent care and the CNAs were also trained via computer tests.</p> <p>During an interview on 11/07/24 at 02:38 PM the ADON said she had conducted proficiency training with the CNAs. The ADON said the proficiency consisted of her observing the staff perform the incontinent care task. The ADON said she had not always documented the observations and sometimes she did. The ADON said she had conducted random checks on the CNAs performing tasks. The ADON said if the CNAs had not changed their gloves or washed their hands that could lead to the spread of infections.</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 - Some</p>	<p>During an interview on 11/07/24 at 04:46 PM the Administrator was made aware of the observation of incontinent care performed by CNAs A and C. The Administrator said he expected for the CNAs to have removed their gloves, wash their hands and put on a pair of clean gloves after they became contaminated. The Administrator said if the CNAs did not change their gloves that could lead to the spread of infections. The Administrator said the ADON was responsible for training the CNAs on infection control and incontinent care. The Administrator said the failure occurred probably because the staff had forgotten their steps or had gotten nervous.</p> <p>Record review of the facility's policy titled Diapers/Underpass dated 09/2010 indicated in part: The purpose of this is to provide guidelines for the proper handling of diapers and under pads. The following equipment and supplies will be necessary when performing this procedure: Personal protective equipment (e.g. gloves, mask etc., as needed). 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 diaper or underpad from resident by rolling the diaper/underpad toward the inside soiled area, contain as much fecal soil as possible. Clean skin of resident and replace fresh diaper and underpad. Discard disposable equipment and supplies in designated containers. Remove gloves and discard into designated container. Wash and dry your hands thoroughly.</p> <p>Record review of the facility's policy titled Perineal Care dated 02/2018 indicated in part: The purposes of this procedure are to provide cleanliness and comfort to the resident to prevent infections and skin irritation and to observe the resident's skin condition. The following equipment and supplies will be necessary when performing this procedure: Personal protective equipment (e.g. gloves, mask etc., as needed). Raise the gown or lower the pajamas. Avoid unnecessary exposure of the resident's body - put on glove. Ask the resident to bend his or her knees and put his or her feet flat on the mattress, assist as necessary - Wash perineal area, wiping from front to back, rinse and dry thoroughly, discard disposable items into designated containers, remove gloves and discard into designated container, wash and dry your hands thoroughly.</p> <p>Record review of the facility's policy titled Standard precautions dated 12/2007 indicated in part: Standard precautions will be used in the care of all residents regardless of their diagnosis or suspected or confirmed infection status. Standard precautions presume that all blood, body fluids, secretions and excretions non intact skin and mucous membranes may contain transmissible infectious agents. Standard precautions include the following practices: hand hygiene hand hygiene refers to hand washing with soap or using alcohol-based hand rubs that do not require access to water. Wash hands after removing gloves. Wear gloves when you anticipate direct contact with blood body fluids mucous membranes non intact skin and other potentially infected material. Change gloves as necessary during the care of a resident to prevent cross contamination from one body site to another when moving from a dirty site to clean one. Do not reuse gloves. Remove the locks promptly after use before touching non contaminated items and environmental surfaces and before going to another resident and wash hands immediately transfer of microorganisms to other residents or environments.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  675681	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  11/07/2024
NAME OF PROVIDER OR SUPPLIER  Bronte Health and Rehab Center		STREET ADDRESS, CITY, STATE, ZIP CODE  900 S State St Bronte, TX 76933	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Record review of the facility's policy titled Handwashing/Hand Hygiene dated 08/2015 indicated in part: This facility considers hand hygiene the primary means to prevent the spread of infections. All personnel shall be trained and regularly in-serviced on the importance of hand hygiene in preventing the transmission of healthcare-associated infections. Wash hands with soap and water for the following situations: When hands are visibly soiled and after contact with a resident with infectious diarrhea including but not limited to infections caused by norovirus, salmonella, shigella and C. difficile. Use an alcohol-based hand rub containing at least 62% alcohol or alternatively, soap and water for the following situations: Before and after direct contact with residents, before moving from a contaminated body site to a clean body site during resident care, after contact with a resident's intact skin, after removing gloves. Hand hygiene is the final step after removing and disposing of personal protective equipment. The use of gloves does not replace hand washing/hand hygiene. Single use disposable gloves should be used when anticipating contact with blood or body fluids.</p> <p>Record review of the facility's policy titled Infection Control guidelines for all nursing procedures and dated 08/2012 indicated in part: To provide guidelines for general infection control while caring for residents. Prior to having direct care responsibility for residents' staff must have appropriate in-service training on managing infections in residents including methods of preventing their spread. Standard precautions will be used in the care of all residents in all situations regardless of suspected or confirmed presence of infectious diseases. Standard precautions apply to blood body fluids secretions and excretions regardless of whether or not they contain visible blood non intact skin and/or mucous membranes. And we employees must wash their hands for ten (10) to fifteen (15) seconds using antimicrobial or non-antimicrobial soap and water under the following conditions after removing gloves.</p> <p>48593</p>		