

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675802	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/02/2024
NAME OF PROVIDER OR SUPPLIER Kemp Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1351 South Elm Street Kemp, TX 75143	

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 0565</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Honor the resident's right to organize and participate in resident/family groups in the facility.</p> <p>46892</p> <p>Based on interview and record review, the facility failed to consider the views of a resident or family group and act promptly upon the grievances and recommendations of such groups concerning issues of resident care and life and failed to demonstrate their response and rationale for such response for 8 of 8 confidential residents reviewed for resident council.</p> <p>The facility failed to ensure there was documentation of the facility's efforts to resolve concerns collected at the resident council meetings on 10/10/23, 11/14/23, 12/12/23, 01/09/24, 02/13/24, and 03/12/24.</p> <p>This failure could place residents at risk of not having their concerns and grievances followed through and a diminished quality of life.</p> <p>Findings included:</p> <p>Record review of the Resident Advisory Council Minutes for 10/10/23 indicated the call lights were not being answered timely.</p> <p>Record review of the Resident Advisory Council Minutes for 11/14/23 indicated the call lights were not being answered timely.</p> <p>Record review of the Resident Advisory Council Minutes for 12/12/23 indicated the call lights were not being answered timely. There were not enough aides, and the aides were standing around talking.</p> <p>Record review of the Resident Advisory Council Minutes for 01/09/24 indicated the call lights were not being answered timely. A resident waited 3 hours for a call light to be answered.</p> <p>Record review of the Resident Advisory Council Minutes for 02/13/24 indicated the call lights were not being answered timely. The staff was shorthanded and would go in, turn off the call light and never return, a resident waited 6 hours to be changed.</p> <p>Record review of the Resident Advisory Council Minutes for 03/12/24 indicated the call lights were not being answered in a timely manner.</p> <p>Record review of the grievances from January 2024-April 2024 did not indicate grievances to address resident councils concerns.</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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675802	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/02/2024
NAME OF PROVIDER OR SUPPLIER Kemp Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1351 South Elm Street Kemp, TX 75143	
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 0565</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During a confidential group interview on 04/29/24 starting at 3:09 PM, the resident group said the facility was shorthanded, people were not getting showers, people were not getting changed promptly and call lights were not answered timely. The resident group said every meeting they discussed the call lights not being answered timely. The resident group said they had invited some of the department heads and the AIT to the meetings and they were aware of the call lights not being answered timely. The resident group said they were told we will look into it or we will investigate it. The resident group said they did not get back with them on a resolution and had not given them an explanation as to why the call lights were not being answered timely.</p> <p>During an interview on 05/01/24 at 3:52 PM, the Social Worker said he was responsible for the grievances. The Social Worker said he did not know who handled the grievances voiced by the resident council. The Social Worker said he had only been at the facility for 3 months. The Social Worker said it was important for grievances to be filed so they could be documented and to ensure they were handled appropriately so it would not happen again.</p> <p>During an interview on 05/01/24 at 4:16 PM, the Activities Director said after the resident council meeting, she made 3 copies of the results of the meetings with the residents concerns and gave one to the DON, one to the Administrator, and one for the resident council meeting book. The Activities Director said sometimes she verbally told the Administrator and DON, but she always provided them a copy. The Activities Director said every month the residents complained about the call lights not being answered and the AIT, Administrator, and DON had been told about it. The Activities Director said they just say they would handle it. The Activities Director said she did not know how to file a grievance. The Activities Director said it was important for the residents' concerns/complaints to be addressed so they felt safe and were taken care of.</p> <p>During an interview on 05/02/24 at 6:46 PM, the DON said the concerns voiced at the resident council meeting should be filed as a grievance. The DON said the Social Worker was responsible for the grievances. The DON said she had only been at the facility since December 2023, and she had gone through two ADONs and three treatment nurses.</p> <p>During an interview on 05/02/24 at 8:13 PM, the Administrator said he had heard last month the concerns from the resident council meeting regarding the call lights not being answered timely. The Administrator said he did not recall any other times. The Administrator said the concerns had not been brought to him until he asked for them last month. The Administrator said he had only been at the facility for one month. The Administrator said the concerns from resident council should be brought to him and distributed to the department heads for the department heads to address the concerns. The Administrator said a grievance should have been filed for the concerns brought up in resident council. The Administrator said it should have been filed because it required an action place to correct it and to have documentation. The Administrator said he was responsible for everything that the Activities Director should have passed it to him, and the Social Worker should have been notified for a grievance to be filed. The Administrator said the resident councils concerns not being addressed could affect their care, and he expected for the residents needs to be responded to in a timely answer and if the staff were not answering the call lights, they would not be aware of what the residents' needs were.</p> <p>During an interview with the Corporate Nurse on 05/02/24 at approximately 5:10 PM, the policy regarding grievances was requested and not provided prior to exit.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675802	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/02/2024
NAME OF PROVIDER OR SUPPLIER Kemp Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1351 South Elm Street Kemp, TX 75143	
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 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>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.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45879</p> <p>Based on observation, interview, and record review, the facility failed to ensure all residents had the right to a safe, clean, comfortable, and homelike environment for 1 of 6 resident rooms (room [ROOM NUMBER]) reviewed for the homelike environment.</p> <p>The facility failed to ensure Resident #4's room was without urine odor during the surveyors observation 04/28/24 through 05/02/24.</p> <p>This failure could place residents at risk for diminished quality of life due to the lack of a well-kept and clean environment.</p> <p>Findings included:</p> <p>1. Record review of Resident #4's face sheet dated 05/02/24, indicated a [AGE] year-old female was admitted to the facility on [DATE] with diagnoses including seizures, Pseudobulbar affect {PBA} (a condition characterized by episodes of sudden uncontrollable and inappropriate laughing or crying), high blood pressure, and dementia (impaired ability to remember, think, or make decisions that interfere with doing everyday activities).</p> <p>Record review of Resident #4's quarterly MDS assessment dated [DATE], indicated she rarely understood and was sometimes understood by others. Resident #4's had short and long-term memory deficits. The MDS indicated Resident #4 required total assistance with toileting, dressing, bathing, and extensive assistance with personal hygiene, transfers, eating, and bed mobility. The MDS indicated she was always incontinent of bowel and bladder.</p> <p>Record review of Resident #4's comprehensive care plan dated 03/25/21, indicated she had bowel and bladder incontinence. The interventions were for staff to provide incontinence care, check her for incontinent episodes every 2 hours, and assist as needed.</p> <p>During an observation on 04/28/24 at 12:20 p.m., Resident #4 was in her bed with no clothes on. The room smelled of urine and bowel with bowel feces observed on the resident.</p> <p>During an observation on 04/29/24 at 10:35 a.m., Resident #4 was in her bed with a brief and a blanket. The room smelled of urine.</p> <p>During an observation and interview on 04/29/24 at 5:24 p.m., the treatment nurse walked into Resident #4's room and said it smelled like urine. She said Resident #4 often removed her briefs and urinated on the mattress.</p> <p>During an observation and interview on 04/29/24 at 5:25 p.m., Housekeeper U said Resident #4's room does smell like bowel and urine at times. She said she was using the chemicals they had to clean each room. She said they clean the mattress and fall mats daily. She said she would not like her house to smell of urine.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675802	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/02/2024
NAME OF PROVIDER OR SUPPLIER Kemp Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1351 South Elm Street Kemp, TX 75143	
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 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 04/29/24 at 5:28 p.m., Resident #47, roommate of Resident #4 said the room does smell like urine at times. She said she and her roommate were incontinent of urine and they could not help it. She said she did not say anything to anyone about the urine smell because she said it could have been her.</p> <p>During an observation and interview on 04/30/24 at 4:57 p.m., The Administrator said he went to Resident #4's room and smelled urine in her room. He said he looked for the source and found soiled clothes in her closet. He said the resident had the wrong type of hamper in her room. He said he would call the family and have them bring the correct type of hamper. He said if a visitor smelled urine odor in the facility, they would assume we did not give diligent care. He said he expected all rooms to be free of urine odor.</p> <p>Record review of the facility policy of Resident Rights, dated 11/08/16, revealed, Safe environment: the resident has a right to a clean, safe, comfortable and home-like environment.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675802	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/02/2024
NAME OF PROVIDER OR SUPPLIER Kemp Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1351 South Elm Street Kemp, TX 75143	
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 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45879</p> <p>46892</p> <p>Based on observation, interview, and record review the facility failed to ensure the resident had the right to be free from abuse, neglect, misappropriation of resident property, and exploitation for 1 of 22 residents (Resident #219) reviewed for abuse and neglect.</p> <p>The facility failed to ensure CNA G and SNA H provided incontinent care every two hours as required for Resident #219 on 04/30/24, which resulted in a strong urine odor and wet, brown stains to her sheets and mattress.</p> <p>This failure could result in pressure injuries, infections, psychosocial harm, and a decreased quality of life.</p> <p>Findings included:</p> <p>Record review of a face sheet dated 05/02/24 indicated Resident #219 was an [AGE] year-old female admitted to the facility on [DATE] with diagnoses which included cerebral infarction (damage to tissues in the brain due to a loss of oxygen to the area), type 2 diabetes mellitus (chronic condition that affects the way the body processes blood sugar), and vascular dementia without behavioral disturbance, psychotic disturbance, mood disturbance, and anxiety (deterioration of memory, language, and other thinking abilities with behaviors).</p> <p>Record review of Resident #219's care plan date initiated 04/30/24 indicated she had an ADL self-care performance deficit and required the assistance of 1 staff for bathing, bed mobility and dressing and required assistance with personal hygiene. Resident #219's care plan indicated she had a potential for pressure ulcer development to provide incontinent care after each episode and apply moisture barrier.</p> <p>Record review of Resident #219's electronic health record on 05/02/24 indicated the MDS assessment had not been completed yet.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675802	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/02/2024
NAME OF PROVIDER OR SUPPLIER Kemp Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1351 South Elm Street Kemp, TX 75143	
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 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an observation and interview on 04/30/24 starting at 5:20 PM, a strong urine odor was noted in Resident #219's room. Resident #219 said she had not been changed but was unable to provide a timeframe. Resident #219 said she was not feeling good. CNA G and SNA H turned Resident #219 to make an observation of her buttocks. CNA G asked if she could do it after passing the dinner trays because it was time for dinner. Instructed CNA G to have the nurse come to the room, due to the strong urine odor in the room. LVN F came into the room and turned Resident #219 onto her side. Upon turning her Resident #219 had a dark brown stain extending up her buttocks with the edges darker brown than the center. LVN F agreed the urine odor was very strong. LVN F left the room and had the nurse aides return and provide incontinent care. CNA G and SNA H turned Resident #219 and brown stain extended down to the mattress. The blue mattress was darker where Resident #219's buttocks were with stain-like areas extending out. CNA G said she did not feel the mattress was wet with urine. SNA H said she was not sure if it was wet or not. The mattress was felt and noted to be wet in the center, and the stain-like areas that extended out were dry.</p> <p>During an interview on 04/30/24 at 5:47 PM, CNA G said she had changed Resident #219 after lunch around 12:30 PM. CNA G said Resident #219 was a heavy wetter and she should be changed more frequently. CNA G said she was supposed to round on the residents and check them every 2 hours. CNA G said she had not checked on Resident #219 as frequently as she should because she had other duties to perform, and she got sidetracked. CNA G said it was important to provide incontinent care to the residents frequently so they did not have skin breakdown, and because they could get an infection.</p> <p>During an interview on 04/30/24 at 5:54 PM, SNA H said CNA G and herself were caring for Resident #219, and they were providing care for the residents on the hall together. SNA H said the last time they changed Resident #219 was before breakfast. SNA H said they were going to get Resident #219 out of bed at lunchtime, but she did not want to get out of bed. SNA H said they had not attempted to provide incontinent care. SNA H said they were supposed to check on the residents every hour at least. SNA H said it was important to provide incontinent care to prevent infections.</p> <p>During an interview on 04/30/24 at 6:05 PM, LVN F said the nurse was responsible for ensuring the nurse aides provided prompt incontinent care. LVN F said it appeared as Resident #219 had not been changed all day. LVN F said the nurse aides should be checking on the residents at least every 2 hours. LVN F said not providing incontinent care promptly could cause bed sores and infections.</p> <p>During an interview on 05/02/24 starting at 6:28 PM, the DON said in the past the residents had complained about not getting changed promptly, and she had in serviced the CNAs. The DON said the nurse aides should be checking on the residents at least every 2 hours. The DON said not providing prompt incontinent care could result in pressure injuries and infection. The DON said the charge nurses and herself were responsible for ensuring the nurse aides provided prompt incontinent care. The DON said she monitored the nurse aides by checking the tasks in the electronic health record to see if the nurse aides has provided incontinent care. The DON said the nurse aides not changing Resident #219 could be considered neglect.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675802	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/02/2024
NAME OF PROVIDER OR SUPPLIER Kemp Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1351 South Elm Street Kemp, TX 75143	
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 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 05/02/24 starting at 7:37 PM, the Administrator said the incident with Resident #219 not being changed was confirmed. The Administrator said Resident #219 was wet and had not been changed, and it could be considered neglect. The Administrator said he was still trying to pin down the exact timeframe for her not being changed. The Administrator said the nurse aides should be checking on the residents every 2 hours and more frequently for those that were heavy wetters. The Administrator said not changing the residents frequently could result in skin breakdown, they could be affected psychologically for laying in urine. The Administrator said the charge nurses should be monitoring the nurse aides and providing immediate oversight.</p> <p>Record review of the facility's policy revised 03/29/18, titled, Abuse/Neglect, indicated, The resident has the right to be free from abuse, neglect, misappropriation, of resident property, and exploitation as defined in this subpart . Neglect is the failure of the facility, its employees or service providers to provide goods and services to a resident that are necessary to avoid physical harm pain, mental anguish, or emotional distress .</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675802	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/02/2024
NAME OF PROVIDER OR SUPPLIER Kemp Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1351 South Elm Street Kemp, TX 75143	

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 0607</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement policies and procedures to prevent abuse, neglect, and theft.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45879</p> <p>46892</p> <p>Based on interview and record review, the facility failed to implement their written policies and procedures to prohibit neglect and abuse for 1 of 22 residents (Resident #11 and Resident #219) reviewed for abuse and 1 of 21 staff (LVN K) reviewed for abuse training.</p> <p>The facility failed to ensure the Social Worker followed the facility's policy when he did not immediately report Resident #11's allegation of verbal abuse by Resident #219 to the Administrator on 04/28/24.</p> <p>The facility failed to follow its policy when LVN K did not complete abuse training upon hire on 03/05/24.</p> <p>These failures could place residents at risk of abuse, neglect, and decreased quality of life.</p> <p>Findings included:</p> <p>1. Record review of a face sheet dated 05/02/24 indicated Resident #11 was initially admitted to the facility on [DATE] and readmitted on [DATE], with diagnoses which included chronic obstructive pulmonary disease (chronic inflammatory lung condition that affects the respiratory system) and anxiety disorder (mental illness defined by feelings of uneasiness, worry and fear).</p> <p>Record review of the Quarterly MDS assessment dated [DATE] indicated Resident #11 was usually understood by others and understood others. The MDS assessment indicated Resident #11 had a BIMS score of 14, which indicated her cognition was intact. The MDS assessment did not indicate physical or verbal behavioral symptoms directed towards others.</p> <p>Record review of Resident #11's care plan with last review completed on 03/29/2024 indicated she had a hard time coping with a roommate that the social worker and staff would monitor if the resident was unable to cope with her roommate, and the social worker would try to find another roommate for the resident.</p> <p>During an interview on 04/28/24 at 4:00 PM, Resident #11 said her roommate (Resident #219) had cussed her out the other night and today had threatened to kill her with a gun she had. Resident #11 said she had not reported to staff that Resident #219 had cussed at her the other night, but today she had gotten the nerve to let the Social Worker know about her roommate threatening to kill her because she was scared of her. Resident #11 said she was not sure if her roommate, Resident #219, could get out of her chair on her own, but what if her roommate could and she did something to her.</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675802	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/02/2024
NAME OF PROVIDER OR SUPPLIER Kemp Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1351 South Elm Street Kemp, TX 75143	
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 0607</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>2. Record review of a face sheet dated 05/02/24 indicated Resident #219 was an [AGE] year-old female admitted to the facility on [DATE] with diagnoses which included cerebral infarction (damage to tissues in the brain due to a loss of oxygen to the area), type 2 diabetes mellitus (chronic condition that affects the way the body processes blood sugar), and vascular dementia without behavioral disturbance, psychotic disturbance, mood disturbance, and anxiety (deterioration of memory, language, and other thinking abilities with behaviors).</p> <p>Record review of Resident #219's care plan date initiated 04/30/24 indicated she had impaired cognitive function/dementia or impaired thought processes.</p> <p>Record review of Resident #219's electronic health record on 05/02/24 indicated the MDS assessment had not been completed yet.</p> <p>During an interview on 04/28/24 at 4:15 PM, the Social Worker said Resident #11 had told him her roommate, Resident #219, had accused her of stealing her purse and was mean to her. The Social Worker said Resident #11 was kind of crying about it when she told him. The Social Worker said Resident #11 had brought up to him that Resident #219 said she was going to kill her. The Social Worker said he believed Resident #219 was not capable of yelling or cursing at Resident #11, and she could not do anything to Resident #11. The Social Worker said Resident #11 had told him about 1-2 hours ago and she was crying. The Social Worker said he had not reported the incident to anyone. The Social Worker said since he believed Resident #219 could not hurt Resident #11, he was going to wait until the morning meeting the next day to bring up what Resident #11 had reported to him to see if they could change rooms or what could be done.</p> <p>During an interview on 04/28/24 at 4:27 PM, the Administrator said nothing had been reported to him regarding any incidents with Resident #11 and Resident #219. Surveyor intervention required and reported Resident #11's allegations regarding Resident #219. The Administrator said he was not aware of the situation, and the Social Worker should have reported the incident to him immediately. The Administrator said any threats or resident to resident altercations should be reported to him immediately.</p> <p>During an interview on 05/01/24 at 9:14 AM, Resident #219 said she had not threatened to kill anyone, and she had never yelled at anyone else or cussed at them.</p> <p>During an interview on 05/01/24 at 3:52 PM, the Social Worker said he had only been employed at the facility for 3 months, and he was still learning about long-term care facilities. The Social Worker said Resident #219 threatening Resident #11 could be considered verbal abuse and he should have reported it to the abuse coordinator. The Social Worker said initially when Resident #11 reported Resident #219's threat he did not think it was abuse, and he thought it was more of a grievance. The Social Worker said he had received training on abuse, but he was still learning. The Social Worker said it was important for abuse to be reported so the residents could feel safe.</p> <p>3. Record review of the undated Recruiter Payroll Form indicated LVN K was hired on 03/05/24.</p> <p>Record review of LVN K's trainings dated 05/02/24 indicated, new hire orientation abuse prevention was completed on 03/25/24, which indicated it was completed 20 days late.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675802	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/02/2024
NAME OF PROVIDER OR SUPPLIER Kemp Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1351 South Elm Street Kemp, TX 75143	
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 0607</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 05/02/24 at 5:56 PM, the Human Resource Coordinator said LVN K was hired back on 03/05/24. The Human Resource Coordinator said the abuse training should be completed within 3-5 days of hire. The Human Resource Coordinator said LVN K's was completed about 20 days after hire, and it should have been completed before. The Human Resource Coordinator said she was responsible for ensuring the abuse training was completed upon hire, and she did not know why LVN K's abuse training was not completed upon hire. The Human Resource Coordinator said it was important for the abuse training to be completed upon hire, so the staff knew the protocols and what to do if abuse was suspected.</p> <p>During an interview on 05/02/24 at 8:55 PM, the Administrator said the Human Resource Coordinator was responsible for ensuring the abuse training was completed upon hire. The Administrator said he expected for the staff to complete the abuse training on hire. The Administrator said it was important for the new staff to complete the abuse training on hire, so they knew who to report abuse to and what the types of abuse were.</p> <p>Record review of the facility's policy revised 03/29/18, titled, Abuse/Neglect, indicated, The resident has the right to be free from abuse, neglect, misappropriation, of resident property, and exploitation as defined in this subpart . Verbal Abuse: any use of oral, written or gestured language that willfully includes disparaging and derogatory terms to residents, or within their hearing distance, regardless of their age, ability to comprehend, or disability . Examples of verbal abuse include, but are not limited to: threats of harm; saying things to frighten a resident . The facility will train through orientation and on-going in-services on issues related to abuse/neglect prohibition practices regularly. 1. New employee orientation will consist of educational resources to identify abuse, neglect, exploitation, and misappropriation of resident property .2. The facility will maintain documentation of all educational in-services . When a suspected abused, neglected, exploited, mistreated, or potential victim of misappropriation of property comes to the attention of any employee, that employee will make an immediate verbal report to the Abuse Preventionist and/or designee will be called. 3. Facility employees must report all allegations of abuse, neglect, exploitation, mistreatment of residents, misappropriation of resident property or injury of unknown source to the facility administrator .</p> <p>Record review of the Facility Assessment date completed/updated 04/11/24 indicated, Education/In-services Resident Abuse should be completed immediately upon hire for all staff.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675802	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/02/2024
NAME OF PROVIDER OR SUPPLIER Kemp Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1351 South Elm Street Kemp, TX 75143	
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 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45879</p> <p>46892</p> <p>Based on interview, and record review, the facility failed to ensure that all alleged violations involving abuse, neglect, exploitation, or mistreatment, including injuries of unknown source were reported immediately, but no later than 2 hours after the allegation was made, for 2 of 22 residents (Resident #11 and Resident #219) reviewed for abuse and neglect reporting.</p> <p>The facility failed to ensure the Social Worker reported Resident #11's allegation of verbal abuse by Resident #219 immediately to the Administrator on 04/28/24.</p> <p>These failures could place residents at risk of abuse, physical harm, mental anguish, and emotional distress.</p> <p>Findings included:</p> <p>1. Record review of a face sheet dated 05/02/24 indicated Resident #11 was initially admitted to the facility on [DATE] and readmitted on [DATE], with diagnoses which included chronic obstructive pulmonary disease (chronic inflammatory lung condition that affects the respiratory system) and anxiety disorder (mental illness defined by feelings of uneasiness, worry and fear).</p> <p>Record review of the Quarterly MDS assessment dated [DATE] indicated Resident #11 was usually understood by others and understood others. The MDS assessment indicated Resident #11 had a BIMS score of 14, which indicated her cognition was intact. The MDS assessment did not indicate physical or verbal behavioral symptoms directed towards others.</p> <p>Record review of Resident #11's care plan with last review completed on 03/29/2024 indicated she had a hard time coping with a roommate that the Social Worker and staff would monitor if the resident was unable to cope with her roommate, and the social worker would try to find another roommate for the resident.</p> <p>During an interview on 04/28/24 at 4:00 PM, Resident #11 said her roommate (Resident #219) had cussed her out the other night (Resident #11 was unable to provide an exact date) and today had threatened to kill her with a gun she had. Resident #11 said she had not reported to staff that Resident #219 had cussed at her the other night, but today she had gotten the nerve to let the Social Worker know about her roommate threatening to kill her because she was scared of her. Resident #11 said she was not sure if her roommate, Resident #219, could get out of her chair on her own, but what if she could and she did something to her.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675802	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/02/2024
NAME OF PROVIDER OR SUPPLIER Kemp Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1351 South Elm Street Kemp, TX 75143	
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 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>2. Record review of a face sheet dated 05/02/24 indicated Resident #219 was an [AGE] year-old female admitted to the facility on [DATE] with diagnoses which included cerebral infarction (damage to tissues in the brain due to a loss of oxygen to the area), type 2 diabetes mellitus (chronic condition that affects the way the body processes blood sugar), and vascular dementia without behavioral disturbance, psychotic disturbance, mood disturbance, and anxiety (deterioration of memory, language, and other thinking abilities with behaviors).</p> <p>Record review of Resident #219's care plan date initiated 04/30/24 indicated she had impaired cognitive function/dementia or impaired thought processes.</p> <p>Record review of Resident #219's electronic health record on 05/02/24 indicated the MDS assessment had not been completed yet.</p> <p>During an interview on 04/28/24 at 4:15 PM, the Social Worker said Resident #11 had told him her roommate, Resident #219, had accused her of stealing her purse and was mean to her. The Social Worker said Resident #11 was kind of crying about it when she told him. The Social Worker said Resident #11 had brought up to him that Resident #219 said she was going to kill her. The Social Worker said he believed Resident #219 was not capable of yelling or cursing at Resident #11, and she could not do anything to Resident #11. The Social Worker said Resident #11 had told him about 1-2 hours ago and she was crying. The Social Worker said he had not reported the incident to anyone. The Social Worker said since he believed Resident #219 could not hurt Resident #11, he was going to wait until the morning meeting the next day to bring up what Resident #11 had reported to him to see if they could change rooms or what could be done.</p> <p>During an interview on 04/28/24 at 4:27 PM, Surveyor asked the Administrator if the Social Worker had reported any incidents regarding Resident #11 and Resident #219. The Administrator said nothing had been reported to him. Surveyor reported Resident #11's allegations regarding Resident #219. The Administrator said he was not aware of the situation, and the Social Worker should have reported the incident to him immediately. The Administrator said any threats or resident to resident altercations should be reported to him immediately.</p> <p>During an interview on 05/01/24 at 9:14 AM, Resident #219 said she had not threatened to kill anyone, and she had never yelled at anyone else or cussed at them.</p> <p>During an interview on 05/01/24 at 3:52 PM, the Social Worker said he had only been employed at the facility for 3 months, and he was still learning about long-term care facilities. The Social Worker said Resident #219 threatening Resident #11 could be considered verbal abuse and he should have reported it to the abuse coordinator. The Social Worker said initially when Resident #11 reported Resident #219's threat he did not think it was abuse, and he thought it was more of a grievance. The Social Worker said he had received training on abuse, but he was still learning. The Social Worker said it was important for abuse to be reported so the residents could feel safe.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675802	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/02/2024
NAME OF PROVIDER OR SUPPLIER Kemp Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1351 South Elm Street Kemp, TX 75143	
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 0609</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 revised 03/29/18, titled, Abuse/Neglect, indicated, The resident has the right to be free from abuse, neglect, misappropriation, of resident property, and exploitation as defined in this subpart . Verbal Abuse: any use of oral, written or gestured language that willfully includes disparaging and derogatory terms to residents, or within their hearing distance, regardless of their age, ability to comprehend, or disability . Examples of verbal abuse include, but are not limited to: threats of harm; saying things to frighten a resident . When a suspected abused, neglected, exploited, mistreated, or potential victim of misappropriation of property comes to the attention of any employee, that employee will make an immediate verbal report to the Abuse Preventionist and/or designee will be called .</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675802	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/02/2024
NAME OF PROVIDER OR SUPPLIER Kemp Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1351 South Elm Street Kemp, TX 75143	
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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45879</p> <p>Based on observation, interviews and record review , the facility failed to develop and implement a comprehensive person-centered care plan for each resident, which includes measurable objectives and timeframes to meet a resident's medical, nursing, and mental and psychosocial needs, for 1 of 4 (Resident #54) residents reviewed for comprehensive person-centered care plans.</p> <p>The facility failed to care plan Resident #54's interventions, diagnoses, and medication use of Trazodone (an antidepressant medication used to help with her sleep).</p> <p>This failure could affect residents by placing them at risk of not receiving appropriate interventions to meet their current needs.</p> <p>The findings included:</p> <p>1. Record review of Resident #54's face sheet, dated 05/02/24, indicated Resident #54 was an [AGE] year-old female who was admitted to the facility on [DATE]. Resident #54 had diagnoses which included insomnia, high blood pressure, Dementia (impaired ability to remember, think, or make decisions that interfere with doing everyday activities), stroke, and diabetes.</p> <p>Record review of Resident #54's quarterly MDS assessment, dated 02/27/24, indicated Resident #54 sometimes understood and sometimes understood by others . Resident #54's BIMS score was 00, which indicated her cognition was severely impaired . Resident #54 required extensive assistance with toileting, limited assistance with personal hygiene, transfer, dressing, bed mobility, and set-up with eating. The MDS indicated she used antidepressant medications.</p> <p>Record review of Resident #54's physician orders dated 11/22/23, indicated Trazodone HCl Oral Tablet 150 MG, Give 1 tablet by mouth 1 time a day for insomnia/mood.</p> <p>Record review of Resident #54's comprehensive care plan dated 12/04/23 did not indicate any plan of care or interventions for the medication use of Trazadone.</p> <p>During an observation and interview on 05/02/24 at 4:00 p.m., the MDS nurse said she was responsible for the comprehensive care plans, but all the department heads did their acute care plans. The MDS nurse and the surveyor looked at Resident #54's care plan together and she said she did not see her use of Trazadone on the care plan. The MDS nurse said the diagnoses and interventions should have been listed on Resident #54's care plan. She said the omissions were an oversight. She said care plans were done to address concerns and for continuity of care so that the residents could have the best possible outcome for their care.</p> <p>During an interview on 05/02/24 at 6:51 p.m., the DON said the MDS nurse was responsible for completing the care plans. She said she was the overseer. The DON said she was not aware that Resident 54's medication use of Trazadone was not care planned. She said care plans reflected residents' care and needs and should have been complete and accurate to ensure the residents received the care they needed.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675802	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/02/2024
NAME OF PROVIDER OR SUPPLIER Kemp Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1351 South Elm Street Kemp, TX 75143	
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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 05/02/24 at 7:54 p.m., the Administrator said all disciplinaries should work together to complete a resident's care plan. He said the DON was the overseer. He said Resident #54 should have had intervention, diagnoses, and medication indicated on their care plan. He said care plans were generated to provide each resident with the best care.</p> <p>Record review of Resident #54's comprehensive care plan, dated 05/02/24 (after the state surveyor intervention) indicated: Resident #54 was on antidepressant medication of Trazadone related to insomnia. The interventions were for staff to administer antidepressant medication as ordered by the physician and monitor for side effects and effectiveness.</p> <p>Record review of the facility Policy titled, Comprehensive Care Planning, indicated, the facility will develop and implement A comprehensive person-centered care plan for each resident comma consistent with the resident rights that includes measurable objectives and time frames to meet a residence medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment. Each resident will have a person-centered comprehensive care plan developed and implemented to meet his other preferences and goals and address the resident's medical, physical, mental, and psychosocial needs. A comprehensive care plan will be developed within seven days after completion of the comprehensive assessment.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675802	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/02/2024
NAME OF PROVIDER OR SUPPLIER Kemp Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1351 South Elm Street Kemp, TX 75143	
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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46892</p> <p>Based on observation, interview, and record review, the facility failed to ensure necessary services to maintain grooming and personal hygiene were provided for 3 of 22 residents (Resident #14, Resident #16, and Resident #31) reviewed for ADLs.</p> <ol style="list-style-type: none"> 1. The facility failed to ensure Resident #14, and Resident #31 were routinely showered/bathed. 2. The facility failed to ensure Resident #16's nails were clean and free of a brown colored material. <p>These failures could place residents at risk of not receiving services/care, decreased quality of life, and decreased self-esteem.</p> <p>Findings included:</p> <ol style="list-style-type: none"> 1. Record review of a face sheet dated 05/02/24 indicated Resident #14 was a [AGE] year-old male admitted to the facility on [DATE] with diagnoses which included unspecified dementia, unspecified severity, without behavioral disturbance, psychotic disturbance, mood disturbance, and anxiety (loss of memory, language, problem solving and other thinking abilities that were severe enough to interfere with daily life) and hemiplegia and hemiparesis following unspecified cerebrovascular disease affecting left non-dominant side (weakness, paralysis of left side of the body after a stroke). <p>Record review of the Comprehensive MDS assessment dated [DATE] indicated Resident #14 was sometimes understood by others, and he was usually able to understand others. The MDS assessment indicated Resident #14 had a BIMS score of 8, which indicated his cognition was moderately impaired. The MDS assessment did not indicate any behaviors or rejection of care. The MDS assessment indicated Resident #14 was dependent for toileting hygiene, showering/bathing self and required partial/moderate assistance with personal hygiene.</p> <p>Record review of the care plan last reviewed 03/22/24 indicated Resident #14 had an ADL self-care performance deficit and required the assistance of 2 staff for bathing. Resident #14's care plan indicated provide the resident with a sponge bath when a full bath or shower cannot be tolerated.</p> <p>Record review of the Documentation Survey Report for April 2024 indicated Resident #14's bathing was on Monday, Wednesday, and Friday. For the month of April 2024 one bed bath was documented on 04/03/2024.</p> <p>During an observation and interview on 04/29/24 at 8:39 AM, Resident #14 said he was not always getting his baths. Resident #14's hair appeared greasy and disheveled his red shirt had white stains on it and skin appeared dry, flaky.</p> <p>During an observation on 04/29/24 at 9:40 AM, CNA L and the DOR assisted Resident #14 out of bed and assisted him with dressing. A red shirt with a small pocket on the front was placed on him.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675802	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/02/2024
NAME OF PROVIDER OR SUPPLIER Kemp Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1351 South Elm Street Kemp, TX 75143	
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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an observation and interview on 04/30/24 at 12:20 PM, Resident #14 was in his bed, and he had the same red shirt with a small pocket on the front from the previous day. There were white stains on the front of his shirt. Resident #14 said he was not given a shower yesterday.</p> <p>During an observation and interview on 05/01/24 at 8:42 AM, Resident #14 was in bed. He had a red shirt on with a small pocket on the front. His shirt had multiple white stains on the front. His hair appeared greasy and disheveled. Resident #14 said he still had not been given a shower/bath.</p> <p>During an interview on 05/01/24 at 10:37 AM, CNA L said sometimes there was a shower aide but sometimes there was not. CNA L said she had not given Resident #14 a bath/shower Monday (04/29/24) because he was supposed to receive his bath/shower on the 2-10 PM shift.</p> <p>During an interview on 05/02/24 at 2:09 PM, SNA H said she had not bathed/showered Resident #14 because she was not sure who she was supposed to give a shower to, and she was not told to give him a shower. SNA H said she could not remember why Resident #14's clothes were not changed on Tuesday (04/30/24). SNA H said the residents' clothes should be changed even if it was not their shower day. SNA H said it was important for the residents to be bathed/showered and their clothes changed for their personal hygiene and so they did not get bacteria.</p> <p>During an interview on 05/02/24 at 6:36 PM, the DON said the charge nurses should be making sure the showers were done before they left. The DON said she was aware of the residents missed baths/showers, and they were working on addressing it by changing the shower schedules. The DON said it was important for the residents to get their baths/showers because it was a hygiene issue.</p> <p>During an interview on 05/02/24 at 7:58 PM, the Administrator said he expected the residents to be bathed every third day and he did not expect them to go three days with just bed baths. If the residents were capable, they needed to be showered. The Administrator said the ADON was responsible for providing oversight on bathing, but right now it was getting pushed off on the Treatment Nurse and the DON. The Administrator said it was important for the residents to be bathed/showered for good hygiene, so they could rest better, and if they did not get bathed/showered it could result in skin breakdown.</p> <p>45810</p> <p>2. Record review of Resident #31's face sheet dated 05/02/24 indicated he was a [AGE] year-old male who admitted to the facility on [DATE] and readmitted on [DATE] with the diagnoses heart disease, congestive heart failure, kidney disease, high blood pressure and depression.</p> <p>Record review of Resident #31's quarterly MDs assessment dated [DATE] indicated he had a BIMS score of 08 which indicated he had moderately impaired cognition. The MDS also indicate he required limited assistance for bed mobility, extensive assistance for toileting, bathing, and transfers, and setup for eating.</p> <p>Record review of Resident #31's undated care plan indicated he required supervision of 1 staff for bathing.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675802	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/02/2024
NAME OF PROVIDER OR SUPPLIER Kemp Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1351 South Elm Street Kemp, TX 75143	
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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Record review of Resident #31's documentation survey report for baths dated April 2024 indicated he was scheduled for baths on Monday Wednesday and Fridays on the 2PM-10PM shift and received 2 out of the 13 scheduled baths for the month of April.</p> <p>During an interview on 04/28/24 at 03:54 PM Resident #31 said he does not get his showers as they are scheduled on Monday, Wednesday, and Friday, and he could not remember last time he got one.</p> <p>During an interview on 05/02/24 at 03:12 PM CNA L said Resident #31 used to get his showers on the 6AM-2PM shift on Monday, Wednesday, and Friday, and unless he felt bad, he did not ever refuse his baths. She said there had been some changes and the facility used shower sheets in the past to keep up with baths. She did not know why he did not get his bath, but she said it was considered neglect, laziness, and carelessness.</p> <p>During an interview on 05/02/24 at 8:26 PM the Administrator said bathing and showering for all residents should be performed 3 days a week. The Administrator said the CNAs were responsible for giving the baths by following the facility Kardex (patient medical information system). He said the ADON was responsible for monitoring baths, but now the treatment nurse and the DON are responsible since the facility does not have an ADON. The Administrator said the failure of not giving baths place risk for residents not having good hygiene and skin breakdown.</p> <p>47612</p> <p>3.Record review of face sheet date 05/02/2024, revealed Resident #16 was a [AGE] year old male who admitted on [DATE] with diagnoses of Down Syndrome (a genetic condition where a person was born with an extra copy of chromosome 21), developmental disorder of speech and language, unspecified (a communication disorder that interferes with learning, understanding, and using language), limitation of activities due to disability (dimension of health/disability capturing longstanding limitation in performing usual activities).</p> <p>Record review of MDS assessment, dated 12/08/2023, indicated Resident #16 had a BIMS score of 00, indicating Resident #16 had severe cognitive impairment. The MDS revealed Resident #16 had no behaviors or rejection of care during the look back period. The MDS revealed Resident #16 required supervision with a two-person assistance for dressing, toilet use, and personal hygiene.</p> <p>Record review of comprehensive care plan, dated 04/04/2024, revealed Resident #16 has an ADL self-care performance deficit. Care plan goals included maintain current level of function in bed mobility, transfers, eating, dressing, toilet use and personal hygiene. The care plan interventions include, Resident # 16 requires extensive assist of one staff toileting, dressing, transfers, mobility, and personal hygiene.</p> <p>During an observation on 04/28/2024 at 3:20 p.m., Resident # 16 was observed with long, broken, uneven fingernails with a brown material under them.</p> <p>During an observation on 04/29/2024 at 10:00 a.m., Resident # 16 was observed with long, broken, uneven fingernails with a brown material under them.</p> <p>During an observation on 05/01/2024 at 5:55 p.m., Resident # 16 was observed with long, broken, uneven fingernails with a brown material under them.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675802	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/02/2024
NAME OF PROVIDER OR SUPPLIER Kemp Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1351 South Elm Street Kemp, TX 75143	
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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 05/01/2024 at 3:52 p.m., with CNA P stated it was the CNA's responsibility to do nail care on shower days or when needed on nondiabetic residents. CNA P stated it was important to keep the nail short to reduce the risk of bowel or dirt getting under them. CNA P stated the risk to the resident was the resident could scratch themselves or get an infection from eating with dirty fingernails.</p> <p>During an interview on 05/01/2024 at 5:55 p.m., LVN N stated nail care was the nursing staff's responsibility. LVN N stated the resident was not a diabetic and did not know why his nails have not been trimmed and cleaned. LVN N stated it was important for the residents to have clean nails for all around hygiene. LVN N stated the risk to the resident was infection.</p> <p>During an interview on 05/02/2024 at 6:38 p.m., the DON stated if the resident was diabetic the nurse or treatment nurse did nail care, if not the CNAs were responsible for nail care on shower days or when dirty. The DON stated it was important to trim resident's nails, so they do not scratch themselves or other people. The DON stated the risk was infection. The DON stated she would monitor by check off in the computer system.</p> <p>During an interview on 05/02/2024 at 7:35 p.m., the Administrator stated the CNAs were responsible for personal hygiene unless the resident was a diabetic. The Administrator stated it was important to keep residents nail clean and trimmed because you do not know what was underneath them. The Administrator stated the risk was infection.</p> <p>Record review of the facility's policy titled, Nail Care reflected Nail management was the regular care of the toenails and fingernails to promote cleanliness, and skin integrity of tissues, to prevent infection, and injury from scratching by fingernails or pressure of shoes on toenails. It includes cleansing, trimming, smoothing, and cuticle area and was usually done during the bath .</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675802	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/02/2024
NAME OF PROVIDER OR SUPPLIER Kemp Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1351 South Elm Street Kemp, TX 75143	
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 0686</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>Provide appropriate pressure ulcer care and prevent new ulcers from developing.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46892</p> <p>Based on observation, interview, and record review the facility failed to ensure a resident with pressure ulcers received necessary treatment and services, consistent with professional standards of practice, to promote healing, prevent infection, and prevent new ulcers from developing for 5 of 6 residents (Resident #14, Resident #36, Resident #47, Resident #115, and Resident #218) reviewed for pressure ulcers.</p> <ol style="list-style-type: none"> The facility failed to ensure weekly ulcer assessments were performed and measurements were obtained for Resident #47's left outer ankle stage 4 pressure injury, Resident #218's pressure injuries to her buttocks, fluid filled blister to great toe, ulcer to right foot, Resident #14's pressure injury to his left buttock, Resident #115's stage 3 pressure injury to his left buttock. The facility failed to ensure wound care treatments were performed as ordered for Resident #36, Resident #115, and Resident #218. The facility failed to ensure Resident #14's and Resident #115's treatment orders indicated the correct location of their pressure injuries for wound treatment. The facility failed to ensure the treatment nurse completed the ulcer assessment weekly for Resident #47 and her wound increased in size. The facility failed to have a system in place to ensure skin assessments and treatments were completed as ordered. The facility failed to ensure skin assessments were performed accurately. The facility failed to prevent further worsening of Resident #36's moisture associated skin damage to bilateral buttocks. The facility failed to follow their Skin Integrity Management policy. The DON failed to provide oversight for wound care management and assessments. <p>An Immediate Jeopardy (IJ) situation was identified on 04/30/24 at 3:50 PM. The IJ template was provided to the facility on [DATE] at 4:28 PM. While the IJ was removed on 05/01/24 at 5:47 PM, the facility remained out of compliance due to the facility's need to complete in-service training and evaluate the effectiveness of the corrective systems.</p> <p>These failures could place residents at risk of complications which include worsening of existing wounds, development of new wounds, and infection.</p> <p>Findings included:</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675802	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/02/2024
NAME OF PROVIDER OR SUPPLIER Kemp Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1351 South Elm Street Kemp, TX 75143	
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 0686</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>1. Record review of a face sheet dated 05/02/24 indicated Resident #14 was a [AGE] year-old male admitted to the facility on [DATE] with diagnoses which included unspecified dementia, unspecified severity, without behavioral disturbance, psychotic disturbance, mood disturbance, and anxiety (loss of memory, language, problem solving and other thinking abilities that were severe enough to interfere with daily life) and hemiplegia and hemiparesis following unspecified cerebrovascular disease affecting left non-dominant side (weakness, paralysis of left side of the body after a stroke).</p> <p>Record review of the Comprehensive MDS assessment dated [DATE] indicated Resident #14 was sometimes understood by others, and he was usually able to understand others. The MDS assessment indicated Resident #14 had a BIMS score of 8, which indicated his cognition was moderately impaired. The MDS assessment did not indicate any behaviors or rejection of care. The MDS assessment indicated Resident #14 was dependent for toileting hygiene, showering/bathing self and required partial/moderate assistance with personal hygiene. The MDS assessment indicated Resident #14 was at risk for pressure ulcers/injuries. The MDS assessment indicated Resident #14 did not have any pressure ulcers/injuries.</p> <p>Record review of the care plan last reviewed 03/22/24 indicated Resident #14 had a potential impairment to skin integrity related to fragile skin. Interventions included to follow facility protocols for treatment of injury and use caution during transfers and bed mobility to prevent striking arms, legs, and hands against any sharp or hard surface. Resident #14's care plan did not indicate he had any pressure injuries.</p> <p>Record review of Resident #14's Order Summary Report dated 04/29/24 indicated:</p> <p>Buttock: Cleanse with wound cleanser/normal saline, pat dry; apply anasept (gel used for wounds) apply dry dressing; daily and as needed order date 04/25/24. The order failed to include which buttock to perform the wound care on.</p> <p>Wound consult related to opening on buttock order date 04/25/24. The order failed to indicate which buttock there was an opening to.</p> <p>Record review of Resident #14's Weekly Skin assessment dated [DATE] completed by the Treatment Nurse indicated yes to moisture associated skin damage. The assessment indicated to note the location, measurements of any moisture associated skin damage, right and left buttock was the response with no measurements. The assessment indicated Resident #14 had no pressure, venous, arterial, or diabetic ulcers.</p> <p>Record review of Resident #14's electronic health record on 04/30/24 did not indicate any Weekly Ulcer Assessments had been completed.</p> <p>During an observation and interview with the Treatment Nurse on 04/30/24 at 12:20 PM, Resident #14 had an open area to his left buttock. The Treatment Nurse obtained measurements and said they were 3 cm x 2 cm x 0.1 cm.</p> <p>Record review of a progress note dated 04/30/24 at 3:56 PM completed by the Treatment Nurse indicated, Resident #14 was seen by the wound care doctor on 04/30/24 via tele med (use of technology to communicate with the doctor without them being in the room) and had a stage 3 to the right buttock with measurements of 3.0 cm x 1.5 cm x 0.1 cm to continue with the current treatment.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675802	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/02/2024
NAME OF PROVIDER OR SUPPLIER Kemp Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1351 South Elm Street Kemp, TX 75143	
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 0686</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>2. Record review of Resident #218's face sheet dated 04/30/2024, indicated a [AGE] year-old female who admitted to the facility on [DATE], with diagnoses which included diabetes (a group of diseases that affect how the body uses blood sugar), hypertension (high blood pressure), congestive heart failure (the heart can't pump blood well enough to supply the body, unspecified wound to abdominal wall of right lower quadrant, and cellulitis (serious bacterial infection of the skin) right lower limb.</p> <p>Record review of Resident #218's comprehensive care plan dated 04/24/2024 and revised on 04/29/2024, indicated Resident #218 had a surgical site to groin, and right calf. The care plan interventions included wound vac (wound vacuum device that removes pressure over the area of the wound) to right lower extremity. The care plan also indicated the Resident #218 had the potential/actual impairment to skin integrity related to fragile skin with interventions to follow facility protocols for treatment of injury.</p> <p>Record review of Resident #218's initial skin assessment dated [DATE] and completed by the Treatment Nurse indicated Resident #218 had a skin tear to left and right buttock (no measurements were indicated for the skin tears) and a surgical incision to right leg with a wound vac placed.</p> <p>Record review of Resident #218's Order Summary Report dated 04/28/2024, indicated she had the following orders:</p> <p>*Right leg: Cleanse wound and wet to moist until vac available as needed for wound healing with a start date of 04/24/2024.</p> <p>*Right leg: Cleanse wound with normal saline/wound cleanser, pat dry, apply green foam, negative pressure (-125mmHg) continuous wound therapy, apply three times a week and as needed on Monday, Wednesday, and Friday for wound healing with a start date of 04/25/2024.</p> <p>*Right side of groin: Cleanse with normal saline/wound cleanser, apply wet to dry dressing to area, apply bordered dressing change as needed if soiled for wound healing with a start date of 04/25/2024.</p> <p>*Right side of groin: Cleanse with normal saline/wound cleanser, apply wet to dry dressing to area, apply bordered dressing change one time a day for wound healing with a start date of 04/25/2024.</p> <p>Resident #218's Order Summary Report did not reveal orders for the skin tears to her buttocks.</p> <p>Record review of Resident #218's electronic health record on 04/30/24 did not indicate any weekly ulcer assessments were completed.</p> <p>During an observation and interview on 04/28/24 at 11:23 AM, Resident #218 said she had admitted to the facility from the hospital last week. Resident #218 said the Treatment Nurse had not been changing her dressings as scheduled. Resident #218 said her wound vac dressing should be changed on Monday, Wednesday, and Friday. Resident #218 said it was not changed on Friday (04/26/24), and she had asked the Treatment Nurse to change it yesterday (04/27/24) and she had not. The dressing on the wound vac was not dated.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675802	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/02/2024
NAME OF PROVIDER OR SUPPLIER Kemp Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1351 South Elm Street Kemp, TX 75143	
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 0686</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>During an observation and interview with the Treatment Nurse on 04/29/24 at 3:13 PM, Resident #218 had an open area to her left buttock. The Treatment Nurse obtained measurements and they were 1 cm x 2 cm x 0.5 cm. Resident #218 had multiple shear areas (shallow open areas to the skin) to her right buttocks. The areas were approximately less than 0.3 cm x 0.3 cm x 0.1cm. Resident #218's right great toe was purple, and the bottom of the right great toe had a fluid-filled blister to it. Resident #218 had a black circular area to the side of her foot that had no dressing to it. It measured approximately 1 cm x 1cm with an undetermined depth, and the middle was concave and dark black. Resident #218 said she was not aware her right great toe was purple. Resident #218 said the circular area to the side of her right foot had drainage at times and she had it since she admitted to the facility. The Treatment Nurse said she had only been employed at the facility for a month and a half. The Treatment Nurse said she had only been the Treatment Nurse for 2 weeks because she had been having to work the floor due to staffing issues. The Treatment Nurse said LVN M was supposed to change Resident #218's wound vac dressing on Friday because she left early due to the storms. The Treatment Nurse said Resident #218 had not told her the wound vac was not changed. The Treatment Nurse said she did not keep a wound tracking log. The Treatment Nurse said she provided wound treatments when she was in the building. The Treatment Nurse said the circular area on the side of Resident #218's right foot was not there on admission, and today was the first day she had noticed it. The Treatment Nurse said the great toe had been purple for 2-3 days. The Treatment Nurse made observation of the great toe and wounds with this Surveyor. The Treatment Nurse said she did not see a blister on Resident #218's right great toe. The Treatment Nurse said the charge nurses had notified the NP when they had noticed Resident #218's right great toe was purple. The Treatment Nurse said they were monitoring the right great toe daily. The Treatment nurse said the Weekly Skin Assessments were completed by her. The Treatment Nurse said when Resident #218 admitted she completed her initial skin assessment, and she had skin tears to her buttocks. The Treatment Nurse said she felt like the areas had worsened because Resident #218 had been scrubbing her buttocks too hard. The Treatment Nurse said barrier cream was applied to her buttocks. The Treatment Nurse said she did not measure wounds. The Treatment Nurse said when a new wound was identified she would take a picture and send it to the wound care doctor for orders. The Treatment Nurse said she would document it on a skin assessment as an open area. The Treatment Nurse said when the wound care doctor made his rounds he assessed the wounds, staged them, and performed measurements. The Treatment Nurse said Resident #218 was unable to be referred to the wound care doctor at the facility because she was being followed by her cardiologist and surgeon. The Treatment Nurse said Resident #218 had a follow up with her surgeon tomorrow so they would assess her wounds. The Treatment Nurse said Resident #14 had been referred to the wound care doctor for assessment of his open area but had not been seen yet.</p> <p>During an interview on 04/29/24 at 6:07 PM, LVN S said she was off over the weekend, and today was her first day back. LVN S said earlier in the day she had noticed Resident #218's toe started turning black and cold to touch like she was not getting circulation to it. LVN S said she notified the NP, and he instructed her to notify Resident #218's surgeon. LVN S said she had called the surgeon and left a message with his office. LVN S said she had not noticed the area to Resident #218's side of the right foot. LVN S said she had not noticed the blister on Resident #218's right great toe. LVN S said if Resident #218 did not receive appropriate treatment for her toe she could lose it.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675802	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/02/2024
NAME OF PROVIDER OR SUPPLIER Kemp Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1351 South Elm Street Kemp, TX 75143	
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 0686</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>During an interview on 04/30/24 at 9:44 AM, the NP said he saw Resident #218 Friday 04/26/24, and she had a small sore on her right great toe and it had no capillary refill (circulation), it was pale white. The NP said he believed the wound care doctor was supposed to see Resident #218. The NP said the nurses had notified him of Resident #218's right great toe being dark purple since Friday and yesterday they contacted him again about her right great toe and he had instructed them to contact the surgeon. The NP said he had not been notified about the area to the side of her right foot. The NP said he expected for the staff to monitor the areas on Resident #218's right foot, and he believed they were because they had contacted him about it multiple times over the last 48 hours. The NP said if there was a new pressure ulcer he was notified and an order to consult with wound care was given. The NP said he was sure there were protocols for wounds that the Treatment Nurse followed. The NP said he was not aware of Resident #14's wound to his left buttock. The NP said Resident #47 had wounds since she admitted, and they never fully healed. The NP said they had tried ankle pillows and was seen by a vascular doctor and wound care doctor. The NP said Resident #36 had a stage 2 to his coccyx or buttocks he was not sure. The NP said he was notified he thought last week of it.</p> <p>During an interview on 04/30/24 at 10:26 AM, the DON said when a new wound was found by the nurses they should notify the Treatment Nurse, assess the wound, cover it if needed until the Treatment Nurse could see it. The DON said the Treatment Nurse assessed and measured wounds, and if the wound was pressure related she tried to help stage it, get treatment for it and refer the residents to the wound care doctor. The DON said pictures would be sent to the wound care doctor, so they did not have to wait for a week to treat the wound. The DON said the Treatment Nurse was responsible for wound measurements and she provided oversight. The DON said she tried to see the pressure wounds weekly, and the Treatment Nurse provided her updates weekly on the wounds and wound care and they discussed wounds every day in the morning meeting. The DON said the wounds were tracked in a system in the computer that used the Weekly Ulcer Assessments to generate the tracking data. The DON said the Treatment Nurse completed Weekly Skin Assessments and if the residents had a pressure ulcer the Treatment Nurse completed Weekly Ulcer Assessments. The DON said if the Weekly Ulcer Assessments were not completed the wound tracking data would not be accurate. The DON said she was aware of the right great toe necrotic areas on Resident #218's right foot. She did not know about her right great toe until yesterday. The DON said she was not notified of the ulcer on the side of her right foot. The DON said the nurses should have notified her, the doctor, and contacted wound care. The DON said she was notified yesterday Resident #218 might have a small stage 2 on her buttocks but was not notified of anything else. The DON said Monday-Friday the Treatment Nurse was responsible for the wound care treatments and on the weekends the nurses were responsible. The DON said she was notified of Resident #14's open area to his buttocks today in the morning meeting, and she did not see any measurements in the computer. The DON said when the wound care doctor rounded, he measured the wounds. The DON said she was not aware the Treatment Nurse was not measuring the wounds. The DON said her expectations were for measurements, redness, description of what the wounds were and where it was and how many should be documented.</p> <p>During an interview on 04/30/24 at 11:09 AM, the Treatment Nurse said the facility did not have a protocol for pressure ulcers.</p> <p>During an interview on 05/01/24 at 9:44 AM, the Medical Director said the nursing staff contacted the NP for new wounds and concerns. The Medical Director said they reviewed cases together, but the NP handled most of the facility's needs.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675802	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/02/2024
NAME OF PROVIDER OR SUPPLIER Kemp Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1351 South Elm Street Kemp, TX 75143	
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 0686</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>During an interview on 05/01/24 at 5:55 PM, LVN M said he did not do any wound care treatments on Friday, including Resident #218. LVN M said he did not do wound care treatments that the Treatment Nurse was responsible for completing them.</p> <p>During an interview on 05/02/24 at 5:44 PM, the Treatment Nurse said not measuring wounds, not completing the ulcer assessments, not identifying wounds promptly, not performing the treatments as ordered and not having accurate treatment could cause wounds to deteriorate and placed the residents at risk for infection.</p> <p>During an interview on 05/02/24 at 7:56 PM the Administrator said he expected for the wounds to be treated based on the orders provided. He expected for them to be staged by an RN, and the location of the wounds to be accurately documented. He expected for the skin assessments to be completed weekly. The Treatment Nurse was responsible for this, and the DON should provide oversight. The Administrator said it was important for these things to be done because if not wounds would not heal and they could worsen, get infected and lead to sepsis.</p> <p>45879</p> <p>3. Record review of Resident #47's quarterly MDS assessment, dated 04/09/24, indicated Resident #47 was understood and was understood by others . The MDS assessment indicated she had a BIMS score of 13 indicating Resident #47 cognition was intact. The MDS did not indicate Resident #47 refused care. The MDS indicated he required maximal assistance with toileting, bathing, dressing and hygiene, and set-up assistance with eating. The MDS did not indicate any pressure ulcer during the 7-day look-back period.</p> <p>Record review of Resident #47's physician orders dated 04/25/24 revealed, 24 revealed Left Ankle: Cleanse with Normal saline of wound care cleanser; Pat dry; Apply hydrogel; apply dry dressing. Daily and as needed for Wound Healing.</p> <p>Record review of Resident #47's Medication administration record dated 04/25/24 revealed Left Ankle: Cleanse with Normal saline of wound care cleanser; Pat dry; Apply hydrogel; apply dry dressing. Daily, one time, and as needed for Wound Healing.</p> <p>Record review of Resident #47's comprehensive care plan, dated 02/29/24, indicated Resident #47 had the potential for pressure ulcer development. The interventions were for staff to Educate the resident's family/caregivers as to causes of skin breakdown; including transfer/positioning requirements; the importance of taking care during ambulating/mobility, good nutrition, and frequent repositioning.</p> <p>Record review of Resident #47's skin assessment dated [DATE] indicated Resident #47 had an open area to her left ankle.</p> <p>Record review of Resident #47's skin assessment dated [DATE] indicated Resident #47 had an abrasion to her right ankle.</p> <p>Record review of Resident #47's wound care report dated 04/19/24 did not reveal any measurements or documentation related to her right ankle.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675802	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/02/2024
NAME OF PROVIDER OR SUPPLIER Kemp Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1351 South Elm Street Kemp, TX 75143	
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 0686</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>Record review of Resident #47's wound care report dated 04/23/24 revealed a stage 4 to left outer ankle measuring 0.7X1.2X0.1cm (Length X Width X Depth).</p> <p>Record review of Resident #47's wound care report dated 05/01/24 revealed a stage 4 to left lateral ankle measuring 1.0X1.02X0.1cm (Length X Width X Depth). The wound care doctor wrote a progress note which revealed: The progress of this wound and the context surrounding the progress were considered in greater depth today. Discussed pain and pain management strategies with patient, family, and/or care-providing staff. Reviewed off-loading surfaces and discussed surface care plan</p> <p>Record review of Resident #47's electronic medical records did not reveal an ulcer assessment from 04/12/24 through 05/02/24.</p> <p>During an observation and interview on 04/29/24 at 5:28 p.m., Resident #47's left ankle was laying on the bed. Resident #47's left anke was not offloaded. Resident #47 said she did not know anything about her wound except people came in and did something to it. She said it did not hurt.</p> <p>During an interview on 04/30/24 at 3:29 p.m., CNA B said she had never been told to offload Resident #47's left ankles. She said she had not offered any alternative to keeping her left ankle offloaded.</p> <p>During an interview on 04/30/24 at 3:30 p.m., CNA V said she took care of Resident #47 and was unaware she needed to offload her left ankle.</p> <p>During an observation and interview on 04/30/24 starting at 3:33 p.m., Resident #47 was in bed with her left ankle laying on the bed. Resident #47's left ankle was not offloaded. LVN S said she was one of Resident #47's primary day nurses. She said she was unaware Resident #47 had an area on her left ankle until questioned by the surveyor. She said she had not performed any wound care for Resident #47's left ankle. She said anytime a new open area was identified it should be placed on the 24-hour report to inform all nurses of a change in any resident condition. She said she had not attempted anything to keep Resident #47's left ankle offloaded.</p> <p>During an interview and record review on 05/02/24 at 6:49 p.m., the Treatment nurse said she identified an open area to Resident #47's left ankle on 04/12/24. She said she had notified the wound care doctor about Resident #47's left ankle at an unknown time but he did not see her until 04/23/24. She said when the wound care doctor saw Resident #47's left ankle, he said it was a reoccurrence. She said she had treatment in place for her left ankle open area until the wound care doctor made rounds. We reviewed the treatment sheet and no wound care treatments were ordered until 04/25/24. We reviewed the ulcer assessments from 04/12/24 through 04/30/24 and did not see an ulcer assessment related to Resident #47's left ankle. She said she knew she was supposed to complete an ulcer assessment but had not. She said she had been working the floor and trying to keep up with the skin process but was unable to fully complete them both. She said she did not feel she had enough training when she took the wound care position about a month ago. The treatment nurse said at times when she entered Resident #47's room her ankles would not be offloaded. She said she had not done any in-services with staff on offloading Resident #47's heels/ankles.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675802	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/02/2024
NAME OF PROVIDER OR SUPPLIER Kemp Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1351 South Elm Street Kemp, TX 75143	
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 0686</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>During an interview on 05/02/24 at 6:51 p.m., the DON said the treatment nurse was responsible for the resident's treatments, and assessments. She said she expected wound care to be performed as ordered, and weekly skin and ulcer reports to be done weekly. She said she did not know the ulcer assessments had not been completed as needed. She said it was important to assess the skin weekly to prevent the development of wounds.</p> <p>During an interview on 05/02/24 at 7:54 p.m., the Administrator said he expected the treatment nurse to do weekly skin assessments as ordered. The Administrator said the DON was responsible for ensuring skin assessments were completed. He said failure to complete skin or ulcer assessments could cause residents not to have care done.</p> <p>45810</p> <p>4. Record review of Resident #36's face sheet dated 05/02/24 indicated she was a [AGE] year-old female who admitted to the facility on [DATE] and readmitted on [DATE] with the diagnoses of hemiplegia following cerebral infarction (disrupted blood flow to the brain causing paralysis), chronic pain, hypertension (high blood pressure), cognitive communication deficit, and major depression.</p> <p>Record review of Resident #36's quarterly MDS assessment dated [DATE] indicated that she had a BIMS score of 11 which indicated she had moderate cognitive impairment. The MDS also indicated she required maximal assistance with toileting, total assistance with bed mobility and transfers, and setup assistance with eating. The MDS also indicated Resident #36 was at risk for pressure ulcers.</p> <p>Record review of Resident #36's care plan dated 02/20/24 indicated resident had impaired cognitive function/dementia with an intervention for the facility to administer medications as ordered. The care plan also indicated she had an ADL self-care performance deficit and required assistance from staff for toileting, bed mobility, dressing, and bathing.</p> <p>Record review of Resident #36's physician orders as of 04/29/24 indicated She had orders as indicated:</p> <p>Wound to buttocks: Cleanse wound with NS/WC, pat dry, apply Anasept, apply dry dressing one time a day for wound healing that started 04/24/24.</p> <p>Wound to buttocks: Cleanse wound with NS/WC, pat dry, apply Anasept, apply dry dressing as needed for wound healing that started 04/24/24.</p> <p>Record review of Resident #36's treatment administration record dated April 2024 indicated LVN M completed the treatment on 04/26/24 and 04/28/24.</p> <p>Record review of Resident #36's weekly skin assessment dated [DATE] indicated she had redness to her buttock and peri area.</p> <p>Record review of Resident #36's weekly skin assessment dated [DATE] indicated she had an open area to her buttocks with no measurements noted.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675802	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/02/2024
NAME OF PROVIDER OR SUPPLIER Kemp Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1351 South Elm Street Kemp, TX 75143	
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 0686</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>Record review of Resident #36's wound doctor's initial visit dated 05/01/24 indicated she had an unstageable DTI to the right buttock partial thickness that measured 13cm X 12cm X 0.1cm and a non-pressure wound of the left buttock partial thickness that measured 10cm X 7cm X 0.1cm.</p> <p>During an observation and interview on 04/28/24 at 03:37 PM Resident #36 was lying in bed. CNA UU had provided peri-care and was waiting on nurse to treat wound to Resident #36's buttocks. Resident #36 complained of pain 10 on 1-10 scale so the Treatment Nurse told resident she would medicate her and then provide wound care once the pain was managed.</p> <p>During an interview on 04/29/24 at 09:02 AM Resident #36 said no one placed dressing to her buttocks after she was administered pain medication on 04/28/24.</p> <p>During an observation on 04/29/24 at 09:13 AM during incontinent care provided by CNA UU, Resident #36 had no dressing in place to buttocks.</p> <p>During an interview 04/29/24 at 10:00 AM the Treatment Nurse said the wound doctor came to the facility weekly to complete rounds on residents with wounds. She said she had placed Resident #36 on the list to be seen because the areas to her buttocks are moisture associated skin damage but appear to be on the verge of worsening, but she did not measure any wounds in the facility. She said the DON only looked at pressure wounds. The Treatment Nurse said the wound doctor measured wounds and staged wounds when he saw a resident in the facility.</p> <p>During an observation on 04/29/24 at 03:20 PM the Treatment Nurse provided the treatment to Resident #36's left buttock that measured 8cm X5cm in size and resembled moisture associated skin damage and her right buttock that measured 13cm X 10cm and resembled moisture associated skin damage.</p> <p>During an observation on 04/30/24 at 05:35 PM the Treatment Nurse provided treatment to Resident #36's buttocks with the DON in the room as well. The left buttock measured 10cm X 6.5cm open area that appeared to be a stage 2 ulcer and right buttocks measured 13cm X 10cm and resembled moisture associated skin damage.</p> <p>During an interview on 05/01/24 at 10:47 AM LVN M said the Treatment Nurse performed treatments in the facility on Monday through Friday and sometimes on the weekends. He said when she was not in the facility the DON would notify the floor nurses to complete treatments for their residents. He said he had never completed Resident #36's treatment to her buttock even though he had signed the record on 04/26/24 and 04/28/24. LVN M said failure to complete the treatments could have caused worsening of the area.</p> <p>5.Record review of Resident #115's face sheet dated 05/02/24 indicated he was a [AGE] year-old male who admitted to the facility on [DATE] with the diagnoses aftercare for genitourinary surgery, hypertension (high blood pressure), and benign prostatic hyperplasia (enlarged prostate).</p> <p>Record review of Resident #115's admission MDS assessment dated [DATE] indicated he had a BIMS score of 15 which indicated he was cognitively intact. The MDS also indicated he required supervision with toileting, dressing, and bathing.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675802	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/02/2024
NAME OF PROVIDER OR SUPPLIER Kemp Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1351 South Elm Street Kemp, TX 75143	
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 0686</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>Record review of Resident #115's undated care plan indicated he had an ADL self-care deficit and required assistance by 1 staff for bathing, dressing, toileting, and personal hygiene. The care plan also indicated he had a pressure ulcer to his left buttock, and he was on enhanced barrier precautions with interventions of gloves and gown to be donned if any of the following activities were to occur: linen change, resident hygiene, transfer, dressing .</p> <p>Record review of Resident #115's order summary report dated 04/29/24 indicated he had an inaccurate location order as indicated:</p> <p>Wound to right buttock: Cleanse wound with NS/WC, pat dry, apply calcium alginate with silver and cover with a border gauze one time a day for wound healing with a start date of 04/25/24.</p> <p>Wound to right buttock: Cleanse wound with NS/WC, pat dry, apply calcium alginate with silver and cover with a border gauze as needed for wound healing with a start date of 04/24/24.</p> <p>Record review of Resident #115's weekly skin assessment dated [DATE] indicated he had a pressure ulcer, but it did not indicate a location or measurements.</p> <p>Record review of Resident #115's weekly ulcer assessment dated [DATE] inaccurately indicated he had a stage 3 pressure area to his right buttocks when in fact the pressure ulcer was located on his left buttock.</p> <p>During an observation on 04/28/24 at 04:25 PM revealed Resident #115 lying in bed. He said his wound care was not done yesterday or days before. Resident #115 showed the surveyor his left buttocks and the bandage was dated 4/25/24.</p> <p>During an observation on 04/28/24 at 05:05 PM the Treatment Nurse went into Resident #115's room and provided the treatment to his left hip using good technique. When she removed the old dressing surveyor asked the date on the dressing and it was dated 04/25/24.</p> <p>During an interview on 04/28/24 at 05:12 PM The Treatment Nurse said she had to leave the facility early on Friday 04/26/24 and the charge nurse was responsible for providing wound care on Friday 4/26/24-04/28/24. She said the failure of the treatments not being completed placed a risk for infection.</p> <p>During an interview on 05/01/24 at 10:47 AM LVN M said the Treatment Nurse performed treatments in the facility on Monday through Friday and sometimes on the weekends. He said when she was not in the facility the DON would notify the floor nurses to complete treatments for their residents. He said he had never completed Resident #115's treatment to his buttock even though he had signed the record on 04/26/24 and 04/28/24. LVN M said failure to complete the treatments could have caused worsening of the area.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675802	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/02/2024
NAME OF PROVIDER OR SUPPLIER Kemp Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1351 South Elm Street Kemp, TX 75143	
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 0686</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>Record review of the facility's policy titled, Skin Integrity Management, revised October 5, 2016, indicated, 1. If pressure causes changes in the resident's skin, it is the responsibility of the charge nurse to document on the 24-Hour Report form and initiate Protocols for Pressure Sores. Notify the Treatment Nurse/designee, then do an assessment and initiate a treatment plan as soon as possible. Document in resident's chart, area of change, who you notified, and treatment applied. 2. Pressure Sore, Localized Rash and Skin Tears may be utilized if the attending physician has approved. Long Term Care Protocol drives an assessment and gathers information for reporting and permits treatment to begin in a timely manner. If the attending physician has not approved these protocols, continue with the protocols in this policy a[TRUNCATED]</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675802	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/02/2024
NAME OF PROVIDER OR SUPPLIER Kemp Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1351 South Elm Street Kemp, TX 75143	
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 - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45879</p> <p>Based on observation, interview, and record review, the facility failed to ensure the resident environment remains as free of accident hazards as is possible for 4 of 14 residents (Residents #42, #165, #58, and 115) reviewed for accident hazards.</p> <ol style="list-style-type: none"> The facility failed to ensure safety measures were in place after Resident #42 received a first-degree burn (an injury that affects the first layer of your skin) from hot coffee. <p>An Immediate Jeopardy (IJ) situation was identified on 05/01/24. The IJ template was provided to the facility on [DATE] at 11:41 a.m., While the IJ was removed on 05/02/24 at 5:15 p.m., the facility remained out of compliance at a scope of isolated and a severity level of no actual harm due to the facility's need to evaluate the effectiveness of the corrective systems.</p> <ol style="list-style-type: none"> The facility failed to ensure Resident #165 was supervised while smoking. The facility failed to ensure Resident #58 did not keep cigarettes and a lighter. The facility failed to ensure Resident #115 did not keep cigarettes and a lighter. <p>These failures could place residents at risk for serious burns, infection, and even death.</p> <p>Findings included:</p> <ol style="list-style-type: none"> Record review of Resident #42's face sheet dated 05/02/24, indicated a [AGE] year-old female was admitted to the facility on [DATE] and readmitted on [DATE] with diagnoses including Parkinson's disease (a brain disorder that causes unintended or uncontrollable movements, such as shaking and stiffness), Chronic obstructive pulmonary disease, or COPD, (a group of diseases that cause airflow blockage and breathing-related problems), and Heart failure (occurs when the heart muscle doesn't pump blood as well as it should). <p>Record review of Resident #42's admission MDS assessment dated [DATE], indicated she understood and was understood by others. Resident #42 had a BIMs score of 12 indicating she was moderately cognitively impaired. The MDS indicated Resident #42 required set-up assistance with personal hygiene and eating.</p> <p>Record review of Resident #42's comprehensive care plan dated 04/15/24, indicated she had potential impairment to skin integrity related to fragile . The interventions were for staff to educate the resident/family and caregivers of causative factors and measures to prevent skin injury.</p> <p>Record review of Resident #42's comprehensive care plan dated 05/01/24, (after surveyor intervention) indicated she was at risk of burns due to hot liquids. The intervention was for her to use a specialized cup with a lid for hot liquids to prevent spills and for staff to provide observation and verbal assistance when she had hot liquids.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675802	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/02/2024
NAME OF PROVIDER OR SUPPLIER Kemp Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1351 South Elm Street Kemp, TX 75143	
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 - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>Record review of Resident #42's incident report on 04/30/24 at 5:15 p.m. revealed she had obtained a burn on 03/03/24. The incident report stated Resident #42 had just gotten a cup of coffee and her hand started shaking causing her to spill her coffee. The incident report failed to provide a description and measurements of the burn. The incident report revealed LVN F applied normal saline and barrier cream to Resident #42's abdomen. The incident report failed to provide interventions to prevent Resident #42 from sustaining further burns.</p> <p>During an interview on 04/30/24 at 5:26 p.m., the Dietary Manager said they had been checking the coffee before Resident #42's burn. She said they usually did 2 coffee pots at a time but only recorded the coffee temperatures of 1 coffee pot even if they made 2. She said she was not aware of Resident #42's burn until an unknown time later. She said she had reviewed the coffee temperature log on the day of the burn and the temperature was recorded at 133 degrees. She said on 03/03/24 she had a new employee and was not sure if she tested both coffee pots that day. She said she had not been in-serviced to change her coffee process in the kitchen.</p> <p>During an interview on 04/30/24 at 5:52 p.m., LVN F said Resident #42 was rolling in her wheelchair in the dining room when she spilled hot coffee on herself. She said Resident #42 got her own coffee. She said she removed Resident #42's shirt and assessed her abdomen. She said she had a small red area across her abdomen. She said she placed some cream on it but could not remember what type of cream. She said on 03/03/24 she monitored and observed Resident #42's burn area for any changes. She said she completed an incident report and notified the family, the DON, and the doctor. She said she was unaware of the kitchen's process for coffee. She said she did not remember an in-service on coffee burns after Resident #42 received the burn on 03/03/24.</p> <p>During an interview on 04/30/24 at 6:12 p.m., Resident #42 said she went to the kitchen to get her some coffee. She said she used the regular coffee cup. She said on 03/03/24 her hands were weak and she lost grip on the coffee cup causing her to spill the coffee across her abdomen. She said the nurse did look at the area on her abdomen and placed some cream on it. She said it felt better afterwards but it felt like it was burning the rest of the day afterwards. She said by morning it was better. She said she does not remember anyone saying anything about the coffee other than the nurse who assessed her. She said she still gets her coffee but she has not had any trouble since. This surveyor observed Resident # 42 take a few bites of her lunch and saw a little shakiness when attempting to put her fork down.</p> <p>During an interview on 04/30/24 at 6:19 p.m., the DON said Resident #42 could get her own coffee. She said the nurse assessed the area and it was fine. She said they did not do any in-services or attempts to change how coffee was served. She said Resident #42's care plan should have been updated after the burn. She said she had never heard of any assessments about hot liquids. She said she did not know the policy on hot coffee. She said she would have to review the policy.</p> <p>During an interview on 04/30/24 at 6:21 p.m., the Administrator in training said the nurses assessed the area and it was red and there was nothing else that needed to be done as far as he knew for Resident #42. He said the kitchen temped the coffee and it should not go out to the dining room until checked. He said the coffee should be below 155 degrees but was not 100% sure. He said he did not recall any other steps they did to ensure other residents were not at risk of burns.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675802	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/02/2024
NAME OF PROVIDER OR SUPPLIER Kemp Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1351 South Elm Street Kemp, TX 75143	
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 - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>During an observation and interview on 05/01/24 at 7:16 a.m., Cook X tested coffee pot #1 at 154 degrees and tested coffee pot #2 at 99.1 degrees. She said she brought the coffee #2 pot out at about 5:30am and the dietary aide brought the other coffee out at 6:30am. She said she did not normally do the coffee. She said she knew they had to temp the coffee before they brought it out of the kitchen and it was supposed to be 140 degrees and lower.</p> <p>During an interview on 05/01/24 at 7:20 a.m., dietary aide W said she placed ice in the coffee before she brought it out of the kitchen. She said she guessed she did not place the thermometer far enough in the coffee pot to have an accurate temperature. She said they usually bring out 3 or 4 coffee pots in the morning. She took the coffee back into the kitchen.</p> <p>During an interview on 05/01/24 at 9:42 a.m., the physician said he heard about Resident #42's burn at some point but he expected the facility to reach out to the NP first. He said if the NP had an issue that he could not solve then the NP would reach out to him. He said redness from the coffee spill was considered a first-degree burn.</p> <p>During an interview on 05/01/24 at 6:32 p.m., the NP said he could not remember about the coffee spill or burn for Resident #42 but was sure the facility notified him. He said he could not remember if he ordered anything or not because it was too far ago to remember.</p> <p>Record review of facility policy titled Hot Liquid Spill, indicated Residents are at risk of having any hot liquid food spilled on their person causing burns Examples of hot liquids/food are: coffee, tea, hot soup, oatmeal, or any other hot food or liquid substance. If any staff member observes a resident spill hot liquid or food on themselves or another resident. The staff member will attempt to dissipate the heat of the item spilled with at least a liquid that is at room temperature or below, by pouring the room temperature or cooler liquid directly on the area affected. 2. The charge nurse is to be immediately notified so that an assessment of the resident can be completed 3. The charge nurse will report any injury to the attending physician and responsible party and follow any further physician orders 4. Staff will assist with changing clothes as needed. An incident report and investigation will then be completed and determine if the resident needs further interventions to prevent future occurrences.</p> <p>An IJ was identified on 05/01/24 at 11:40 a.m. The IJ template was provided to the facility on [DATE] at 11:41 a.m.</p> <p>The Facility's plan of removal was accepted on 05/02/24 at 11:02 a.m. and included the following:</p> <p>Record review of facility QAPI committee indicated: A system failure was identified: On 05/01/2024 during an Annual survey the Survey Team identified a failure of the Facility to prevent burns due to hot liquids or hot foods. Areas of concern that were identified are listed below for review. The Facility failed to:</p> <ol style="list-style-type: none"> 1. Update 1 resident's care plan 2. Assess 1 resident for hot liquid safety. 3. Identify at-risk residents. <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675802	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/02/2024
NAME OF PROVIDER OR SUPPLIER Kemp Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1351 South Elm Street Kemp, TX 75143	
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 - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>4. Implement measures to prevent other coffee spills with burns.</p> <p>ADO and RNC initiated an action plan on 5/01/2024 to ensure all policy related policy, education of staff, and a plan of sustainability and monitoring is in place with a compliance goal of 5/2/2024.</p> <p>Once compliance is established, Administrator/Designee will monitor coffee is served to ensure safe temperature. Administrator is responsible for creating a safe environment for residents to include service of hot liquids/hot foods.</p> <p>Date: 5/1/24</p> <p>Problem: F689 Free of Accidents/Hazards/Supervision</p> <p>Interventions:</p> <ul style="list-style-type: none"> o Resident's #42 care plan was updated to include at risk for coffee burn and specialized cup with a lid to help prevent coffee spills as of 5/1/24 by the DON. o Resident's #42 hot liquid assessment was completed as of 5/1/24 by the DON. o Hot liquid Assessments were updated on all residents in the facility the DON on 5/1/24. o Residents at high risk for coffee burns were assessed for the need of assistive devices if consuming hot liquids on 5/1/24. Care plans were updated as of 5/1/24 by the DON/Regional Compliance Nurse. o The medical director was notified of the situation on 5/1/24 by the administrator. o An off cycle QAPI meeting was completed with the IDT team and medical director to discuss the immediate jeopardy and plan of removal. <p>In-services:</p> <p>The ADO will in-service the Administrator and Dietary Manager 1:1 on the following topics on 5/1/24.</p> <ul style="list-style-type: none"> o All brewed coffee will have cups of ice added until the internal temp reaches 135-140 degrees. <p>Coffee will not be served over 140 degrees. All brewed coffee will have the temperature logged</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675802	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/02/2024
NAME OF PROVIDER OR SUPPLIER Kemp Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1351 South Elm Street Kemp, TX 75143	
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 - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>before serving.</p> <ul style="list-style-type: none"> o Hot liquid Spills Policy o Guidelines on serving coffee in a nursing facility policy <p>The following in-services were initiated by Administrator, DON, ADON on 5/1/24 for all staff. Any staff member not present or in-serviced on 5/1/24, will not be allowed to assume their duties until in-serviced. All new hires will be in-serviced in orientation. All agency staff will be in-serviced prior to assuming shift.</p> <ul style="list-style-type: none"> o All brewed coffee will have cups of ice added until the internal temp reaches 135-140 degrees. Coffee will not be served over 140 degrees. All brewed coffee will have the temperature logged before serving. o Hot liquid Spills Policy o Guidelines on serving coffee in a nursing facility policy <p>Monitoring:</p> <p>The administrator will be responsible daily for ensuring the coffee temperature will be checked and logged prior to serving / making coffee available to residents. Coffee will not be served until the temperature is between 135- 140 degrees.</p> <p>In-Service Training Topic: All brewed coffee will have ice added until internal temp reaches 135-140 degrees, Coffee will not be served over 140 degrees, all brewed coffee will have the temperature logged before serving.</p> <p>Guidelines on Serving Coffee in the Nursing Facility</p> <p>1. As there is no published federal or state regulation for minimum or maximum coffee temperature, the decision as to the temperature at which to serve the coffee rests with the administration of each facility, based on their resident's stated preferences, and the physical layout of their building, but balanced against the safety of their individual residents and their physical and mental limitations.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675802	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/02/2024
NAME OF PROVIDER OR SUPPLIER Kemp Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1351 South Elm Street Kemp, TX 75143	
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 - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>2. The standard for coffee service will be 140 degrees, unless the facility's residents have stated an overwhelming preference for coffee to be served at a higher temperature and additional safety measures have been implemented, or the safety of residents warrants a lower temperature. If coffee is served at 140 degrees, it will cool to 136 degrees when dispensed into a room temperature coffee cup or mug, and per 'Time and Temperature Relationship to Serious Burn from the American Burn Association website, this temperature will allow approximately 15 seconds before a serious burn will occur, based on the physical condition of the individual person.</p> <p>3. Any residents who have risk factors for coffee burns, such as significant cognitive impairment or extreme shaking may be evaluated for additional safety precautions using a hot beverage risk assessment. Safety precautions may include but are not limited to additional supervision when consuming coffee, insulated or non-insulated coffee mugs with sippy lids, coffee service at lower temperatures, or restricted coffee availability.</p> <p>4. If coffee is served and held at a temperature lower than 140 degrees, then it will be discarded after four hours and its dispenser cleaned and sanitized before fresh coffee is added.</p> <p>5. An investigation and evaluation will be performed for any resident who receives a coffee burn, and a plan to reduce this resident's risk or receiving future burns will be developed and implemented.</p> <p>6. If local, state, or federal regulations or guidelines for coffee temperatures are developed and/or published, then these standards will become the practice at the facility. Until that time, the facility administration must honor the resident's right to make risky decisions but balance decisions against individual safety.</p> <p>Monitoring :</p> <p>Interviews on 05/02/24 from 1:00 p.m. until 5:00 p.m. revealed the following:</p> <p>Record review of in-service on the hot liquid process and signatures of staff who had been in-serviced.</p> <p>Interview s with 2 RNs: DON and RN E,7 LVN's(LVN M,JJ,N,S,KK,B,N),7 CNAS (CNAs-MM,NN,OO,V,C,R, PP) 1restorative aide,(L) 2 student aides(O,H), 1 Med aide (II), Hospitality aide (HH), 2 laundry staff (FF,GG), 2 housekeeping staff and supervisor (DD,EE), 7 dietary staff and supervisor (W,Z,AA,X,Y,BB,CC), the HR, SW, MDS ,BOM and the Administrator all stated they had been in-serviced about the hot liquid process and what to do if someone spills coffee and things, they can use to prevent coffee spills.</p> <p>During a phone interview on 05/02/24 at 5:00 p.m., the medical doctor said he was aware of the IJ given related to the coffee burn and they had a QAPI meeting.</p> <p>Record review of the monitoring of the hot liquids signed by the Administrator started 05/01/24.</p> <p>Record review of the coffee temperature log started 05/01/24 revealed staff had been checking the coffee before placing in the kitchen area.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675802	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/02/2024
NAME OF PROVIDER OR SUPPLIER Kemp Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1351 South Elm Street Kemp, TX 75143	
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 - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>Record review of the hot liquid assessment done by the facility for 68 residents. 4 residents were identified at risk of hot liquid spills (Residents #42, #4, #20 and #40).</p> <p>On 05/02/24 at 5:15 p.m. the Administrator was informed the IJ was removed; however, the facility remained out of compliance at a severity level of no actual harm that was not immediate jeopardy with a scope identified as isolated due to the facility's need to complete in-service training and evaluate the effectiveness of the corrective systems.</p> <p>2.Record review of Resident #165's face sheet, dated 05/02/24 indicated Resident #165 was a [AGE] year-old male admitted to the facility on [DATE] with diagnoses which included Fracture of the right leg, Diabetes, Coronary artery disease {CAD} (narrowing or blockage of your coronary arteries, which supply oxygen-rich blood to your heart), and hypertension (high blood pressure).</p> <p>Record review of Resident #165's electronic health record on 05/02/2024 indicated the MDS assessment had not been completed yet.</p> <p>Record review of Resident #165's comprehensive care plan, dated 04/27/24 indicated Resident #165 was a smoker. The intervention of the care plan was for staff to supervise while smoking.</p> <p>Record review of Resident #165's smoking assessment completed on 04/24/24 indicated he required supervision while smoking.</p> <p>During an observation and interview on 04/29/24 at 06:40 p.m., this surveyor observed Resident #165 outside smoking without the supervision of a staff member. This surveyor went to get the DON who assigned a staff member to go outside with Resident #165. The DON said he was not supposed to be outside smoking without supervision for safety reasons and she said she was not aware how he obtained his cigarettes or lighter. The MDS nurse came outside to supervise Resident #165 as he completed his cigarettes. She said his care plan indicated he was supposed to be supervised when smoking. She said she did not know how he got his cigarettes or lighter. She said this was a safety hazard.</p> <p>During an interview on 05/02/24 at 7:25 p.m., the Administrator said residents who are supposed to be supervised should not have possession of their cigarettes or lighters. He said the nurses were supposed to be responsible for the distribution of cigarettes and lighters. He said they needed to work on the smoking process. He said if residents had their lighters and or cigarettes it could be a safety issue for them and others.</p> <p>46892</p> <p>3. Record review of a face sheet dated 05/02/24 indicated Resident #58 was a [AGE] year-old male admitted to the facility on [DATE] with diagnoses which included schizoaffective disorder (a condition that can make you feel detached from reality and can affect our mood) and polyneuropathy (damage to nerves throughout the body).</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675802	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/02/2024
NAME OF PROVIDER OR SUPPLIER Kemp Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1351 South Elm Street Kemp, TX 75143	
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 - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>Record review of the Comprehensive MDS assessment dated [DATE] indicated Resident #58 was able to make himself understood and understood others. The MDS assessment indicated Resident #58 had a BIMS score of 12, which indicated his cognition was moderately impaired. The MDS assessment indicated Resident #58 required setup or clean-up assistance with eating, oral, personal, and toileting hygiene, showering/bathing self and was independent for dressing himself. The MDS assessment indicated Resident #58 currently used tobacco.</p> <p>Record review of Resident #58's care plan last review completed on 04/03/24 indicated he smoked. Interventions included to ensure smoking occurs in designated smoking area, ensure that the resident and/or responsible party is made aware of the facility smoking policy, and safe smoking assessment every month.</p> <p>Record review of Resident #58's Safe Smoking assessment dated [DATE] indicated the resident was able to smoke independently and was able to independently light smoking materials safely. Resident #58's smoking assessment indicated he was safe to smoke unsupervised at this time.</p> <p>During an observation and interview on 05/01/24 starting at 7:15 AM, Resident #58 said he was allowed to smoke alone outside if state (state surveyors) was not in the building. Resident #58 had cigarettes and a lighter on him.</p> <p>During an interview on 05/01/24 starting at 7:24 AM, AIT said he did not know Resident #58 had cigarettes and a lighter. The AIT said he was not sure if he was allowed to keep them that he would find out the right answer.</p> <p>During an interview on 05/01/24 at 7:30 AM, Resident #58 said he did not have any lighters or cigarettes with him.</p> <p>During an observation on 05/01/24 at 7:32 AM, Resident #58 was observed walking down the hall and going out to the smoking area and started smoking. Nobody else was in the smoking area.</p> <p>During an interview on 05/01/24 at 7:36 AM, this Surveyor informed the Administrator of the observations made of Resident #58 going from his room to the smoking area to smoke. Resident #58 had his own cigarettes and lit his cigarette. The Administrator said the residents were not supposed to keep cigarettes or lighters per their policy. The Administrator said the facility staff kept the cigarettes and lighters, and the residents had to request them when going out to smoke. The Administrator said the residents should not keep cigarettes or lighters because they could light up a cigarette in the building and catch it on fire.</p> <p>During an interview on 05/02/24 at 6:32 PM, the DON said the residents were not supposed to keep lighters or cigarettes. The DON said sometimes the family brought the residents lighters and cigarettes and they could not make the residents give the lighters and cigarettes to them. The DON said if they had someone that repetitively was keeping cigarettes and lighters, they did not want to discharge them because they did not want to lose residents. The DON said all the staff were responsible for ensuring the residents were not keeping lighters and cigarettes. The DON said they had issues with residents keeping cigarettes and lighters on them. The DON said they implemented a smoking box, and the residents were supposed to follow the smoking times, but she could not keep the residents from going outside to smoke. The DON said if the residents kept cigarettes and lighters, they could catch the building on fire and burn themselves.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675802	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/02/2024
NAME OF PROVIDER OR SUPPLIER Kemp Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1351 South Elm Street Kemp, TX 75143	

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 - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>45810</p> <p>4. Record review of Resident #115's face sheet dated 05/02/24 indicated he was a [AGE] year-old male who admitted to the facility on [DATE] with the diagnoses aftercare for genitourinary surgery, hypertension (high blood pressure), and benign prostatic hyperplasia (enlarged prostate).</p> <p>Record review of Resident #115's electronic medical record indicated the MDS assessment was not due to be completed.</p> <p>Record review of Resident #115's undated care plan indicated he had an ADL self-care deficit and required assistance by 1 staff for bathing, dressing, toileting, and personal hygiene. The care plan also indicated he was a smoker with interventions for the resident to keep all smoking material at the nurse's station.</p> <p>During an observation and interview on 04/30/24 at 12:10 PM Resident #115 was sitting in his chair beside his bed and he had a neon green lighter and a box of [NAME] sweet cigars on his bedside table. Resident #115 said he had just returned from smoking and kept his own lighter and smokes.</p> <p>During an interview on 04/30/24 at 12:18 PM LVN F was told by surveyor that Resident #115 had his lighter and cigars. LVN F said he should not have had the items in his room, and the cigars and lighter should have been kept at the nurse's station. She said she was serving the dining room at that time but would notify someone to retrieve the items.</p> <p>During an observation on 04/30/24 at 12:24 PM the DON and Social Worker entered Resident #115's room and the DON told resident she was removing his lighter and cigars and placing them in a safe place. She told him he could get them from the designated staff when he went to the next smoke break.</p> <p>During an interview on 05/02/24 at 05:47 PM LVN B said no residents are allowed to keep cigarettes nor lighters in their rooms, but she was unsure of the policy. She said the failure placed a risk for resident who wandered to be unsafe, and placed a risk for accidents for residents with oxygen. LVN B said all smoking items should have been kept at the nurse's station.</p> <p>During an interview on 05/02/24 at 06:32 PM the DON said cigarettes and lighters were not supposed to be in the residents' rooms. She said she could not dig in the resident's personal items and could not body check the residents to get the smoking items from them. The DON said everyone was responsible for ensuring residents do not have smoking items in the rooms. She said the facility had a smoking box at the nurse's station for all the items and they had a smoking schedule with scheduled staff to take the residents out for smoke breaks. The DON said the failure placed a risk for residents catching the building on fire or getting unexpected burns.</p> <p>During an interview on 05/02/24 at 08:33 PM The Administrator said his expectation was for no residents to have any cigarettes or lighters in their possession. He said the facility had a box at the nurse's station for the smoking items. He said the failure placed the residents at risk for burns, fire hazards, or residents setting the place on fire. The Administrator said all staff were responsible for ensuring there were no smoking items on residents or in rooms.</p> <p>Record review of the facility Smoking Policy revised 04/25/2022 indicated:</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675802	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/02/2024
NAME OF PROVIDER OR SUPPLIER Kemp Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1351 South Elm Street Kemp, TX 75143	

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 - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>Smoking policies must be formulated and adopted by the facility .</p> <p>The facility was responsible for enforcement of smoking policies which must include at least the following provisions.</p> <ol style="list-style-type: none"> 1. Smoking tobacco, matches, lighters, or other ignition sources for smoking are not permitted to be kept or stored in resident's room. 2. A safe smoking assessment will be done regularly for each resident who smokes . 3. If the facility identifies that the resident needs assistance/supervision and/or additional protective devices for smoking .

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675802	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/02/2024
NAME OF PROVIDER OR SUPPLIER Kemp Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1351 South Elm Street Kemp, TX 75143	
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 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46892</p> <p>Based on observation, interview, and record review, the facility failed to ensure a resident who was incontinent of bladder received appropriate treatment and services to prevent urinary tract infections and to restore continence to the extent possible for 1 of 22 residents (Resident #219) reviewed for incontinence.</p> <ol style="list-style-type: none"> The facility failed to ensure Resident #219 was provided prompt and proper incontinent care. The facility failed to ensure CNA C properly cleaned the peri area, changed gloves, and used hand hygiene before going from dirty to clean while providing incontinent care to Resident #54. <p>These failures could place residents at risk for urinary tract infections, skin breakdown, and a decreased quality of life.</p> <p>Findings included:</p> <ol style="list-style-type: none"> Record review of a face sheet dated 05/02/24 indicated Resident #219 was an [AGE] year-old female admitted to the facility on [DATE] with diagnoses which included cerebral infarction (damage to tissues in the brain due to a loss of oxygen to the area), type 2 diabetes mellitus (chronic condition that affects the way the body processes blood sugar), and vascular dementia without behavioral disturbance, psychotic disturbance, mood disturbance, and anxiety (deterioration of memory, language, and other thinking abilities with behaviors). <p>Record review of Resident #219's care plan date initiated 04/30/24 indicated she had an ADL self-care performance deficit and required the assistance of 1 staff for bathing, bed mobility and dressing and required assistance with personal hygiene. Resident #219's care plan indicated she had a potential for pressure ulcer development to provide incontinent care after each episode and apply moisture barrier.</p> <p>Record review of Resident #219's electronic health record on 05/02/24 indicated the MDS assessment had not been completed yet.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675802	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/02/2024
NAME OF PROVIDER OR SUPPLIER Kemp Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1351 South Elm Street Kemp, TX 75143	
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 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an observation and interview on 04/30/24 starting at 5:20 PM, a strong urine odor was noted in Resident #219's room. Resident #219 said she had not been changed but was unable to provide a timeframe. CNA G and SNA H provided incontinent care. CNA G and SNA H donned gloves. CNA G wiped Resident #219's front peri area, tucked the dirty brief and they turned Resident #219 on her side. Resident #219 had a dark brown stain extending up her buttocks with the edges darker brown than the center. The brown stain extended down to the mattress. The blue mattress was darker where Resident #219's buttocks were with stain-like areas extending out. CNA G said she did not feel the mattress was wet with urine. SNA H said she was not sure if it was wet or not. Surveyor touched the mattress, and it was wet in the center, and the stain-like areas extending out were dry. SNA H wiped Resident #219's buttock because she also had a bowel movement. SNA H used the same wipe to clean Resident #219's buttocks multiple times. SNA H did not use a clean area of the wipe for each stroke. SNA H continued to wipe Resident #219's buttocks and peri area wiping with the same wipe multiple times. SNA H and CNA G proceeded to apply the clean brief and clean sheets. SNA H and CNA G did not change gloves. They used their dirty gloves to apply the clean brief and sheets. SNA H and CNA G had the clean sheet and dirty sheet and brief touching each other while tucking it under Resident #219. SNA H and CNA G turned Resident #219 to the opposite side and removed the dirty linens and dirty brief and disposed of it. SNA H and CNA G repositioned Resident #219 in bed and covered her up using the same dirty gloves.</p> <p>During an interview on 04/30/24 at 5:47 PM, CNA G said she had changed Resident #219 after lunch around 12:30 PM. CNA G said Resident #219 was a heavy wetter and she should be changed more frequently. CNA G said she was supposed to round on the residents and check them every 2 hours. CNA G said she had not checked on Resident #219 as frequently as she should because she had other duties to perform, and she got sidetracked. CNA G said she was supposed to change gloves a lot, but she had only taken one pair of gloves with her to provide incontinent care to Resident #219. CNA G said she should change gloves and perform hand hygiene when going from dirty to clean. CNA G said when wiping the residents, the same wipe should not be used multiple times. CNA G said it was important to provide incontinent care to the residents frequently so they did not have skin breakdown, and because they could get an infection.</p> <p>During an interview on 04/30/24 at 5:54 PM, SNA H said CNA G and herself were caring for Resident #219, and they were providing care for the residents on the hall together. SNA H said the last time they changed Resident #219 was before breakfast. SNA H said they were going to get Resident #219 out of bed at lunchtime, but she did not want to get out of bed. SNA H said they had not attempted to provide incontinent care. SNA H said they were supposed to check on the residents every hour at least. SNA H said when wiping the residents, she should only wipe once and discard the wipe. SNA H said the same wipe should not be used to wipe multiple times. SNA H said gloves should be changed after she cleaned the front area and before she touched the back area. SNA H said she did not wipe correctly and change gloves as she should because she was nervous. SNA H said it was important to provide prompt and proper incontinent care to prevent infections.</p> <p>During an interview on 04/30/24 at 6:05 PM, LVN F said the nurse was responsible for ensuring the nurse aides provided prompt and proper incontinent care. LVN F said it appeared as Resident #219 had not been changed all day. LVN F said the nurse aides should be checking on the residents at least every 2 hours. LVN F said when providing incontinent care gloves should be changed when moving from dirty to clean. LVN F said the same wipe should not be used to wipe multiple times because this could cause urinary tract infections. LVN F said not providing incontinent care promptly could cause bed sores and infections.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675802	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/02/2024
NAME OF PROVIDER OR SUPPLIER Kemp Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1351 South Elm Street Kemp, TX 75143	
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 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 05/02/24 starting at 6:28 PM, the DON said in the past the residents had complained about not getting changed promptly, and she had in serviced the CNAs. The DON said the nurse aides should be checking on the residents at least every 2 hours. The DON said when providing incontinent care gloves should be changed after cleaning the residents and before putting anything new on. The DON said the nurse aides should not use the same wipe to wipe multiple times that a clean area or new wipe should be used. The DON said the charge nurses and herself were responsible for ensuring the nurse aides provided prompt incontinent care. The DON said she provided oversight on proper incontinent care by randomly going in with the nurse aides to provide incontinent care. The DON said she had not noticed any issues with incontinent care. The DON said it was important to provide prompt and proper incontinent care for infection control.</p> <p>During an interview on 05/02/24 starting at 7:37 PM, the Administrator said the nurse aides should be checking on the residents every 2 hours and more frequently for those that were heavy wetters. The Administrator said he expected the nurse aides to follow the incontinent procedures. The Administrator said the DON and ADON were responsible for providing oversight, but currently there was no ADON. The Administrator said not providing prompt and proper incontinent care was a potential for infection issues.</p> <p>45879</p> <p>2. Record review of Resident #54's face sheet, dated 05/02/24, indicated Resident #54 was an [AGE] year-old female who was admitted to the facility on [DATE]. Resident #54 had diagnoses which included insomnia, high blood pressure, Dementia (impaired ability to remember, think, or make decisions that interfere with doing everyday activities), stroke, and diabetes.</p> <p>Record review of Resident #54's quarterly MDS assessment, dated 02/27/24, indicated Resident #54 sometimes understood and was sometimes understood by others . Resident #54's BIMS score was 00, which indicated she was severely cognitively impaired. Resident #54 required extensive assistance with toileting, limited assistance with personal hygiene, transfer, dressing, bed mobility, and set-up with eating. The MDS indicated she was occasionally incontinent of bowel and bladder.</p> <p>Record review of Resident #54's physician orders dated 04/28/24, indicated Nitrofurantoin (Macrobid) Oral Capsule 100 MG, Give 1 capsule by mouth two times a day for UTI (urinary tract infection) for 7 Days.</p> <p>Record review of Resident #54's comprehensive care plan, dated 12/11/23, indicated Resident #54 was at risk of ADL self-performance for bowel and bladder incontinence. The interventions were for staff to assist with toileting x 1 assistance and monitor for signs and symptoms of UTI: pain, burning, blood-tinged urine, cloudiness, no output, deepening of urine color, increased pulse, increased temperature, urinary frequency, foul smelling urine, fever, chills, altered mental status, and change in behavior.</p> <p>Record review of Resident #54's MAR dated 04/01/24 through 04/30/24 revealed Nitrofurantoin (Macrobid) Oral Capsule 100 MG, give 1 capsule by mouth two times a day for UTI (urinary tract infection) for 7 Days-started 04/28/24.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675802	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/02/2024
NAME OF PROVIDER OR SUPPLIER Kemp Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1351 South Elm Street Kemp, TX 75143	
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 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an observation on 04/30/24 at 10:21 a.m., CNA C was providing care to Resident #54, who was incontinent of bowel and bladder. CNA C explained what she was going to do. She wiped her genital area using a front-to-back motion. She then turned her on her side while touching her shoulder and side with the same dirty gloves. She proceeded to wipe her buttocks using only one front-to-back motion. She did not wipe her entire buttock which contained urine. She then changed her gloves without hand hygiene and applied her brief. CNA C then left the room without hand hygiene.</p> <p>During an interview on 04/30/24 at 10:44 a.m., CNA C said she was supposed to wipe front to back and clean the entire buttock area. She said she should have performed hand hygiene after removing her soiled gloves and applying new gloves, and before exiting the room. She said she did not wipe or do hand hygiene correctly which could lead to infection. CNA C said she was not aware Resident #54 had a UTI. She said she knew the correct way to provide incontinent care but was nervous and, in a hurry, to get other residents as it was getting close to lunch.</p> <p>During an interview on 05/02/24 at 6:51 p.m., the DON said she expected incontinent care to be performed correctly. The DON said she expects the CNAs to clean all areas that contain urine or bowel. She said she expected them to perform hand hygiene before and after providing incontinent care, change their gloves when going from dirty to clean, and in between glove changes. She said she randomly checked staff while doing incontinent care but felt she needed more time than she had to watch everyone. The DON said not performing incontinent care and hand hygiene correctly could lead to infection.</p> <p>During an interview on 05/02/24 at 7:54 p.m., the Administrator said he expected staff to perform incontinent care and hand hygiene properly. He said if proper incontinent care and/or hand hygiene was not provided correctly it could lead to infection.</p> <p>Record review of the facility's policy titled, Perineal Care, effective date 05/11/22, indicated, . This procedure aims to maintain the resident dignity and self-worth and reduce embarrassment by providing cleanliness and comfort to the resident, preventing infections . Female resident: Working from front to back, wipe . Use a clean area of the washcloth or pre-moistened cleansing wipes for each stroke. 20) Reposition the resident to their side 21) Gently perform care to the buttocks and anal area, working from front to back without contaminating the perineal area . 24) Doff gloves and PPE 25) Perform hand hygiene 26) Provide resident comfort and safety by re-clothing (if applicable - incontinence pad(s) and briefs), straightening bedding, adjusting the bed and/or side rails, and placing call light within resident's reach 27) Clean and store reusable items 28) If visibly soiled or contaminated during the procedure, disinfect or discard the barrier towel on the table 29) Return resident items on the table 30) Tie off the disposable plastic bag of trash and/or linen 31) Perform hand hygiene . Important Points . Do not wipe more than once with the same surface . Always perform hand hygiene before and after glove use .</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675802	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/02/2024
NAME OF PROVIDER OR SUPPLIER Kemp Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1351 South Elm Street Kemp, TX 75143	

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 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide safe and appropriate respiratory care for a resident when needed.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46892</p> <p>Based on observation, interview, and record review, the facility failed to ensure that respiratory care was provided consistent with professional standards of practice for 2 of 4 residents (Residents #19 and Resident #8) reviewed for respiratory care.</p> <ol style="list-style-type: none"> 1. The facility failed to ensure Resident #19's handheld nebulizer was properly stored. 2. The facility failed to properly store Resident #8's nasal cannula. 3. The facility failed to properly clean Resident #8's oxygen concentrator. <p>These failures could place residents requiring respiratory care at risk for respiratory infections or complications.</p> <p>Findings included:</p> <ol style="list-style-type: none"> 1. Record review of a face sheet dated 05/02/24 indicated Resident #19 was a [AGE] year-old female initially admitted to the facility on [DATE] and readmitted on [DATE] with diagnoses which included chronic obstructive pulmonary disease (chronic inflammatory lung condition that affects the respiratory system). <p>Record review of the Quarterly MDS assessment dated [DATE] indicated Resident #19 was able to make herself understood and usually understood others. The MDS assessment indicated Resident #19 had a BIMS score of 13, which indicated her cognition was intact. The MDS assessment did not indicate the use of oxygen therapy.</p> <p>Record review of Resident #19's care plan last reviewed on 02/20/24 indicated she had chronic obstructive pulmonary disease to administer aerosol or bronchodilators (medications used to treat shortness of breath) as ordered.</p> <p>Record review of the Order Summary Report dated 04/28/24 indicated Resident #19 had orders for furosemide (medication used to treat shortness of breath) 4 ml inhale orally via nebulizer every 6 hours as needed for shortness of breath, ipratropium-albuterol solution (medication used to treat wheezing and shortness of breath) 3 milliliter inhale orally every 6 hours as needed for shortness of breath or wheezing via nebulizer, and glycopyrrolate (medication used to treat shortness of breath) 14 mcg 1 capsule inhale orally via nebulizer every 4 hours as needed for increased secretions mix with 3 ml of normal saline 0.9% and give via nebulizer.</p> <p>During an observation on 04/28/24 at 10:20 AM, Resident #19's handheld nebulizer was lying at the bedside not stored in a bag exposed to the air and surroundings.</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675802	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/02/2024
NAME OF PROVIDER OR SUPPLIER Kemp Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1351 South Elm Street Kemp, TX 75143	
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 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 05/02/24 at 5:46 PM, LVN N said handheld nebulizers should be stored in a bag when not in use. LVN N said everybody was responsible for ensuring they were stored in a bag. LVN N said she did not notice Resident #19's handheld nebulizer was not stored in a bag. LVN N said it was important for the handheld nebulizers to be stored in a bag to ensure germs would not get on them. LVN N said leaving them at the bedside exposed to the air could lead to an infection and respiratory illnesses.</p> <p>During an interview on 05/02/24 at 6:48 PM, the DON said handheld nebulizers should be stored in a plastic bag. The DON said the nurses working at night should ensure they were stored in a bag. The DON said she provided oversight to ensure the nurses were storing the handheld nebulizers properly. The DON said it was important to store the handheld nebulizers in a bag for infection control.</p> <p>47612</p> <p>2. Record review of the face sheet, dated 04/29/2024, revealed Resident #8 was a [AGE] year-old-female who admitted to the facility on [DATE], with diagnoses of dementia(the loss of cognitive abilities that affect a person's ability to think, remember, and make decision) acute respiratory failure with hypoxia (a condition where you do not have enough oxygen in the tissue in your body), unspecified lack of coordination (uncoordinated movement due to a muscle control problem that causes an inability to coordinate movements),</p> <p>Record review of the MDS assessment, dated 03/13/2024, revealed Resident #8's BIMS score was 12 indicating Resident #8 was moderately cognitively impaired, she understood as well as being understood by others. The MDS assessment revealed Resident #8 did not reject care necessary to achieve the resident's goals for health or well-being. The MDS assessment indicated Resident # 8 was receiving oxygen therapy.</p> <p>Record review of Resident #8's care plan, revision date 03/11/24, indicated Resident #8 received oxygen therapy.</p> <p>Record review of Resident #8's order summary, dated 04/29/2024, indicated Resident #8 received oxygen therapy at 2-4 liter per minute via nasal cannula continuous.</p> <p>During observation and interview on 04/28/2024 at 10:43 a.m., Resident #8 was lying in bed and oxygen nasal cannula was on the floor. Resident #8's oxygen concentrator filter was covered in gray fuzzy material. Resident #8 stated she wore oxygen all the time, but the tubing had water in it and the nurse had to get her new tubing.</p> <p>During observation on 04/29/2024 at 8:10 a.m., Resident #8 was lying in bed, watching TV, the nasal cannula was on the floor, and the oxygen concentrator filter was covered with gray fuzzy material.</p> <p>During an interview on 04/29/2024 at 5:32p.m., LVN S confirmed Resident #8's oxygen nasal cannula was on the floor and the oxygen concentrator filter was covered with gray fuzzy material. LVN S stated it was the nurse's responsibility for ensuring the nasal cannula was on the resident or properly stored and to clean the concentrators. LVN S stated it was important to clean the oxygen concentrator and properly store nasal cannula to prevent bacteria and other organisms from growing in the line. LVN S stated the risk associated was Resident #8 could get a respiratory infection or the oxygen concentrator could catch on fire with a dirty filter.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675802	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/02/2024
NAME OF PROVIDER OR SUPPLIER Kemp Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1351 South Elm Street Kemp, TX 75143	
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 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 05/02/2024 at 6:38 p.m., the DON stated it was the nurse's responsibility to clean the oxygen concentrators on Sunday night. The DON stated it was important to keep the oxygen concentrator filters clean and the tubing properly stored to prevent infection. The DON stated the risk to the resident was infection.</p> <p>During an interview on 05/02/2024 at 7:35 p.m., the ADM stated he expects the nurse staff to store the nasal cannula in a plastic bag and clean the oxygen concentrator when they were soiled. The ADM stated it was the responsibility of the nurse to monitor. The ADM stated the risk to the resident was infection.</p> <p>Record review of the facility's policy titled, Oxygen Administration . Change the tubing (including any nasal prongs or mask) that is in use on one patient when it malfunctions or becomes visibly contaminated. Oxygen concentrators should be cleaned according to manufacturer recommendations. Change or clean oxygen concentrator filters according to manufactures' recommendations .</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675802	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/02/2024
NAME OF PROVIDER OR SUPPLIER Kemp Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1351 South Elm Street Kemp, TX 75143	

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 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Provide enough nursing staff every day to meet the needs of every resident; and have a licensed nurse in charge on each shift.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47612</p> <p>Based on observation, interview, and record review the facility failed to ensure sufficient staff to provide nursing related services to ensure resident safety and attain or maintain the highest practicable physical, mental, and psychosocial wellbeing of each resident, for 2 of 22 residents (Resident #54 and Resident #219) and 1 of 1 facility reviewed for care and services.</p> <p>The facility failed to provide sufficient staff to provide prompt and proper incontinent care for Resident #54 and Resident #219.</p> <p>This failure could place residents at risk of an unsafe environment, new pressure injuries, worsening of pressure injuries, falls, and exacerbations of disease processes.</p> <p>Findings Included:</p> <p>1. Record Review of Time Sheets between 04/14/2024-05/02/2024 indicated number of CNAs worked:</p> <p>04/14/2024: 1 CNA from 1:31pm- 9:56pm; 1 CNA from 6:19am-6:02 pm, 1 CNA from 6 pm-6:18am.</p> <p>04/15/2024: 1 CNA from 5:55 am-6:09 pm, 1 CNA from 1:39 pm-9:54 pm, 1 CNA from 5:52 am-6:16 pm, 1 CNA from 3:31 am -11:33am, 1 CNA from 7:35 am-3:33 pm.</p> <p>04/16/2024: 1 CNA from 5:56 pm-6:01am, 1 CNA from 5:52 am-6:16 pm, 1 CNA from 6:58 am -5:03 pm, 1 CNA from 7:37 am -3:31pm.</p> <p>04/17/2024: 1 CNA from 6:05 am-5:59 pm, 1 CNA from 6:16 am -6:00 pm, 1 CNA from 5:34 am-4:32 pm, 1 CNA from 6:02 pm -6:26 am, 1 CNA from 7:42 am -3:28 pm.</p> <p>04/18/2024: 1 CNA from 6:11 am- 5:58 pm, 1 CNA from 7:53 am- 7:14 pm, 1 CNA from 6:58 am -1:52 pm, 1 CNA from 5:57 pm -6:05 am, 1 CNA from 7:22 am -3:40 pm.</p> <p>04/19/2024: 1 CNA from 5:56 am- 6:20 pm, 1 CNA from 1:30 pm -9:33 pm, 1 CNA from 8:22 am- 6:21 pm, 1 CNA from 5:54am -12:53 pm, 1 CNA from 7:32 am -3:29 pm.</p> <p>04/20/2024: 1 CNA from 5:56 am- 6:14 pm, 1 CNA from 1:34 pm- 9:52 pm, 1 CNA from 9:55 pm- 6:06 am, 1 CNA from 6:36 am -2:04 pm.</p> <p>04/21/2024: 1 CNA from 5:55 am -6:14 pm 1 CNA from 1:32 pm -9:43 pm, 1 CNA from 11:57 am -1:51 pm, 1 CNA from 10:00 pm - 6:01 am.</p> <p>04/22/2024: 1 CNA from 6:00 am - 6:17 pm, 1 CNA from 6:05 am- 2:38 pm, 1 CNA from 7:36 am -3:33 pm, 1 CNA from 6:14 pm - 6:07 am.</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675802	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/02/2024
NAME OF PROVIDER OR SUPPLIER Kemp Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1351 South Elm Street Kemp, TX 75143	
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 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>04/23/2024: 1 CNA from 1:41 pm- 2:11 pm, 1 CNA from 6:00 am - 6:17 pm, 1 CNA from 6:59 am- 6:36 pm, 1 CNA from 6:00 am- 2:00 pm, 1 CNA from 6:00 pm- 6:00 am, 1 CNA from 2:30 pm- 8:28 pm, 1 CNA from 6:02 am- 5:53 pm, 1 CNA from 6:07 am- 4:42 pm, 1 CNA from 7:36 am -3:37 pm, 1 CNA from 6:05 pm - 6:08 am.</p> <p>04/24/2024: 1 CNA from 5:55 am- 6:12 pm, 1 CNA from 1:40 pm - 8:45 pm, 1 CNA from 6:00 am- 2:00 pm, 1 non-CNA from 5:52 am- 6:17 pm, 1 CNA from 6:00 pm- 6:00 am, 1 CNA from 8:34 am- 6:17 pm, 1 CNA from 6:12 am- 3:30 pm, 1 CNA from 9:39 pm- 6:00 am, 1 CNA from 7:36 am -3:36 pm, 1 CNA from 6:57 am -7:14 pm.</p> <p>04/25/2024: 1 CNA from 5:55 am- 6:09 pm, 1 CNA from 6:52 am- 2:32 pm, 1 CNA from 7:37 am -3:37 pm.</p> <p>04/26/2024: 1 CNA from 10:00 pm- 6:00 am, 1 CNA from 5:47 am- 5:59 pm, 1 CNA from 6:13 am - 4:14 pm, 1 CNA from 7:35 am -3:30pm, 1 CNA from 5:57 pm- 6:05 am.</p> <p>04/27/2024: CNA from 1:37 pm- 9:46 pm, 1 CNA from 6:02 am- 5:58 pm, 1 CNA from 6:09 am -2:03 pm, 1 CNA from 6:08 pm - 6:13 am.</p> <p>04/28/2024: 1 CNA from 6:14 am- 6:07 pm, 1 CNA from 6:09 am -2:03 pm, 1 CNA from 6:08 pm - 6:13 am.</p> <p>04/29/2024: 1 CNA from 5:53 am- 6:10 pm, 1 CNA from 6:09 am - 6:11 pm, 1 CNA from 6:00 am - 1:17 pm, 1 CNA from 7:33 am -3:37 pm.</p> <p>04/30/2024: 1 CNA from 5:54 am- 6:52 pm, 1 CNA from 2:57 pm- 3:27 pm, 1 CNA from 9:20 pm- 6:02 am, 1 CNA from 6:08 am - 7:30 pm, 1 CNA from 6:30 am - 10:34 am, 1 CNA from 5:58 am - 6:00 pm, 1 CNA from 7:41 am -3:34 pm.</p> <p>05/01/2024: 1 CNA from 6:41 am- 3:21 pm, 1 CNA from 5:55 am- 4:21 pm, 1 CNA from 7:36 am -3:38 pm, 1 CNA from 6:02 pm - 6:00 am.</p> <p>Record review of the Facility Assessment last reviewed on 4/16/24, indicated based on a census of 68, 110 hours worked by CNAs were required in a 24-hour period. This indicated if the CNAs worked 12-hour shifts, they required 9 CNAs in a 24-hour period. If the CNAs worked 8-hour shifts, they required 13 CNAs in a 24-hour period.</p> <p>2. Record review of a face sheet dated 05/02/24 indicated Resident #219 was an [AGE] year-old female admitted to the facility on [DATE] with diagnoses which included cerebral infarction (damage to tissues in the brain due to a loss of oxygen to the area), type 2 diabetes mellitus (chronic condition that affects the way the body processes blood sugar), and vascular dementia without behavioral disturbance, psychotic disturbance, mood disturbance, and anxiety (deterioration of memory, language, and other thinking abilities with behaviors).</p> <p>Record review of Resident #219's care plan date initiated 04/30/24 indicated she had an ADL self-care performance deficit and required the assistance of 1 staff for bathing, bed mobility and dressing and required assistance with personal hygiene. Resident #219's care plan indicated she had a potential for pressure ulcer development to provide incontinent care after each episode and apply moisture barrier.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675802	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/02/2024
NAME OF PROVIDER OR SUPPLIER Kemp Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1351 South Elm Street Kemp, TX 75143	
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 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Record review of Resident #219's electronic health record on 05/02/24 indicated the MDS assessment had not been completed yet.</p> <p>During an observation and interview on 04/30/24 starting at 5:20 PM, a strong urine odor was noted in Resident #219's room. Resident #219 said she had not been changed but was unable to provide a timeframe. CNA G and SNA H provided incontinent care. CNA G and SNA H donned gloves. CNA G wiped Resident #219's front peri area, tucked the dirty brief and they turned Resident #219 on her side. Resident #219 had a dark brown stain extending up her buttocks with the edges darker brown than the center. The brown stain extended down to the mattress. The blue mattress was darker where Resident #219's buttocks were with stain-like areas extending out. CNA G said she did not feel the mattress was wet with urine. SNA H said she was not sure if it was wet or not. This Surveyor touched the mattress, and it was wet in the center, and the stain-like areas extending out were dry. SNA H wiped Resident #219's buttock because she also had a bowel movement. SNA H used the same wipe to clean Resident #219's buttocks multiple times. SNA H did not use a clean area of the wipe for each stroke. SNA H continued to wipe Resident #219's buttocks and peri area wiping with the same wipe multiple times. SNA H and CNA G proceeded to apply the clean brief and clean sheets. SNA H and CNA G did not change gloves. They used their dirty gloves to apply the clean brief and sheets. SNA H and CNA G had the clean sheet and dirty sheet and brief touching each other while tucking it under Resident #219. SNA H and CNA G turned Resident #219 to the opposite side and removed the dirty linens and dirty brief and disposed of it. SNA H and CNA G repositioned Resident #219 in bed and covered her up using the same dirty gloves.</p> <p>During an interview on 04/30/24 at 5:47 PM, CNA G said she had changed Resident #219 after lunch around 12:30 PM. CNA G said Resident #219 was a heavy wetter and she should be changed more frequently. CNA G said she was supposed to round on the residents and check them every 2 hours. CNA G said she had not checked on Resident #219 as frequently as she should because she had other duties to perform, and she got sidetracked. CNA G said she was supposed to change gloves a lot, but she had only taken one pair of gloves with her to provide incontinent care to Resident #219. CNA G said she should change gloves and perform hand hygiene when going from dirty to clean. CNA G said when wiping the residents, the same wipe should not be used multiple times. CNA G said it was important to provide incontinent care to the residents frequently so they did not have skin breakdown, and because they could get an infection.</p> <p>During an interview on 04/30/24 at 5:54 PM, SNA H said CNA G and herself were caring for Resident #219, and they were providing care for the residents on the hall together. SNA H said the last time they changed Resident #219 was before breakfast. SNA H said they were going to get Resident #219 out of bed at lunchtime, but she did not want to get out of bed. SNA H said they had not attempted to provide incontinent care. SNA H said they were supposed to check on the residents every hour at least. SNA H said when wiping the residents, she should only wipe once and discard the wipe. SNA H said the same wipe should not be used to wipe multiple times. SNA H said gloves should be changed after she cleaned the front area and before she touched the back area. SNA H said she did not wipe correctly and change gloves as she should because she was nervous. SNA H said it was important to provide prompt and proper incontinent care to prevent infections.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675802	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/02/2024
NAME OF PROVIDER OR SUPPLIER Kemp Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1351 South Elm Street Kemp, TX 75143	
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 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>During an interview on 04/30/24 at 6:05 PM, LVN F said the nurse was responsible for ensuring the nurse aides provided prompt and proper incontinent care. LVN F said it appeared as Resident #219 had not been changed all day. LVN F said the nurse aides should be checking on the residents at least every 2 hours. LVN F said when providing incontinent care gloves should be changed when moving from dirty to clean. LVN F said the same wipe should not be used to wipe multiple times because this could cause urinary tract infections. LVN F said not providing incontinent care promptly could cause bed sores and infections.</p> <p>During an interview on 05/02/24 starting at 6:28 PM, the DON said in the past the residents had complained about not getting changed promptly, and she had in serviced the CNAs. The DON said the nurse aides should be checking on the residents at least every 2 hours. The DON said when providing incontinent care gloves should be changed after cleaning the residents and before putting anything new on. The DON said the nurse aides should not use the same wipe to wipe multiple times that a clean area or new wipe should be used. The DON said the charge nurses and herself were responsible for ensuring the nurse aides provided prompt incontinent care. The DON said she provided oversight on proper incontinent care by randomly going in with the nurse aides to provide incontinent care. The DON said she had not noticed any issues with incontinent care. The DON said it was important to provide prompt and proper incontinent care for infection control.</p> <p>During an interview on 05/02/24 starting at 7:37 PM, the Administrator said the nurse aides should be checking on the residents every 2 hours and more frequently for those that were heavy wetters. The Administrator said he expected the nurse aides to follow the incontinent procedures. The Administrator said the DON and ADON were responsible for providing oversight, but currently there was no ADON. The Administrator said not providing prompt and proper incontinent care was a potential for infection issues.</p> <p>3. Record review of Resident #54's face sheet, dated 05/02/24, indicated Resident #54 was an [AGE] year-old female who was admitted to the facility on [DATE]. Resident #54 had diagnoses which included insomnia, high blood pressure, Dementia (impaired ability to remember, think, or make decisions that interfere with doing everyday activities), stroke, and diabetes.</p> <p>Record review of Resident #54's quarterly MDS assessment, dated 02/27/24, indicated Resident #54 sometimes understood and sometimes understood others. Resident #54's BIMS score was 00, which indicated she was severely cognitively impaired. Resident #54 required extensive assistance with toileting, limited assistance with personal hygiene, transfer, dressing, bed mobility, and set-up with eating. The MDS indicated she was occasionally incontinent of bowel and bladder.</p> <p>Record review of Resident #54's physician orders dated 04/28/24, indicated Nitrofurantoin (Macrobid) Oral Capsule 100 MG, Give 1 capsule by mouth two times a day for UTI (urinary tract infection) for 7 Days.</p> <p>Record review of Resident #54's comprehensive care plan, dated 12/11/23, indicated Resident #54 was at risk of ADL self-performance for bowel and bladder incontinence. The interventions were for staff to assist with toileting x 1 assistance and monitor for signs and symptoms of UTI: pain, burning, blood-tinged urine, cloudiness, no output, deepening of urine color, increased pulse, increased temperature, urinary frequency, foul smelling urine, fever, chills, altered mental status, and change in behavior.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675802	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/02/2024
NAME OF PROVIDER OR SUPPLIER Kemp Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1351 South Elm Street Kemp, TX 75143	
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 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Record review of Resident #54's medication administration (MAR) record dated 04/01/24 through 04/30/24 revealed Nitrofurantoin (Macrobid) Oral Capsule 100 MG, give 1 capsule by mouth two times a day for UTI (urinary tract infection) for 7 Days- started 04/28/24.</p> <p>During an observation on 04/30/24 at 10:21 a.m., CNA C was providing care to Resident #54, who was incontinent of bowel and bladder. CNA C explained what she was going to do. She wiped her genital area using a front-to-back motion. She then turned her on her side while touching her shoulder and side with the same dirty gloves. She proceeded to wipe her buttocks using only one front-to-back motion. She did not wipe her entire buttock which contained urine. She then changed her gloves without hand hygiene and applied her brief. CNA C then left the room without hand hygiene.</p> <p>During an interview on 04/30/24 at 10:44 a.m., CNA C said she was supposed to wipe front to back and clean the entire buttock area. She said she should have performed hand hygiene after removing her soiled gloves and applying new gloves, and before exiting the room. She said she did not wipe or do hand hygiene correctly which could lead to infection. CNA C said she was not aware Resident #54 had a UTI. She said she knew the correct way to provide incontinent care but was nervous and, in a hurry, to get other residents as it was getting close to lunch.</p> <p>During an interview on 05/02/24 at 6:51 p.m., the DON said she expected incontinent care to be performed correctly. The DON said she expects the CNAs to clean all areas that contain urine or bowel. She said she expected them to perform hand hygiene before and after providing incontinent care, change their gloves when going from dirty to clean, and in between glove changes. She said she randomly checked staff while doing incontinent care but felt she needed more time than she had to watch everyone. The DON said not performing incontinent care and hand hygiene correctly could lead to infection.</p> <p>During an interview on 05/02/24 at 7:54 p.m., the Administrator said he expected staff to perform incontinent care and hand hygiene properly. He said if improper incontinent care and/or hand hygiene was not provided correctly it could lead to infection.</p> <p>During an interview on 05/02/24 at 12:04 PM, Anonymous Staff Member #1 said most of the time they had to work a hall with one person and almost the whole hall required the assistance of 2 staff with the residents weighing from 200-500 lbs., and they had to wait a long time to get someone to assist them with the residents that required the assistance of 2 staff. Anonymous Staff Member #1 said they had missed showers because they did not have enough help. Anonymous Staff Member #1 said they had told the Administrator and the AIT and they made promises for more staff, but they were never fulfilled. Anonymous Staff Member #1 said the DON did not help them on the floor, and the management staff that had helped them quit. Anonymous Staff Member #1 said the Treatment Nurse had worked 12 days straight trying to fill the call ins. Anonymous Staff Member #1 said being short staffed affected the residents because they did not receive the proper care they needed.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675802	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/02/2024
NAME OF PROVIDER OR SUPPLIER Kemp Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1351 South Elm Street Kemp, TX 75143	

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 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>During an interview on 05/02/24 at 12:27 PM, Anonymous Staff Member #2 said when they arrived for their shift that morning, they were working 2 halls and the other CNA was late and worked the other 2 halls. Anonymous Staff Member #2 said they were expected to provide care for all the residents and get them up for breakfast with a lot of the residents requiring 2 staff for transfers. Anonymous Staff Member #2 said it was difficult to provide care for the residents that they were understaffed. Anonymous Staff Member #2 said they had missed giving showers because they were short staffed. Anonymous Staff Member #2 said they reported it to the charge nurses, and they don't really say anything. Anonymous Staff Member #2 said management was aware they were short staffed and did not help. Anonymous Staff Member #2 said being short staffed placed the residents at risk for bed sores, skin breakdown and falls.</p> <p>During an interview on 05/02/24 at 8:03 PM, the Administrator said the nurses and the CNAs had complained about not being able to complete tasks due to the staffing issues. The Administrator said he was trying to recruit staff but there did not appear to be a huge pool. The Administrator said he was advertising daily and offering sing on bonuses. The Administrator said he attempted to borrow CNAs and nurses from sister facilities to help. The Administrator said he was not allowed to use agency to help fill the spots. The Administrator said he was aware they are not following their facility assessment. The Administrator said he had notified his Area Director of Operations of the staffing issues at the facility, but he has not received approval to contract agency staff. The Administrator said not having enough CNAs working the floor resulted in the facility staff not providing the care the residents needed and the care was not as good as it should be.</p> <p>During an interview on 05/02/24 at 9:08 PM, the Area Director of Operations said she was aware the facility was short CNAs, but she was not told the facility was not abiding by the facility assessment's requirements for nurse aides. The Area Director of Operations said not having enough CNAs could affect the safety of the residents.</p> <p>During an interview with the Corporate Nurse on 05/02/24 at approximately 5:10 PM, the policy regarding staffing was requested and not provided prior to exit.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675802	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/02/2024
NAME OF PROVIDER OR SUPPLIER Kemp Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1351 South Elm Street Kemp, TX 75143	
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 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46892</p> <p>Based on observation, interview and record review, the facility failed to ensure the accurate acquiring, receiving, dispensing, and administering of all drugs and biologicals to meet the needs of each resident for 5 of 6 residents (Resident #12, Resident #26, Resident #39, Resident #165, and Resident #218) reviewed for pharmacy services.</p> <ol style="list-style-type: none"> The facility failed to ensure Resident #26's buspirone (anxiety medication), gabapentin (medication for nerve pain), duloxetine (medication for depression), and metoprolol succinate (blood pressure medication) were administered timely. The facility failed to ensure Resident #218's spironolactone (medication used to treat fluid buildup), metoprolol (blood pressure medication), venlafaxine hydrochloride (medication for depression), and pregabalin (used to treat nerve pain) were administered timely. The facility failed to administer the following medications as prescribed for Resident #165: Aspirin (medication works by stopping platelets from clumping together) Omeprazole (used to treat certain conditions where there is too much acid in the stomach), Lyrica (used to treat pain caused by nerve damage due to diabetes) and Carisoprodol (used to relax certain muscles in your body and relieve the discomfort caused by acute (short-term), painful muscle or bone conditions). The facility failed to administer the following medication timely as ordered for Resident #12 buspirone (anxiety medication) and Fluticasone nasal spray (used to treat sneezing, and itchy or runny nose) and RN A failed to give the prescribed Aspirin to Resident #12. The facility failed to administer the following medication timely as ordered for Resident #39: gabapentin (medication for nerve pain) and Artificial tears (eye drops for dry eyes). <p>These failures could place residents at risk of not receiving their medications as ordered, hospitalization s, and exacerbation of their disease processes.</p> <p>1. Record review of a face sheet dated 05/02/24 indicated Resident #26 was a [AGE] year-old male originally admitted to the facility on [DATE] and readmitted on [DATE] with diagnoses which included subacute osteomyelitis to right radius and ulna (infection of the bones in the right arm) and type 2 diabetes mellitus without complications (chronic condition that affects the way the body processes blood sugar).</p> <p>Record review of the Comprehensive MDS assessment dated [DATE] indicated Resident #26 was able to make himself understood and understood others. The MDS assessment indicated Resident #26 had a BIMS score of 14, which indicated his cognition was intact. The MDS assessment indicated Resident #26 received antianxiety and antidepressant medication during the 7-day look back period.</p> <p>Record review of Resident #26's care plan date initiated 04/12/24 indicated he had a potential for uncontrolled pain and to give cardiac (heart) medications as ordered.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675802	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/02/2024
NAME OF PROVIDER OR SUPPLIER Kemp Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1351 South Elm Street Kemp, TX 75143	
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 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Record review of Resident #26's Order Summary Report dated 04/28/24 indicated orders for</p> <p>buspirone 5 mg tablet give 1 tablet by mouth two times a day for anxiety with a start date of 04/12/24.</p> <p>gabapentin 300 mg give 1 capsule by mouth three times a day for pain with a start date of 04/11/24.</p> <p>duloxetine delayed release 30 mg give 1 capsule by mouth two times a day for depression with a start date of 04/11/24.</p> <p>metoprolol succinate extended release 24-hour tablet 25 mg give 1 tablet by mouth one time a day with a start date of 04/12/24.</p> <p>Record review of the Medication Admin Audit report for Resident #26 dated 04/21/24-04/30/24 indicated buspirone 5 mg tablet give 1 tablet by mouth two times a day for anxiety:</p> <p>Schedule Date 04/21/24 8:00 AM, Administration Time 04/21/24 9:46 AM, which indicated it was administered 46 minutes late, after the 1-hour grace period.</p> <p>Schedule Date 04/23/24 8:00 AM, Administration Time 04/23/24 10:17 AM, which indicated it was administered 1 hour and 17 minutes late, after the 1-hour grace period.</p> <p>Schedule Date 04/24/24 8:00 AM, Administration Time 04/24/24 10:15 AM, which indicated it was administered 1 hour and 15 minutes late, after the 1-hour grace period.</p> <p>Schedule Date 04/27/24 8:00 PM, Administration Time 04/27/24 9:56 PM, which indicated it was administered 56 minutes late, after the 1-hour grace period.</p> <p>Schedule Date 04/28/24 8:00 AM, Administration Time 04/28/24 12:00 PM, which indicated it was administered 3 hours late, after the 1-hour grace period.</p> <p>Schedule Date 04/29/24 8:00 AM, Administration Time 04/29/24 10:21 AM, which indicated it was administered 1 hour and 21 minutes late, after the 1-hour grace period.</p> <p>Record review of the Medication Admin Audit report for Resident #26 dated 04/21/24-04/30/24 indicated gabapentin 300 mg give 1 capsule by mouth three times a day for pain:</p> <p>Schedule Date 04/21/24 7:00 AM, Administration Time 04/21/24 9:46 AM, which indicated it was administered 1 hour and 46 minutes late, after the 1-hour grace period.</p> <p>Schedule Date 04/22/24 7:00 PM, Administration Time 04/22/24 8:50 PM, which indicated it was administered 50 minutes late, after the 1-hour grace period.</p> <p>Schedule Date 04/23/24 7:00 AM, Administration Time 04/23/24 10:17 AM, which indicated it was administered 2 hours and 17 minutes late, after the 1-hour grace period.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675802	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/02/2024
NAME OF PROVIDER OR SUPPLIER Kemp Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1351 South Elm Street Kemp, TX 75143	
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 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Schedule Date 04/24/24 7:00 AM, Administration Time 04/24/24 10:15 AM, which indicated it was administered 2 hours and 15 minutes late, after the 1-hour grace period.</p> <p>Schedule Date 04/26/24 7:00 AM, Administration Time 04/26/24 9:32 AM, which indicated it was administered 1 hour and 32 minutes late, after the 1-hour grace period.</p> <p>Schedule Date 04/28/24 7:00 AM, Administration Time 04/28/24 12:02 PM, which indicated it was administered 4 hours and 2 minutes late, after the 1-hour grace period.</p> <p>Schedule Date 04/29/24 7:00 AM, Administration Time 04/28/24 10:21 AM, which indicated it was administered 2 hours and 21 minutes late, after the 1-hour grace period.</p> <p>Record review of the Medication Admin Audit report for Resident #26 dated 04/21/24-04/30/24 indicated duloxetine delayed release 30 mg give 1 capsule by mouth two times a day for depression:</p> <p>Schedule Date 04/21/24 7:00 AM, Administration Time 04/21/24 9:46 AM, which indicated it was administered 1 hour and 46 minutes late, after the 1-hour grace period.</p> <p>Schedule Date 04/22/24 7:00 PM, Administration Time 04/22/24 8:50 PM, which indicated it was administered 50 minutes late, after the 1-hour grace period.</p> <p>Schedule Date 04/23/24 7:00 AM, Administration Time 04/23/24 10:17 AM, which indicated it was administered 2 hours and 17 minutes late, after the 1-hour grace period.</p> <p>Schedule Date 04/24/24 7:00 AM, Administration Time 04/24/24 10:15 AM, which indicated it was administered 2 hours and 15 minutes late, after the 1-hour grace period.</p> <p>Schedule Date 04/26/24 7:00 AM, Administration Time 04/26/24 9:32 AM, which indicated it was administered 1 hour and 32 minutes late, after the 1-hour grace period.</p> <p>Schedule Date 04/28/24 7:00 AM, Administration Time 04/28/24 12:02 PM, which indicated it was administered 4 hours late, after the 1-hour grace period.</p> <p>Schedule Date 04/29/24 7:00 AM, Administration Time 04/28/24 10:21 AM, which indicated it was administered 2 hours and 21 minutes late, after the 1-hour grace period.</p> <p>Record review of the Medication Admin Audit report for Resident #26 dated 04/21/24-04/30/24 indicated metoprolol succinate extended release 24-hour tablet 25 mg give 1 tablet by mouth one time a day:</p> <p>Schedule Date 04/27/24 6:30 AM, Administration Time 04/27/24 11:34 AM, medication administration time was between 6:30 AM-10:30 AM, which indicated it was administered 1 hour and 4 minutes late.</p> <p>Schedule Date 04/28/24 6:30 AM, Administration Time 04/28/24 12:01 PM, medication administration time was between 6:30 AM-10:30 AM, which indicated it was administered 1 hour and 31 minutes late.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675802	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/02/2024
NAME OF PROVIDER OR SUPPLIER Kemp Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1351 South Elm Street Kemp, TX 75143	
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 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>2. Record review of Resident #218's face sheet dated 04/30/2024, indicated a [AGE] year-old female who admitted to the facility on [DATE], with diagnoses which included diabetes (a group of diseases that affect how the body uses blood sugar), hypertension (high blood pressure), congestive heart failure (the heart can't pump blood well enough to supply the body, unspecified wound to abdominal wall of right lower quadrant, and cellulitis (serious bacterial infection of the skin) right lower limb.</p> <p>Record review of Resident #218's care plan with date initiated 04/24/24 did not address the use of her spironolactone, metoprolol, venlafaxine hydrochloride, or pregabalin.</p> <p>Record review of Resident #218's electronic health record on 05/02/24 indicated the MDS assessment was in progress.</p> <p>Record review of Resident #218's Order Summary Report dated 04/28/2024, indicated:</p> <p>spironolactone 25 mg give 1 tablet by mouth one time a day with a start date of 04/25/24.</p> <p>metoprolol succinate extended release 24-hour tablet 25 mg give 1 tablet by mouth one time a day with a start date of 04/25/24.</p> <p>venlafaxine hydrochloride extended release 24-hour tablet give 1 tablet by mouth one time a day with a start date of 04/25/24.</p> <p>pregabalin 150 mg give 1 capsule by mouth two times a day with a start date of 04/25/24.</p> <p>Record review of the Medication Admin Audit report for Resident #218 dated 04/21/24-04/30/24 indicated spironolactone 25 mg give 1 tablet by mouth one time a day:</p> <p>Schedule Date 04/27/24 6:30 AM, Administration Time 04/27/24 11:37 AM, medication administration time was between 6:30 AM-10:30 AM, which indicated it was administered 1 hour and 7 minutes late.</p> <p>Schedule Date 04/28/24 6:30 AM, Administration Time 04/28/24 11:31 AM, medication administration time was between 6:30 AM-10:30 AM, which indicated it was administered 1 hour and 1 minute late.</p> <p>Schedule Date 04/29/24 6:30 AM, Administration Time 04/29/24 12:05 PM, medication administration time was between 6:30 AM-10:30 AM, which indicated it was administered 1 hour and 35 minutes late.</p> <p>Record review of the Medication Admin Audit report for Resident #218 dated 04/21/24-04/30/24 indicated metoprolol succinate extended release 24-hour tablet 25 mg give 1 tablet by mouth one time a day:</p> <p>Schedule Date 04/27/24 6:30 AM, Administration Time 04/27/24 11:45 AM, medication administration time was between 6:30 AM-10:30 AM, which indicated it was administered 1 hour and 15 minutes late.</p> <p>Schedule Date 04/28/24 6:30 AM, Administration Time 04/28/24 11:33 AM, medication administration time was between 6:30 AM-10:30 AM, which indicated it was administered 1 hour and 3 minutes late.</p> <p>Schedule Date 04/29/24 6:30 AM, Administration Time 04/29/24 12:05 PM, medication administration time was between 6:30 AM-10:30 AM, which indicated it was administered 1 hour and 35 minutes late.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675802	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/02/2024
NAME OF PROVIDER OR SUPPLIER Kemp Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1351 South Elm Street Kemp, TX 75143	
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 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Record review of the Medication Admin Audit report for Resident #218 dated 04/21/24-04/30/24 indicated venlafaxine hydrochloride extended release 24-hour tablet give 1 tablet by mouth one time a day:</p> <p>Schedule Date 04/27/24 6:30 AM, Administration Time 04/27/24 11:37 AM, medication administration time was between 6:30 AM-10:30 AM, which indicated it was administered 1 hour and 7 minutes late.</p> <p>Schedule Date 04/28/24 6:30 AM, Administration Time 04/28/24 11:31 AM, medication administration time was between 6:30 AM-10:30 AM, which indicated it was administered 1 hour and 1 minute late.</p> <p>Schedule Date 04/29/24 6:30 AM, Administration Time 04/29/24 12:05 PM, medication administration time was between 6:30 AM-10:30 AM, which indicated it was administered 1 hour and 35 minutes late.</p> <p>Record review of the Medication Admin Audit report for Resident #218 dated 04/21/24-04/30/24 indicated pregabalin 150 mg give 1 capsule by mouth two times a day:</p> <p>Schedule Date 04/27/24 7:00 AM, Administration Time 04/27/24 11:35 AM, which indicated it was administered 3 hours and 35 minutes late, after the 1-hour grace period.</p> <p>Schedule Date 04/28/24 7:00 AM, Administration Time 04/28/24 11:29 AM, which indicated it was administered 3 hours and 29 minutes late, after the 1-hour grace period.</p> <p>Schedule Date 04/29/24 7:00 AM, Administration Time 04/29/24 12:04 PM, which indicated it was administered 4 hours and 4 minutes late, after the 1-hour grace period.</p> <p>Schedule Date 04/29/24 7:00 PM, Administration Time 04/29/24 8:56 PM, which indicated it was administered 56 minutes late, after the 1-hour grace period.</p> <p>45879</p> <p>3. Record review of Resident #165's face sheet, dated 05/02/24 indicated Resident #165 was a [AGE] year-old male admitted to the facility on [DATE] with diagnoses which included Fracture of the right leg, Diabetes, Coronary artery disease {CAD} (narrowing or blockage of your coronary arteries, which supply oxygen-rich blood to your heart), and hypertension (high blood pressure).</p> <p>Record review of Resident #165's electronic health record on 05/02/2024 indicated the MDS assessment had not been completed yet.</p> <p>Record review of Resident #165's comprehensive care plan, dated 04/27/24 indicated Resident #165 had a potential for pain related to multiple surgeries. The intervention of the care plan was for staff to administer medication as ordered, anticipate the resident's need for pain relief, and respond immediately to any discomfort related to pain.</p> <p>Record review of Resident #165's medication administration record (MAR) dated 04/01/24 through 04/30/24 revealed the following orders:</p> <p>Pregabalin (Lyrica) oral capsule 75MG, give 1 capsule by mouth two times a day. The MAR did not indicate Resident #165 received this medication on 04/28/24 or the morning dose on 04/29/24.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675802	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/02/2024
NAME OF PROVIDER OR SUPPLIER Kemp Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1351 South Elm Street Kemp, TX 75143	
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 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Record review of Resident #165's medication administration audit report record dated 04/30/24 indicated:</p> <p>Carisoprodol Oral Tablet 350 MG, give 1 tablet by mouth three times a day for muscle relaxer for 10 Days. This medication was scheduled at 7:00 am on 04/29/24 and was given until 8:41 am.</p> <p>Docusate 100 MG, Give 1 capsule by mouth two times a day for constipation for 10 days. This medication was scheduled at 7:00 am on 04/29/24 and was not given until 8:39 am.</p> <p>During an observation on 04/29/24 at 8:36 a.m., RN A gave Resident #165 his am medication which his orders consisted of Aspirin 81 Mg chewable, give 1 tab daily and RN A gave Aspirin 81 MG enteric coated 1 tab .Omeprazole 40 MG, give 2 tabs daily and RN A gave Omeprazole 20mg, 1 tab. Resident #165 had an order for Lyrica 75MG, give 1 tab daily and RN A did not administer it.</p> <p>4.Record review of Resident #12's face sheet dated 05/06/24, indicated a [AGE] year-old female was admitted to the facility on [DATE] and readmitted on [DATE] with diagnoses including Diabetes mellites (diabetic), (high blood pressure), and Congestive heart failure (a long-term condition that happens when your heart can't pump blood well enough to give your body a normal supply).</p> <p>Record review of Resident #12's quarterly MDS assessment dated [DATE], indicated she understood and was understood by others. Resident #12's BIMS score was 14, which indicated her cognition was intact. The MDS indicated she received antiplatelets during the look-back period.</p> <p>Record review of Resident #12's comprehensive care plan dated 11/06/23, indicated she had used anti-anxiety medications for diagnosis of anxiety. The intervention was for staff to administer medication as ordered.</p> <p>Record review of Resident #12's medication administration audit report record dated 04/30/24 indicated:</p> <p>Buspirone HCl Tablet 5 MG, Give 1 tablet by mouth two times a day for anxiety. This medication was scheduled at 7:00 am on 04/28/24 and was not given until 10:57 am. This medication was scheduled at 7:00 am on 04/29/24 and was not given until 10:39 am .</p> <p>Fluticasone Propionate Nasal Suspension 50 MCG, give 1 nasal spray in each nostril two times a day for nasal congestion. This medication was scheduled at 7:00 a.m. on 04/28/24 and was not given until 10:57 am. This medication was scheduled on 04/29/24 at 7:00 am and was not given until 8:39 am.</p> <p>5. Record review of Resident #39's face sheet, dated 05/06/24, indicated a [AGE] year-old female who was admitted to the facility on [DATE] with diagnoses which Cataract (a cloudy area in the lens of your eye), Neuropathy (results from damage to the nerves outside the spinal cord and the brain) and Depression (feeling of sadness).</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675802	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/02/2024
NAME OF PROVIDER OR SUPPLIER Kemp Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1351 South Elm Street Kemp, TX 75143	
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 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Record review of Resident #39's quarterly MDS assessment, dated 02/16/24, indicated Resident #39 was sometimes understood and was usually understood by others. Resident #39's BIMS score was 03, which indicated her cognition was severely impaired . The MDS indicated Resident #39 required limited assistance with dressing, personal hygiene, toileting, bathing, bed mobility, transfers, and set-up for eating. The MDS during the 7-day look-back period did not indicate Resident #39 was receiving oxygen.</p> <p>Record review of Resident #39's care plan dated 04/29/24 indicated, Resident #39 had an alteration in neurological status related to Neuropathy. The intervention was for staff to administer medication as ordered by the physician. Monitor and document for side effects. The care plan did not indicate any eye issues.</p> <p>Record review of Resident #39's medication administration audit report record dated 04/30/24 indicated:</p> <p>Gabapentin oral capsule 200 MG, give (2) 100 MG by mouth three times a day related to peripheral neuropathy. This medication was scheduled at 7:00 am on 04/29/24 and was not given until 9:07 am. This medication was scheduled at 7:00 am on 04/30/24 and was not given until 9:44 am.</p> <p>Artificial Tears Ophthalmic Solution 0.1-0.3%, instill 1 drop in both eyes three times a day for dry eyes. This medication was scheduled at 7:00 am on 04/29/24 and was not given until 9:13 am. This medication was scheduled at 7:00 am on 04/30/24 and was not given until 9:44 am.</p> <p>During an interview on 04/29/24 at 10:59 a.m. , RN A said after looking at Resident #165 's medications, she realized she did not give him the Aspirin 81MG chewable nor (2) 20 MG Omeprazole. She also said she did not give Resident #12 her Aspirin 81 MG chewable but the Aspirin 81 MG enteric coated. She said she was in a hurry and did not read the MAR correctly. She said she was not able to pass all of her medication timely because she had too many to pass. She said she had mentioned the number of meds she had to pass to the ADON before and nothing had changed.</p> <p>During an interview on 04/29/24 at 11:30 a.m., Resident #165 said he was not hurting related to not receiving the Lyrica but because it helped him, he would prefer to have it.</p> <p>During an interview on 05/01/24 at 7:52 a.m., RN A said she was Resident #165's nurse on 04/29/23 and 04/30/24. She said Resident #165's Lyrica was not in the building on 04/28/24 nor 04/29/24 am dose. She said it was not in the Stat safe (facility emergency medication kit) either. She said she had notified the DON on 04/28/24 about the medication not being in the Stat safe. She said the DON found the medication at about noon on 04/29/24 but she did not give it to him because it was well past the medication time. She said she did not notify the doctor about the missing doses of medication. She said she was told to notify the DON if a medication was not available. RN A said she had a challenging time giving medications on time because she had a lot of meds and did not have enough time to meet the time frame.</p> <p>During an interview and observation on 05/02/24 at 12:10 p.m., LVN B said she did not have time to pass all of her medications as ordered because they had a lot of meds to pass and the time frame was not doable. She said she had reported not being able to pass all her medications timely to the DON/ADON but nothing had been done.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675802	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/02/2024
NAME OF PROVIDER OR SUPPLIER Kemp Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1351 South Elm Street Kemp, TX 75143	
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 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 05/02/24 at 6:51 p.m., the DON said she was not aware of late medications. She said she looked at the MARS daily but mostly looked for holes in the MAR. She said staff had not told her they did not have time to complete their med pass timely. She said the staff was supposed to let her know if they were missing medications and she would notify the pharmacy. She said if medication was not available related to insurance, they were supposed to place a hold order in the computer system for that medication. She said she was the overseer of medication but could not fix the problem if she was not aware. She said the pharmacy consultant came monthly and had done a medication pass with the nurses. She said she had not had the time to do a medication pass with the nurses because of the staffing issues and her working the floor. The DON said if residents missed medication, or medications were not given timely, it could cause adverse effects on their health.</p> <p>During an interview on 05/02/24 at 7:54 p.m., the Adm said he expected the nurses to give all medication as prescribed. He said the DON/ADON s were responsible for ensuring residents received their medication as ordered. He said if a resident received their medication late or did not receive their medication, they could potentially have a negative outcome.</p> <p>A record review of the facility's Medication Administration Procedures, policy dated 05/2007, revealed, Policy Statement: 1. All medications are administered by licensed medical or nursing personnel. 2. Medications are to be poured, administered, and charted by the same licensed person . 6. If a dose of regularly scheduled medication is withheld or refused, the nurse is to initial and circle the front of the medication administration record in the space provided for that dosage administration and an explanatory note is to be entered in the nursing notes . 15. Medication errors and adverse drug reactions are immediately reported to the resident's Physician. In addition, the Director of nurses and/or designee should be notified of any medication errors. 20. The 10 rights of medication should always be adhered to 1. Right patient 2. Right medication 3. Right dose 4. Right route 5. Right time 6. Right patient education 7. Right documentation 8. Right to refuse 9. Right assessment 10. Right evaluation.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675802	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/02/2024
NAME OF PROVIDER OR SUPPLIER Kemp Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1351 South Elm Street Kemp, TX 75143	
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 0758</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Implement gradual dose reductions(GDR) and non-pharmacological interventions, unless contraindicated, prior to initiating or instead of continuing psychotropic medication; and PRN orders for psychotropic medications are only used when the medication is necessary and PRN use is limited.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45810</p> <p>Based on record review and interviews, the facility failed to ensure residents were given psychotropic medications to treat specific diagnoses for 1 (Resident #46) of 5 Residents, reviewed for pharmacy services.</p> <p>The facility failed to ensure that Resident #46 did not receive an antipsychotic (Seroquel/Quetiapine Fumarate) that was not necessary to treat Vascular Dementia.</p> <p>This failure could place residents at risk for adverse consequences such as impairment or decline in an individual's mental or physical condition or functional or psychosocial status.</p> <p>The findings included:</p> <p>Record review of Resident #46's face sheet indicated she was a [AGE] year-old female who admitted to the facility on [DATE] and readmitted on [DATE] with the diagnoses of Vascular Dementia (a series of strokes that caused decreased oxygen to the brain and neurological deficits), anxiety disorder (unpleasant state of inner turmoil), chronic obstructive pulmonary disease (progressive lung disease characterized by long term respiratory symptoms), hypertension (high blood pressure), and cerebral infarction (disrupted blood flow to the brain causing parts to die).</p> <p>Record review of Resident #46's significant change MDS assessment dated [DATE] indicated she had a BIMS score of 08 which indicated she had moderate cognitive impairment. The MDS also did not indicate resident had a diagnosis to support the use of the use of the anti-psychotic medication Seroquel/Quetiapine, but Resident #46 received the medication on a routine basis.</p> <p>Record review of Resident #46's care plan revised 03/05/24 indicated Focus Resident requires antipsychotic medications r/t anxiety. Interventions included Administer medications as ordered. Monitor/document for side effects and effectiveness</p> <p>Record review of Resident #46's order summary report dated 05/02/24 indicated she had an order for Quetiapine Fumarate Tablet 25mg (an antipsychotic medication used to treat schizophrenia and bipolar disorder) Give 1 tablet by mouth two times a day related to Vascular Dementia with a start date of 03/05/24.</p> <p>Record review of the psychotropic medication utilization report dated 03/31/24 indicated the pharmacy consultant was aware that Resident #46 had started the Seroquel 03/05/24 for the diagnosis of dementia and no recommendations were made.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675802	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/02/2024
NAME OF PROVIDER OR SUPPLIER Kemp Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1351 South Elm Street Kemp, TX 75143	
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 0758</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 05/02/24 at 05:47 PM LVN B said the only diagnoses that could be used for the medication Seroquel was Huntington's, schizophrenia, and another one that she could not think of. She said staff could not give Seroquel to residents with dementia, and she thought there was a black box warning, but she was not the doctor. LVN B said it also affected quality measures at a nursing facility. LVN B said she knew Resident #46 took Seroquel but did not realize her diagnosis was for dementia. She said her taking the medication without the proper diagnosis placed her at risk for increased confusion, worse side effects or adverse reactions, or increased behaviors. LVN B said the facility doctor and hospice doctor was responsible for adding the medication Seroquel for the dementia, but she did not agree with it.</p> <p>During an interview on 05/02/24 at 07:15 PM, the DON said the approved diagnosis for Seroquel use was schizophrenia. She said dementia was not an approved diagnosis for Resident #46 to be taking the medication Seroquel. The DON said Resident #46 was not a new resident to the facility and had been taking the Seroquel for a while. She said she had not talked to the doctor about the medication yet, but she would be contacting him regarding the medication. The DON said Resident #46 taking Seroquel without the proper diagnosis placed her at a higher risk for contraindications, worsening side effects, or confusion.</p> <p>During an interview on 05/02/24 at 8:32 PM the Administrator said he was not familiar with the antipsychotic medications nor what they are given for.</p> <p>Record review of the facility's policy for Pharmacy Policy and Procedure Manual revised 10/25/17 indicated:</p> <p>Consultant Pharmacist</p> <p>The facility will contract the services of a pharmacist to provide consultation on all aspects of pharmaceutical services .</p> <p>Medication Regimen Review .3. Unnecessary drug is defined as and drug used;</p> <p>a. In excessive dose .d. without adequate indications for its use;</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675802	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/02/2024
NAME OF PROVIDER OR SUPPLIER Kemp Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1351 South Elm Street Kemp, TX 75143	
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 0759</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure medication error rates are not 5 percent or greater.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45879</p> <p>Based on observation, interview, and record review, the facility failed to ensure that it was free of medication error rates of 5 percent or greater. The facility had a medication error rate of 10.0%, based on 4 errors out of 40 opportunities, which involved 2 of 6 residents (Resident #165 and Resident #12) reviewed for medication administration.</p> <p>1. The facility failed to ensure RN A administered the correct dose of Aspirin 81 MG and Omeprazole 40 MG, (Aspirin and omeprazole combination is used in patients who need aspirin to prevent heart and blood vessel problems (e.g., heart attack, stroke). RN A failed to administer Lyrica 75MG (used to treat pain caused by nerve damage due to diabetes) on 04/29/24 as ordered.</p> <p>2. The facility failed to ensure RN A administered the correct dose of Aspirin 81MG (a type of NSAID that can treat mild to moderate pain and inflammation. It also lowers your risk of heart attack, stroke, or blood clot) on 04/29/24.</p> <p>This failure could place residents at risk of not receiving the therapeutic effects of their medications and possible adverse reactions.</p> <p>Findings included:</p> <p>1. Record review of Resident #165's face sheet, dated 05/02/24 indicated Resident #165 was a [AGE] year-old male admitted to the facility on [DATE] with diagnoses which included Fracture of the right leg, Diabetes, Coronary artery disease {CAD} (narrowing or blockage of your coronary arteries, which supply oxygen-rich blood to your heart), and hypertension (high blood pressure).</p> <p>Record review of Resident #165's electronic health record on 05/02/2024 indicated the MDS assessment had not been completed yet.</p> <p>Record review of Resident #165's comprehensive care plan, dated 04/27/24 indicated Resident #165 had a potential for pain related to multiple surgeries. The intervention of the care plan was for staff to administer medication as ordered, anticipate the resident's need for pain relief, and respond immediately to any discomfort related to pain.</p> <p>Record review of Resident #165's physician orders dated 04/24/24, indicated:</p> <p>Aspirin 81 Oral Tablet Chewable 81 MG (Aspirin), give 1 tablet by mouth one time a day for prevention.</p> <p>Pregabalin Oral Capsule 75 MG (Pregabalin), give 1 capsule by mouth two times a day for pain.</p> <p>Omeprazole Oral Capsule Delayed Release 40 MG (Omeprazole), give 1 capsule by mouth one time a day related to gastro reflux disease.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675802	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/02/2024
NAME OF PROVIDER OR SUPPLIER Kemp Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1351 South Elm Street Kemp, TX 75143	
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 0759</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an observation on 04/29/24 at 8:36 a.m., RN A gave Resident #165 his am medications. RN A gave Aspirin 81 MG enteric coated 1 tab and Omeprazole 20mg, 1 tab. RN A did not administer Resident #165's Lyrica.</p> <p>2. Record review of Resident #12's face sheet dated 05/06/24, indicated a [AGE] year-old female was admitted to the facility on [DATE] and readmitted on [DATE] with diagnoses including Diabetes mellites (diabetic), (high blood pressure), and Congestive heart failure (a long-term condition that happens when your heart can't pump blood well enough to give your body a normal supply).</p> <p>Record review of Resident #12's quarterly MDS assessment dated [DATE], indicated she understood and was understood by others. Resident #12's BIMs score was 14, which indicated her cognition was intact. The MDS indicated she received antiplatelets during the look-back period.</p> <p>Record review of Resident #12's comprehensive care plan dated 10/26/19, indicated she had CHF. The interventions were for staff to give medication as ordered.</p> <p>Record review of Resident #12's physician orders dated 02/02/24, indicate: Aspirin 81 Oral Tablet Chewable 81 MG (Aspirin) give 1 tablet by mouth one time a day every Monday, Wednesday, and Friday for CHF.</p> <p>During an observation and interview on 04/29/24 at 8:23 a.m., RN A gave Resident #12 her am medication. RN A gave her Aspirin 81 MG enteric coated. RN A said she did not realize it was the wrong medication.</p> <p>During an interview on 05/02/24 at 6:57 p.m., the DON said nurses learned how to pass medication in school. She said nurse management was responsible for overseeing medication administration. The DON said medication administration was monitored through competencies and observations. She said the pharmacy consultant observed medication administration randomly. The DON said that she had not had the opportunity to observe medication administration the way she needed because of staffing issues. The DON sad she was not aware of RN A given medication passed the administration times. She said she was aware Resident #165 had not received his Lyrica. She said the doctor should have been notified for the late and missed medications. The DON said it was important to administer medications as ordered for the medications to be at therapeutic levels for the residents.</p> <p>During an interview on 05/02/24 at 7:54 p.m., the Administrator said the nurse managers were responsible for overseeing that medications were administered as ordered. The Administrator said he expected the residents to receive their medications as ordered. The Administrator said it was important for the residents to receive their medication as ordered.</p> <p>Record review of the facility policy titled, Medication Administration Procedures, dated 10/25/17, indicated, 11. All current medications and dosage schedules are to be listed on the resident's current medication administration record. 15. Medication errors and adverse drug reactions are immediately reported to the resident's Physician. In addition, the Director of nurses and/or designee should be notified of any medication errors. Any medication error will require a medication error report that includes the error and actions to prevent reoccurrence.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675802	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/02/2024
NAME OF PROVIDER OR SUPPLIER Kemp Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1351 South Elm Street Kemp, TX 75143	
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 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45810</p> <p>Based on observation, interview, and record review, the facility failed to store all drugs and biologicals in locked compartments under proper temperature controls and permit only authorized personnel to have access to the keys for 2 of 5 medication carts (Hall 200 medication cart, Treatment medication cart) and 1 of 22 residents (Resident #36) reviewed for pharmacy services.</p> <ol style="list-style-type: none"> The facility failed to ensure Resident #36 did not have prescribed and OTC medications at bedside. The facility failed to ensure the treatment nurse ensured the medication cart, used for treatments, was locked when it was left unattended. The facility failed to ensure LVN M ensured the 200 Hall medication cart was locked when it was left unattended. <p>These failures could place residents at risk of injury from medication misuse or drug diversion.</p> <p>1. Record review of Resident #36's face sheet dated 05/02/24 indicated she was a [AGE] year-old female who admitted to the facility on [DATE] and readmitted on [DATE] with the diagnoses hemiplegia following cerebral infarction (disrupted blood flow to the brain causing parts to die), chronic pain, hypertension (high blood pressure), cognitive communication deficit (communication deficit that occurs after a stroke), and major depression (mood disorder that causes persistent feeling of sadness and loss of interest).</p> <p>Record review of Resident #36's quarterly MDS assessment dated [DATE] indicated that she had a BIMS score of 11 which indicated she had moderate cognitive impairment. The MDS also indicated she required maximal assistance with toileting, total assistance with bed mobility and transfers, and setup assistance with eating.</p> <p>Record review of Resident #36's care plan dated 02/20/24 indicated resident had impaired cognitive function/dementia with an intervention for the facility to administer meds as ordered.</p> <p>Record review of Resident #36's order summary report dated 04/30/24 indicated she had an order for:</p> <p>Silver Sulfadiazine Cream 1% Apply to Left buttock topically one time a day for MASD (moisture associated skin damage) that started 02/14/24 and discontinued with no specified end date.</p> <p>It also indicated Resident #36 did not have an order for Tums 500mg antacid tablets.</p> <p>Record review of Resident #36's order summary report dated 04/30/24 indicated she did not have an order for the stomach relief 262 mg tablets nor the tums 500mg antacid tablets found on her bedside table.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675802	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/02/2024
NAME OF PROVIDER OR SUPPLIER Kemp Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1351 South Elm Street Kemp, TX 75143	
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 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an observation on 04/29/24 at 9:10 AM Resident #36 had 1 bottle of Tums 500mg antacid tablets, 1 box of stomach relief 262 mg tablets, and a tube of silver sulfadiazine cream 1% on her bedside table.</p> <p>During an observation and interview on 04/30/24 at 5:46 PM, the DON was in Resident #36's and was shown the 1 bottle of Tums 500mg antacid tablets, 1 box of stomach relief 262 mg tablets, and a tube of silver sulfadiazine cream 1% on Resident #36's bedside table. The DON said Resident #36 was probably not supposed to have those medications in her room. She said no residents were able to self-administer medications.</p> <p>2. During an observation and interview on 04/28/24 04:53 PM the Treatment Nurse left the medication cart used for treatments unlocked while she went into a resident's room and returned to the unlocked cart on 04/28/24 at 05:12 PM. The Treatment Nurse said she was nervous and forgot to lock the cart and anyone could have had access to the medications and treatments.</p> <p>3. During an observation and interview on 04/28/24 at 10:20 a.m., LVN M was sitting at the nurse's station. The surveyor observed a medication cart on hall 200 unlocked. LVN M said he was not aware the medication cart was open or where the cart came from. He said the cart should not be open because it was a potential hazard for residents.</p> <p>During an interview on 05/02/24 at 05:47 PM, LVN B said medications should be on med cart, or the med room. LVN B said the risk was wanderers getting the medication and taking it and having bad reactions. LVN B said all staff were responsible for both, the medication carts and ensuring there were no medications at bedside.</p> <p>During an interview on 05/02/24 at 07:12 PM, the DON said everyone was responsible for ensuring the residents did not have medications at bedside. She said the failure placed a risk of overdose, another resident could have gotten the medication, or the medication could interact with other medications they were taking. The DON said all medications were to be kept in medication carts or in the medication room. She said all medication carts were expected to be locked by the nurses when unattended and the failure placed a risk for anyone to be able to get into the medication cart and retrieve the medications.</p> <p>During an interview on 05/02/24 at 08:28 PM, the Administrator said his expectation was for no medications to be left at the bedside. He said he was responsible for everything that happened at the facility. He said any staff that saw medications in a resident's room should have reported that the medications were in the room and the medications should have been removed. The Administrator said he expected medications to be kept in the medication carts or medication storage area. He said the failure placed a risk for the resident having medications taken without an order or drug interactions with other medications. The Administrator said no resident could administer their own medications because they could not be monitored.</p> <p>During an interview on 05/02/24 at 08:31 PM, the Administrator said the medication cart should be locked unless there was a staff standing there in front of it. He said the failure placed a risk for medications being used by residents or sharp objects could be obtained and hurt the residents.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675802	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/02/2024
NAME OF PROVIDER OR SUPPLIER Kemp Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1351 South Elm Street Kemp, TX 75143	
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 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Record review of facility policy titled, Medication Administration Procedures, dated 10/25/17 indicated, 8. After the medication administration process, the medication cart must be completely locked, or otherwise secured.</p> <p>Record review of facility policy titled, Medication Carts, indicated, 1. The medication carts shall be maintained by the facility. 2. The carts are to be locked when not in use or under the direct supervision of the designated nurse. 4. Carts must be secured.</p> <p>45879</p> <p>FACILITY</p> <p>FTAGDIR</p> <p>05/02/24 07:26 PM The treatment cart was left open, nurse [NAME] said he was not aware but could be potential</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675802	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/02/2024
NAME OF PROVIDER OR SUPPLIER Kemp Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1351 South Elm Street Kemp, TX 75143	

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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45810</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 and to help prevent the development and transmission of communicable diseases and infections for 7 of 7 residents (Resident #36, Resident #115, Resident #14, Resident #219, Resident #215, Resident #54, Resident #26) and 2 linen carts (Hall 200 linen cart, facility clean linen cart) reviewed for infection control practices.</p> <ol style="list-style-type: none"> 1. CNA UU failed to wash or sanitize hands when changing gloves between dirty and clean while providing peri care for Resident #36 and prevent hall 200 linen cart to be contaminated by placing the used wipes and barrier cream from Resident #36 on the clean cart. 2. The Treatment Nurse failed to use PPE related to enhanced barrier precautions while completing a dressing change for Resident #115. 3. The facility failed to ensure CNA C properly cleaned the peri area, changed gloves, and used hand hygiene before going from dirty to clean while providing incontinent care to Resident #54. 4. The facility failed to ensure LVN M, cleaned the glucometer between Resident #26 and Resident #219. 5. The facility failed to ensure RN E followed the enhanced barrier precautions for Resident #26. 6. The facility failed to ensure CNA O followed the enhanced barrier precautions for Resident #215. 7. The facility failed to ensure CNA L and the DOR performed hand hygiene in between glove changes when providing incontinent care to Resident #14. 8. The facility failed to ensure CNA G and SNA H changed gloves, performed hand hygiene, and did not touch the wipes container with dirty gloves while providing incontinent care to Resident #219. 9. The facility failed to ensure SNA H did not place a dirty sheet on the floor while providing incontinent care to Resident #219. 10. The facility failed to ensure SNA H used a clean wipe for each stroke when providing incontinent care to Resident #219. 11. The facility failed to ensure the clean linen cart was covered. <p>These failures could place residents and staff at risk for cross contamination and the spread of infection.</p> <p>Findings included:</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675802	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/02/2024
NAME OF PROVIDER OR SUPPLIER Kemp Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1351 South Elm Street Kemp, TX 75143	
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>1. Record review of Resident #36's face sheet dated 05/02/24 indicated she was a [AGE] year-old female who admitted to the facility on [DATE] and readmitted on [DATE] with the diagnoses hemiplegia following cerebral infarction, chronic pain, hypertension (high blood pressure), cognitive communication deficit, and major depression.</p> <p>Record review of Resident #36's quarterly MDS dated [DATE] indicated that she had a BIMS score of 11 which indicated she had moderate cognitive impairment. The MDS also indicated she required maximal assistance with toileting, total assistance with bed mobility and transfers, and setup assistance with eating. The MDS also indicated Resident #36 was at risk for pressure ulcers.</p> <p>Record review of Resident #36's care plan dated 02/20/24 indicated resident had impaired cognitive function/dementia with an intervention for the facility to administer meds as ordered. The care plan also indicated she had an ADL self-care performance deficit and required assistance from staff for toileting, bed mobility, dressing, and bathing.</p> <p>During an observation and interview on 04/30/24 at 10:21 AM CNA UU was in the hallway 200 and said she is going to change Resident #36. CNA UU grabbed wipes and a set of gloves off the linen cart and entered Resident #36's room without using hand sanitizer. She then donned gloves and grabbed a brief out Resident #36's closet. CNA UU closed the blinds, pulled the privacy curtain, and moved bedside table to the side. CNA UU placed wipes on bedside table and unfastened resident brief provided perineal care, cleaned bowel movement, and applied cream. CNA UU rolled to left side pulled brief and fastened clean brief and repositioned draw sheet. CNA UU never changed gloves or used hand hygiene during entire procedure.</p> <p>During an interview on 04/30/24 at 10:39 AM, CNA UU said she should have cleaned her hands with hand sanitizer before care, changed gloves after cleaning the dirty areas as well as the bowel movement from Resident #36, and after care. She said the failure placed a risk for contamination and infection. She said the staff performed peri care proficiency check offs, but she only grabbed one glove when she entered the room and failed to change her gloves and use hand sanitizer. CNA UU then placed wipes from Resident #36's room back on the linen cart. CNA UU stated she should not have placed the wipes back on the linen cart for hall 200 because she contaminated everything on the cart as well as risked spreading germs to other residents. CNA UU said that was how they were taught and said the CNA staff would get in trouble for leaving the wipes in the rooms.</p> <p>2. Record review of Resident #115's face sheet dated 05/02/24 indicate he was a [AGE] year-old male who admitted to the facility on [DATE] with the diagnoses aftercare for genitourinary surgery, hypertension (high blood pressure), and benign prostatic hyperplasia (enlarged prostate).</p> <p>Record review of Resident #115's admission MDS dated [DATE] indicated he had a BIMS score of 15 which indicated he was cognitively intact. The MDS also indicated he required supervision with toileting, dressing, and bathing.</p> <p>Record review of Resident #115's undated care plan indicated he had an ADL self-care deficit and required assistance by 1 staff for bathing, dressing, toileting, and personal hygiene. The care plan also indicated he had a pressure ulcer to his left buttock and he was on enhanced barrier precautions with interventions of gloves and gown to be donned if any of the following activities were to occur: linen change, resident hygiene, transfer, dressing .</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675802	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/02/2024
NAME OF PROVIDER OR SUPPLIER Kemp Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1351 South Elm Street Kemp, TX 75143	
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>During an observation on 04/28/24 at 04:53 PM, the Treatment Nurse went into Resident #115's room and provided the treatment to his left hip using good technique but failed to don PPE that included a gown for enhance barrier precautions when she entered the room.</p> <p>During an interview on 04/29/24 at 03:40 PM, the Treatment Nurse said she should have worn the protective PPE to include a gown and gloves when she performed the treatment for Resident #115. She said the nurses and CNAs should be using PPE every time during wound care, catheter care, or anything that any secretions would be coming from the body. The treatment nurse said not wearing the PPE placed a risk for spreading germs.</p> <p>45879</p> <p>3.Record review of Resident #54's face sheet, dated 05/02/24, indicated Resident #54 was an [AGE] year-old female who was admitted to the facility on [DATE]. Resident #54 had diagnoses which included insomnia, high blood pressure, Dementia (impaired ability to remember, think, or make decisions that interfere with doing everyday activities), stroke, and diabetes.</p> <p>Record review of Resident #54's quarterly MDS assessment, dated 02/27/24, indicated Resident #54 sometimes understood and sometimes understood others. Resident #54's BIMS score was 00, which indicated she was severely cognitively impaired. Resident #54 required extensive assistance with toileting, limited assistance with personal hygiene, transfer, dressing, bed mobility, and set-up with eating. The MDS indicated she was occasionally incontinent of bowel and bladder.</p> <p>Record review of Resident #54's comprehensive care plan, dated 12/11/23, indicated Resident #54 was at risk of ADL self-performance for bowel and bladder incontinence. The interventions were for staff to assist with toileting x 1 staff member and monitor for signs and symptoms of UTI: pain, burning, blood-tinged urine, cloudiness, no output, deepening of urine color, increased pulse, increased temperature, urinary frequency, foul smelling urine, fever, chills, altered mental status, and change in behavior.</p> <p>Record review of Resident #54's physician orders dated 04/28/24, indicated Nitrofurantoin (Macrobid) Oral Capsule 100 MG, Give 1 capsule by mouth two times a day for UTI (urinary tract infection) for 7 Days.</p> <p>Record review of Resident #54's medication administration (MAR) record dated 04/01/24 through 04/30/24 revealed Nitrofurantoin (Macrobid) Oral Capsule 100 MG, give 1 capsule by mouth two times a day for UTI (urinary tract infection) for 7 Days- started 04/28/24.</p> <p>During an observation on 04/30/24 at 10:21 a.m., CNA C was providing care to Resident #54, who was incontinent of bowel and bladder. CNA C explained what she was going to do. She wiped her genital area using a front-to-back motion. She then turned her on her side while touching her shoulder and side with the same dirty gloves. She proceeded to wipe her buttocks using only one front-to-back motion. She did not wipe her entire buttock which contained urine. She then changed her gloves without hand hygiene and applied her brief. CNA C then left the room without hand hygiene.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675802	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/02/2024
NAME OF PROVIDER OR SUPPLIER Kemp Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1351 South Elm Street Kemp, TX 75143	
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>During an interview on 04/30/24 at 10:44 a.m., CNA C said she was supposed to wipe front to back and clean the entire buttock area. She said she should have performed hand hygiene after removing her soiled gloves and applying new gloves, and before exiting the room. She said she did not wipe or do hand hygiene correctly which could lead to infection. CNA C said she was not aware Resident #54 had a UTI. She said she knew the correct way to provide incontinent care but was nervous and, in a hurry, to get other residents as it was getting close to lunch.</p> <p>4. Record review of Resident #23's face sheet, dated 05/02/24 indicated Resident #23 was a [AGE] year-old male admitted to the facility on [DATE] and readmitted on [DATE] with diagnoses which included Diabetes, seizures, and high blood pressure.</p> <p>Record review of Resident #23's quarterly MDS assessment, dated 03/13/24, indicated Resident #23 was sometimes understood and was sometimes understood by others . Resident #23's BIMS score was 07, which indicated his cognition was moderately impaired. Resident #23 required assistance with toileting, personal hygiene, transfers, dressing, bed mobility, and supervision with eating. The MDS indicated Resident #23 received insulin during the 7-day look-back period.</p> <p>Record review of Resident #23's comprehensive care plan, dated 05/03/19 indicated Resident #23 had a diagnosis of Diabetic Mellitus. The intervention of the care plan was for staff to administer diabetes medication as ordered by the doctor and monitor/document for side effects and effectiveness.</p> <p>Record review of a face sheet dated 05/02/2024 indicated Resident #219 was an [AGE] year-old female admitted to the facility on [DATE] with diagnoses which included cerebral infarction (damage to tissues in the brain due to a loss of oxygen to the area), type 2 diabetes mellitus (chronic condition that affects the way the body processes blood sugar), and vascular dementia without behavioral disturbance, psychotic disturbance, mood disturbance, and anxiety (deterioration of memory, language, and other thinking abilities with behaviors).</p> <p>Record review of Resident #219's electronic health record on 05/02/2024 indicated the MDS assessment had not been completed yet.</p> <p>Record review of Resident #219's care plan dated 04/28/24 indicated she had a diagnosis of Diabetic Mellitus. The intervention was for staff to administer her diabetes medication as ordered by the doctor and monitor/document for side effects and effectiveness.</p> <p>Record review of Resident #219's physician's orders dated 04/24/24 indicated: Check blood sugar before meals and at bedtime.</p> <p>During an observation on 04/28/24 at 4:26 p.m., LVN M checked Resident #23's blood sugar and then went to Resident # 219's room and checked her blood sugar without cleaning the glucometer before checking Resident 219's blood sugar.</p> <p>During an interview on 04/28/24 at 4:30 p.m., LVN M said he did not clean the glucometer between Resident #23 and Resident #219. He said he had been trained on infection control and how to clean the glucometer. He said he should have cleaned the glucometer between the residents to prevent the spread of infection.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675802	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/02/2024
NAME OF PROVIDER OR SUPPLIER Kemp Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1351 South Elm Street Kemp, TX 75143	
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>5. Record review of a face sheet dated 05/02/24 indicated Resident #26 was a [AGE] year-old male originally admitted to the facility on [DATE] and readmitted on [DATE] with diagnoses which included subacute osteomyelitis, right radius, and ulna (infection of the bones in the right arm) and type 2 diabetes mellitus without complications (a chronic condition that affects the way the body processes blood sugar).</p> <p>Record review of the Comprehensive MDS assessment dated [DATE] indicated Resident #26 was able to make himself understood and understood others. The MDS assessment indicated Resident #26 had a BIMS score of 14, which indicated his cognition was intact.</p> <p>Record review of Resident #26's care plan date initiated 04/12/24 indicated he required enhanced barrier precautions related to a PICC line. Resident #26's care plan indicated gloves and gown should be donned if any of the following activities were to occur linen change, resident hygiene, transfer, dressing, toileting/incontinent care, bed mobility, wound care, bathing, or other high-contact activity.</p> <p>Record review of Resident #26's physician order dated 04/19/24 revealed: Vancomycin HCl Intravenous Solution 1250 MG/250ML (Vancomycin HCl) Use 1.25 gram intravenously two times a day related to Osteomyelitis (infection in the bones) of the right radius and ulna. Give in a 250ml piggyback every 12hrs x 6 weeks until 05/17/24.</p> <p>Record review of Resident #26's Order Summary Report dated 04/28/24 did not indicate an order for enhanced barrier precautions.</p> <p>During an observation and interview on 04/28/24 at 4:36 p.m., RN E went into Resident #26 room to start his IVABT . RN E did not apply the PPE for his enhanced precautions. RN E said she thought she was supposed to wear PPE if she was providing incontinent care, not IV care. She said she was going to ask the DON about the correct procedure. RN E came back to the surveyor and said she was supposed to wear a gown and gloves when providing IV care for Resident #26 to prevent the spread of infection.</p> <p>During an interview on 05/02/24 at 6:51 p.m., the DON said she expected incontinent care to be performed correctly. She said she expected staff to perform hand hygiene before and after providing incontinent care, change their gloves when going from dirty to clean, and in between glove changes. The DON said nurses were responsible for cleaning the glucometer between each resident to prevent the spread of infection. She said anytime a staff member performed care with a resident that required enhanced barriers, should have on a gown and gloves (i.e.: incontinent care, IV care, or wound care). She said they had at least two in-services on the new enhanced barrier procedure. The DON said not wearing PPE when required, providing hand hygiene when needed, or performing incontinent care correctly could lead to infection control issues.</p> <p>During an interview on 05/02/24 at 7:54 p.m., the Administrator said he expected staff to perform incontinent care and hand hygiene properly. He said he expected nurses to clean the glucometer between each resident. He said the enhanced procedure was new to him but knew they should wear their PPE when providing care. He said improper incontinent care, hand hygiene, cleaning of the glucometers, and not following the enhanced barriers procedure correctly could lead to infection control issues.</p> <p>46892</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675802	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/02/2024
NAME OF PROVIDER OR SUPPLIER Kemp Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1351 South Elm Street Kemp, TX 75143	
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>6. Record review of a face sheet dated 05/02/24 indicated Resident #215 was a [AGE] year-old male admitted to the facility on [DATE] with diagnoses which included Parkinson's Disease without dyskinesia, without mention of fluctuations (progressive disorder that affects the nervous system and the parts of the body controlled by the nerves) and type 2 diabetes mellitus without complications (chronic condition that affects the way the body processes blood sugar).</p> <p>Record review of Resident #215's care plan date initiated 04/17/24 indicated he was on enhanced barrier precautions. Resident #215's care plan indicated gloves and gown should be donned if any of the following activities were to occur: linen change, resident hygiene, transfer, dressing, toileting/incontinent care, bed mobility, wound care, enteral feeding care, catheter care, trach care, bathing, or other high-contact activity. Resident #215's care plan indicated he had an unstageable wound to the right ankle.</p> <p>Record review of Resident #215's Order Summary Report dated 04/28/24 did not indicate an order for enhanced barrier precautions.</p> <p>Record review of Resident #215's electronic health record on 05/02/24 indicated his MDS assessment had not been completed.</p> <p>During an observation on 04/28/24 at 10:31 AM, Resident #215's emergency bathroom light was activated. CNA O went into Resident #215's bathroom to assist him and only put on gloves. CNA O did not put on a gown. CNA O came out of the bathroom with no gown on with Resident #215. CNA O then went on to remove Resident #215's bed linens and bag them only wearing gloves. No gown was donned.</p> <p>During an interview on 04/28/24 at 10:37 AM, Resident #215 said the staff were not wearing gloves and gown when providing his care.</p> <p>During an interview on 04/28/24 4:30 PM, CNA O said Resident #215 required enhanced barrier precautions because he had a wound on his ankle. CNA O said he was supposed to wear gloves and a gown when he had contact with Resident #215. CNA O said he had not put on a gown when assisting Resident #215 because he required standby assistance. CNA O said he was not sure if he was supposed to wear a gown when changing Resident #215's linens. CNA O said he had done a training on the computer on enhanced barrier precautions, but he had not received any other training or instructions regarding the use of enhanced barrier precautions. CNA O said enhanced barrier precautions were used to prevent infection.</p> <p>7. Record review of a face sheet dated 05/02/24 indicated Resident #14 was a [AGE] year-old male admitted to the facility on [DATE] with diagnoses which included unspecified dementia, unspecified severity, without behavioral disturbance, psychotic disturbance, mood disturbance, and anxiety (loss of memory, language, problem solving and other thinking abilities that were severe enough to interfere with daily life) and hemiplegia and hemiparesis following unspecified cerebrovascular disease affecting left non-dominant side (weakness, paralysis of left side of the body after a stroke).</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675802	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/02/2024
NAME OF PROVIDER OR SUPPLIER Kemp Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1351 South Elm Street Kemp, TX 75143	
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Record review of the Comprehensive MDS assessment dated [DATE] indicated Resident #124 was sometimes understood by others, and he was usually able to understand others. The MDS assessment indicated Resident #14 had a BIMS score of 8, which indicated his cognition was moderately impaired. The MDS assessment did not indicate any behaviors or rejection of care. The MDS assessment indicated Resident #14 was dependent for toileting hygiene, showering/bathing self and required partial/moderate assistance with personal hygiene. The MDS assessment indicated Resident #14 was always incontinent of bowel and urine.</p> <p>Record review of the care plan last reviewed 03/22/24 indicated Resident #14 had an ADL self-care performance deficit and required assistance with his personal hygiene. Resident #14's care plan indicated he was incontinent of bowel to provide peri care after each incontinent episode.</p> <p>During an observation on 04/29/24 at 9:40 AM, CNA L provided incontinent care with the assistance of the DOR. CNA L and the DOR donned gloves. CNA L and the DOR unfastened Resident #14's brief and CNA L cleaned his front peri area. They turned Resident #14, and CNA L cleaned Resident #14's back area and removed his dirty brief. CNA L removed her dirty gloves and discarded them. CNA L applied new gloves and grabbed the new brief to place under Resident #14 with the assistance of the DOR. After applying the clean brief, CNA L removed her gloves to look for some cream for Resident #14's buttocks. CNA L looked through Resident #14's drawers. CNA L applied new gloves and applied the barrier cream. The DOR removed her gloves and applied clean ones. CNA L and the DOR failed to perform hand hygiene in between glove changes throughout the incontinent care. CNA L and the DOR changed Resident #14's clothes and transferred him to his wheelchair. CNA L gathered the trash and removed her gloves. The DOR removed her gloves, and both performed hand hygiene upon exiting the room.</p> <p>During an interview on 04/29/24 at 10:04 AM, CNA L said hand hygiene should be performed before and after providing care and in between glove changes. CNA L said she did not perform hand hygiene in between glove changes because she was nervous. CNA L said it was important for hand hygiene to be performed to prevent bacteria from spreading and for cleanliness.</p> <p>During an interview on 05/02/24 at 4:21 PM, the DOR said she assisted CNA L because Resident #14 required the assistance of 2 staff. The DOR said hand hygiene should be performed in between glove changes. The DOR said the day she assisted CNA L was not a regular day and she must have forgotten to perform hand hygiene in between glove changes.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675802	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/02/2024
NAME OF PROVIDER OR SUPPLIER Kemp Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1351 South Elm Street Kemp, TX 75143	
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>8. During an observation and interview on 04/30/24 starting at 5:20 PM, CNA G and SNA H provided incontinent care. CNA G and SNA H donned gloves. CNA G placed the packet of wipes on Resident #219's bed. CNA G pulled out wipes and wiped Resident #219's front peri area. CNA G grabbed the wipes container with her dirty gloves and got more wipes to clean Resident #219's front peri area. CNA G tucked Resident #219's dirty brief under her front area and they turned Resident #219 on her side. CNA G handed SNA H the wipes packet and SNA H took out wipes and placed it on the bed. SNA H wiped Resident #219's buttock because she also had a bowel movement. SNA H used the same wipe to clean Resident #219's buttocks multiple times. SNA H did not use a clean area of the wipe for each stroke. SNA H had to get more wipes and she grabbed the wipes container with her dirty gloves. SNA H continued to wipe Resident #219's buttocks and peri area wiping with the same wipe multiple times. SNA H removed Resident #219's dirty sheet and placed it on the floor. SNA H and CNA G proceeded to apply the clean brief and clean sheets. SNA H and CNA G did not change gloves. They used their dirty gloves to apply the clean brief and sheets. SNA H and CNA G had the clean sheet and dirty sheet and brief touching each other while tucking it under Resident #219 to switch the out. SNA H and CNA G turned Resident #219 to the opposite side and removed the dirty linens and dirty brief and disposed of it. SNA H and CNA G repositioned Resident #219 in bed and covered her up using the same dirty gloves. CNA H and CNA G performed hand hygiene upon exit of the room. CNA G returned the packet of wipes to the clean utility closet.</p> <p>During an interview on 04/30/24 at 5:47 PM, CNA G said she was supposed to change gloves a lot, but she had only taken one pair of gloves with her to provide incontinent care to Resident #219. CNA G said she should change gloves and perform hand hygiene when going from dirty to clean. CNA G said when wiping the residents, the same wipe should not be used multiple times. CNA G said the sheets should not be placed on the floor. They should be bagged and placed at the foot of the bed, but she felt like she did not have enough space. CNA G said the packet of wipes should not have been touched with dirty gloves and since she placed it on the bed and touched it, it should not have been returned to the clean utility closet. CNA G said touching the packet of wipes and returning it to the clean utility closet resulted in cross contamination. CNA G said gloves should be changed and hand hygiene performed during incontinent care to cut down on infection control. CNA G said the sheets should not be placed on the floor for infection control.</p> <p>During an interview on 04/30/24 at 5:54 PM, SNA H said when wiping the residents, she should only wipe once and discard the wipe. SNA H said the same wipe should not be used to wipe multiple times. SNA H said gloves should be changed after she cleaned the front area and before she touched the back area. SNA H said hand hygiene should be performed before and after leaving a resident's room and in between glove changes. SNA H said she did not wipe correctly and change gloves as she should have because she was nervous. SNA H said it was important to provide proper incontinent care to prevent infections. SNA H said she should not have touched the wipes container with her dirty gloves. She said she should have gotten a barrier for the bedside table and put all her supplies on it instead of putting it on the bed to prevent cross contamination. SNA H said dirty linens/sheets should not be placed on the floor they should be placed in a bag. SNA H said placing the dirty linen on the floor could result in the spread of bacteria.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675802	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/02/2024
NAME OF PROVIDER OR SUPPLIER Kemp Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1351 South Elm Street Kemp, TX 75143	
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>During an interview on 04/30/24 at 6:05 PM, LVN F said the nurse was responsible for ensuring the nurse aides provided proper incontinent care. LVN F said when providing incontinent care gloves should be changed when moving from dirty to clean. LVN F said hand hygiene should be performed in between glove changes. LVN F said hand hygiene and glove changes should be done to prevent the spread of infection. LVN F said the same wipe should not be used to wipe multiple times because this could cause urinary tract infections. LVN F said not providing incontinent care promptly could cause bed sores and infections. LVN F said the nurse aides should not have taken the wipes container back to the clean utility if they had touched it with their dirty gloves because this could cause cross contamination. LVN F said dirty linen should not be placed on the floor it should be bagged to prevent cross contamination.</p> <p>During an interview on 05/02/24 starting at 6:28 PM, the DON said the charge nurses and herself were responsible for ensuring the nurse aides provided proper incontinent care. The DON said when providing incontinent care gloves should be changed after cleaning the residents and before putting anything new on. The DON said the nurse aides should not use the same wipe to wipe multiple times that a clean area or new wipe should be used. The DON said hand hygiene should be performed in between glove changes. The DON said dirty linen should not be placed on the floor it should be bagged. The DON said wipes should be removed from the container prior to starting to prevent going back into the wipes. The DON said she provided oversight on proper incontinent care by randomly going in with the nurse aides to provide incontinent care. The DON said she had not noticed any issues with incontinent care. The DON said it was important to provide proper incontinent care for infection control. The DON said when residents required enhanced barrier precautions, they should wear gown and gloves. The DON said this was required when having close contact with a resident on enhanced barrier precautions. For example, when bathing them, incontinent care, and linen changes. The DON said the staff were provided an in-service on enhanced barrier precautions and they completed computer training on enhanced barrier precautions. The DON said it was important to follow the enhanced barrier precautions for infection control because they did not want anything to be passed on to the other residents.</p> <p>During an interview on 05/02/24 starting at 7:37 PM, the Administrator said he expected the nurse aides to follow the incontinent procedures. The Administrator said the DON and ADON were responsible for providing oversight, but currently there was no ADON. The Administrator said not providing prompt and proper incontinent care was a potential for infection issues. The Administrator said he expected for the staff to follow the enhanced barrier precautions. The Administrator said he did not know how much training the staff received on enhanced barrier precautions. The Administrator said he assumed if the enhanced barrier precautions were not followed the organism could spread.</p> <p>47612</p> <p>9. During an observation on 04/29/2024 at 10:52 p.m., PVC plastic clean linen cart sitting in the hallway with cover was open.</p> <p>During an interview on 04/29/2024 at 11:03 p.m., NA Q stated the PVC plastic linen cart cover should always be closed. NA Q stated it was his responsibility to make sure he closed the cover. NA Q stated it was important to keep the cover closed so microorganisms in the hallway would not get on the liens. NA Q stated the failure would be the supplies and linens getting contaminated and cause infection.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675802	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/02/2024
NAME OF PROVIDER OR SUPPLIER Kemp Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1351 South Elm Street Kemp, TX 75143	
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>During an interview on 04/29/2024 at 11:20 p.m., LVN T stated the linen cart cover should be closed. LVN T stated it was the CNAs responsibility to close the cover when they were done. LVN T stated she would do an in-service. LVN T stated the charge nurse was responsible for making sure the CNAs did their jobs. LVN T stated it was important to keep the cover closed for infection control. LVN T stated the failure was the linens could become soiled and the resident could get an infection.</p> <p>During an interview on 05/02/2024 at 6:38 p.m., the DON stated she expected the staff to always close the cover when not being used because that was part of infection control. The DON stated it was her responsibility to monitor. The DON stated it was important to keep the cover closed for infection control. The DON stated the failure was the residents could get into the clean linens and soil them.</p> <p>During an interview on 05/02/2024 at 7:35 p.m., the Administrator stated he expects the staff to close the linen cart cover. The Administrator stated it was the responsibility of the nurse to monitor that the CNAs were closing the cover. The Administrator stated it was important to close the cover for infection control. The Administrator stated the failure was the linens could become contaminated.</p> <p>Record review of the facility's policy titled, Linens . All clean linen will be stored in a secured area. The linen cart will be covered .</p> <p>Record review of the facility's policy titled, Perineal Care, effective date 05/11/22, indicated, . This procedure aims to maintain the resident dignity and self-worth and reduce embarrassment by providing cleanliness and comfort to the resident, preventing infections and skin irritation, and observing the resident's skin condition .</p> <p>8) Prepare and set up the workstation on the overbed or bedside table i. Remove all resident items ii. If visibly soiled, wipe down the table with facility approved disinfectant or place a barrier towel on top if using a washbasin . 10) Perform hand hygiene 11) Don gloves and all other PPE per standard precautions i. Choose your PPE by considering the type of exposure, the durability and appropriateness for the task 12) Soak towels in a washbasin filled with warm water (make sure it is at a comfortable temperature) and facility approved cleansing agent or remove an adequate number of pre-moistened cleansing wipes . Female resident: Working from front to back, wipe . Use a clean area of the washcloth or pre-moistened cleansing wipes for each stroke. 20) Reposition the resident to their side 21) Gently perform care to the buttocks and anal area, working from front to back without contaminating the perineal area . 24) Doff gloves and PPE 25) Perform hand hygiene 26) Provide resident comfort and safety by re-clothing (if applicable - incontinence pad(s) and briefs), straightening bedding, adjusting the bed and/or side rails, and placing call light within resident's reach 27) Clean and store reusable items 28) If visibly soiled or contaminated during the procedure, disinfect or discard the barrier towel on the table 29) Return resident items on the table 30) Tie off the disposable plastic bag of trash and/or linen 31) Perform hand hygiene . Important Points . Do not wipe more than once with the same surface . Always perform hand hygiene before and after glove use .</p> <p>[TRUNCATED]</p>		