

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  675809	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  09/20/2023
NAME OF PROVIDER OR SUPPLIER  Westridge Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE  1241 Westridge Ave Lancaster, TX 75146	

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 0578</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 request, refuse, and/or discontinue treatment, to participate in or refuse to participate in experimental research, and to formulate an advance directive.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 47030</p> <p>Based on interview and record review, the facility failed to ensure the residents' right to formulate an advance directive for 1 (Resident #205) of 6 residents reviewed for advanced directives.</p> <p>The facility failed to ensure Resident #205's code status was updated and documented in his physician's orders.</p> <p>This failure placed residents at risk of not having their end of life wishes honored.</p> <p>Findings included:</p> <p>Review of the electronic Admission Record reflected Resident #205's POA was her friend [NAME].</p> <p>Review of Resident #205's electronic Admission Record, latest admitted [DATE], reflected she was a [AGE] year-old female. Record reflected a medical diagnoses including Dementia-Dementia is the result of changes in certain brain regions that cause neurons (nerve cells) and their connections to stop in other diseases classified elsewhere, unspecified severity, with other behavioral disturbance(Primary, Admission), Pruritus-Pruritus is the medical term for itchy skin. Normally, itchy skin isn't serious, but it can make you uncomfortable. Sometimes, itchy skin is caused by a serious medical condition, unspecified, Local infection of the skin and subcutaneous tissue, unspecified, Pain, unspecified, Disorder of mineral metabolism-Mineral metabolism disorders are abnormal levels of minerals - either too much or too little - in the blood, unspecified, Polyneuropathy-Polyneuropathy is the most common form of peripheral neuropathy, a condition involving damage to the peripheral nerves - which are outside the brain and spinal cord - and the symptoms that result from that damage. In this form of neuropathy, multiple nerves are affected, and frequently, nerves throughout the body will be affected simultaneously, unspecified, wheezing- breathing with a whistling or rattling sound in the chest, Schizoaffective disorder-a mental disorder characterized by abnormal thought processes and an unstable mood, bipolar type, Depression-Depressive disorder (also known as depression) is a common mental disorder. It involves a depressed mood or loss of pleasure or interest in activities for long periods of time. Depression is different from regular mood changes and feelings about everyday life. It can affect all aspects of life, including relationships with family, friends, and community. It can result from or lead to problems at school and at work, unspecified, anxiety disorder-involves persistent and excessive worry that interferes with daily activities, unspecified, Acute hematogenous osteomyelitis- the diagnosis of bone infection within 4 weeks after the onset of clinical manifestations (symptoms or signs) in a previously uninfected bone, unspecified site.</p> <p>(continued on next page)</p>

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0578</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of Resident #205's care plan, dated with a start date of [DATE] reflected Do Not Resuscitate</p> <p>Review of Resident #205's Physician's Orders dated [DATE] reflected the following code status CPR (Cardiopulmonary Resuscitations)-Full Code.</p> <p>In an interview on [DATE] 03:59 PM with DON-revealed the resident's wishes are the reason to have a Code Status/Advanced Directive. DON revealed the code status pulls up on the matrix face sheet. DON revealed the facility does Advance Directive in-service with the staff. DON revealed If what shows up on matrix does not match what the order was then the staff checks the Advanced Directive binder that was kept at the nurse's station. DON revealed what was in an order and on matrix and in the Advance binder should all match. DON revealed in an emergency the staff looked in the Advanced Directive binder. DON revealed the code status for each resident was reviewed 2x a month during Standard of Care meetings.</p> <p>In an interview on [DATE] 04:18 PM with the facility Medical Director revealed ensuring the code status was entered in the electronic medical record was key to ensure continuity and accuracy.</p> <p>Review of Resident #205's Out of Hospital Do Not Resuscitate (OOH-DNR) Order form, dated [DATE], reflected Resident #205's POA (legally authorized person to represent or act on another's behalf ) completed the form. The form was signed by a notary, and it was signed by Resident #205's physician.</p> <p>Review of the facility's Advance directives Policy revised on [DATE], reflected, .10. plan of care for each resident will be consistent with his or her documented treatment preferences and/or advance directive</p>		

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<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><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42283</b></p> <p>Based on observation, interview, and record review the facility failed to ensure residents had the right to a safe, clean, comfortable, and homelike environment, which included but not limited to receiving treatment and supports for daily living safely for one (Resident #17) of five residents reviewed for environment.</p> <p>The facility failed to ensure Resident #17's walls in her room were in good repair.</p> <p>This failure could place residents at risk for a diminished quality of life due to the lack of a homelike environment.</p> <p>Findings included:</p> <p>Record review of Resident #1's Quarterly MDS assessment, dated 08/19/23, revealed she was a [AGE] year-old female who was admitted to the facility on [DATE]. Her diagnoses included anemia, coronary artery disease, aphasia, seizure disorder, hypertension, diabetes, hyperlipidemia, schizophrenia, depression, asthma, and anxiety disorder. Her BIMS score was 0 out of 15, which revealed she was severely cognitively impaired.</p> <p>Observation on 09/18/23 at 11:21 AM of Resident #17's room revealed there was a hole in her wall above the base baseboard. The hole in her wall was approximately 1 ft long and 6 inches wide. Resident #17 appeared to be confused and did not answer surveyor's questions.</p> <p>Review of the monthly grievance log for March 2023 - September 2023, reflected there were no concerns regarding holes in residents' walls.</p> <p>Interview with the Maintenance Supervisor on 09/20/23 at 4:58 PM revealed he was responsible for facility repairs. He stated he made rounds in residents' rooms every day. He stated he was unaware the wall in her room needed repair. He stated he did not know how long the hole had been in the wall. He stated Resident #17 will be moved to a new room temporarily while he repairs the wall. He stated the hole in the wall did not create a home like environment for Resident #17.</p> <p>Interview with the Administrator on 09/20/23 at 5:15 PM revealed she was not aware there was a hole in the wall above the base board in Resident #17's room. She stated she makes rounds around the facility and informs the Maintenance Supervisor of needed repairs. She stated the Maintenance Supervisor makes daily rounds at the facility. She stated the Maintenance Supervisor informs her of needed repairs in the facility. She stated her expectation was for the Maintenance Supervisor to priorities repairs. She stated the wall in Resident #17's wall did not create a homelike environment.</p> <p>Record review of the facility policy titled Homelike Environment, dated February 2021, revealed Residents are provided with a safe, clean, comfortable and homelike environment and encouraged to use their personal belongings to the extent possible.</p>

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<p>F 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide enough food/fluids to maintain a resident's health.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42283</b></p> <p>Based on observation, interview and record review the facility failed to maintain acceptable parameters of nutritional status, such as usual body weight or desirable body weight range and electrolyte balance, unless the residents clinical condition demonstrated that it was not possible or the resident's preferences indicated otherwise for one of four residents (Resident #17) reviewed for weight loss and nutrition.</p> <p>The facility failed to ensure Resident #17 received bolus feedings as prescribed.</p> <p>These failures could place the residents at risk of health complication related to nutritional and hydration.</p> <p>Findings included:</p> <p>Record review of Resident #17's Quarterly MDS assessment, dated 08/19/23, revealed she was a [AGE] year-old female who was admitted to the facility on [DATE]. Her diagnoses included anemia, coronary artery disease, aphasia, seizure disorder, hypertension, diabetes, hyperlipidemia, schizophrenia, depression, asthma, and anxiety disorder. Her BIMS score was 0 out of 15, which revealed she was severely cognitively impaired. Her swallowing/nutritional status reflected her nutritional approach was a feeding tube. Her proportion of total calories received through parenteral, or tube feeding was 51% or more and the average fluid intake per day by tube feeding was 501 cc/day or more.</p> <p>Review of Resident #17's Care Plan, undated, revealed she required tube feeding. Her goal was to experience no complications. Her interventions were eternal stoma site care: clean with normal saline. Pat dry. Apply split gauze dressing. Elevate head of bed 30 degrees. Enteral feeding order. Nothing by mouth. Oral hygiene every shift.</p> <p>Review of Resident #17's physician order, dated 05/19/23, revealed enteral feeding bolus administration: Jevity 1.2, bolus 2 cans, 4 times a day (total 8 cans a day), every 6 hours (12:00 AM, 6:00 AM, 12:00 PM, and 6:00 PM). Her physician order, dated 09/15/23, revealed enteral feeding bolus administration: 1 can bolus Jevity 1.2, once a day (3:00 AM).</p> <p>Record review of Resident #17's weight, in her clinical chart, reflected the following entries:</p> <p>04/05/23 - 193 lbs.</p> <p>05/18/23 - 188 lbs.</p> <p>06/05/23 - 188 lbs.</p> <p>07/04/23 - 181 lbs.</p> <p>08/02/23 - 179 lbs.</p> <p>09/04/2022 - 174 lbs.</p> <p>(continued on next page)</p>

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<p>F 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Observation of Resident #17 on 09/19/23 at 12:00 PM revealed LVN A administered one can of Jevity 1.2 by bolus feeding.</p> <p>Interview with LVN A on 09/20/23 at 3:13 PM revealed he worked from 6:00 AM to 2:00 PM. He stated during his shift he administered one can of Jevity 1.2 in the morning and one can of Jevity 1.2 at 12:00 PM to Resident #17. He stated Resident #17 was supposed to receive two cans of Jevity 1.2 during each feeding time. He stated he did he administered one can because Resident #17 could not tolerate two cans. He stated he spoke to the MD regarding a swallow study. He stated he did not document Resident #17 could not tolerate two cans of Jevity 1.2 during feedings. He stated Resident #17 could not tolerate the feedings because she coughed. He stated Resident #17 was supposed to receive two cans of Jevity 1.2 during her 6:00 AM and 12:00 PM feedings due to weight loss. He stated the risk to Resident #17 not receiving Jevity 1.2 as prescribed were increased weakness and weight loss.</p> <p>Observation of Resident #17 on 09/20/23 at 3:51 PM revealed she was weighed by a hoyer scale. Her weight was 177.2 lbs.</p> <p>Interview with the DON on 09/20/23 at 3:59 PM revealed Resident #17 was supposed to receive feedings every 6 hours. He stated the Dietician added a bolus feeding ( one can of Jevity 1.2) at 3:00 AM to reduce her risk of weight loss. He stated Resident #17 received weekly weights. He stated she was supposed to receive two cans of Jevity 1.2 by bolus feeding at 12:00 AM, 6:00 AM, 12:00 PM, and 6:00 PM. He stated his expectation was for the nurses to follow Resident #17's physician's orders. He stated he was not informed Resident #17 was not tolerating two cans during her 6:00 AM and 12:00 PM bolus feedings. He stated Resident #17 had not shown signs of a change of condition or had projectile vomiting. He stated Resident #17 was at risk of weight loss due to receiving less formula during her bolus feeding.</p> <p>Interview with the MD on 09/20/23 at 4:10PM revealed Resident #17 received bolus feedings. He stated Resident #17 was supposed to receive one can of formula once a day and two cans of formula 4 times a day totaling 9 cans of Jevity 1.2 formula. He stated he was not aware Resident #17 received one can of Jevity 1.2 at her 12:00 PM. He stated Resident #17 was supposed to receive bolus feedings has prescribed to maintain weight and to receive nutrients.</p> <p>Attempted to interview the Dietician on 09/20/23 at 5:38 PM and a voicemail was left.</p> <p>Record review of the facility's policy titled, Nutrition (impaired)/Unplanned Weight loss, dated September 2017, reflected, .The staff will report to the physician significant weight gains or losses or abrupt or persistent change from baseline appetite or food intake.</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>42283</p> <p>Based on observation, interviews, and record review, the facility failed to store, prepare, distribute, and serve food in accordance with professional standards for food service safety in 1 of 1 kitchen reviewed for kitchen sanitation.</p> <p>The facility failed to ensure food was properly stored in the facility's kitchen.</p> <p>This failure could place residents at risk for food-borne illness.</p> <p>Findings Included:</p> <p>Observation of the facility's refrigerator on 09/18/23 at 9:49 AM revealed:</p> <ul style="list-style-type: none"> <li>- 3 tomatoes withered with white spots;</li> <li>- 6 red bell peppers withered and 1 red bell pepper with a brownish-black spot in a box; and</li> <li>- 1 bag of turkey open and exposed to air.</li> </ul> <p>Observation of the facility's dry storage on 09/18/23 at 9:53 AM revealed:</p> <ul style="list-style-type: none"> <li>-1 bag of macaroni pasta open and exposed to air; and</li> <li>-1 box of fish fry product open and exposed to air.</li> </ul> <p>Observation of the facility's prep table on 09/18/23 at 9:56 AM revealed:</p> <ul style="list-style-type: none"> <li>-1 box of quick minute grits inside a bag open and exposed to air.</li> </ul> <p>Observation of the facility's outside freezer on 09/18/23 at 10:00 AM revealed:</p> <ul style="list-style-type: none"> <li>-1 roll on the floor;</li> <li>-1 ice cream cup on the floor;</li> <li>-1 box of frozen dough sheets open and exposed to air;</li> <li>-1 box of sweet roll dough open and exposed to air;</li> <li>-1 box of beef patties open and exposed to air;</li> <li>-1 bag of veggie blend open and exposed to air; and</li> <li>-1 box of fries open and exposed to air.</li> </ul> <p>(continued on next page)</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>In an interview with the Dietary Manager on 09/20/23 at 4:39 PM, revealed she checked the kitchen (refrigerator, freezer, dry storage, and prep tables) daily to ensure food was stored properly. She stated she and the dietary cooks were responsible for ensuring foods were not spoiled or unsealed and exposed to air. She stated food storage was important to ensure foods were properly stored. She stated improper food storage could cause residents to be exposed to food borne illnesses.</p> <p>Record review of the facility policy titled Food Storage, dated 2018, revealed To ensure that all food served by the facility is of good quality and safe for consumption, all food will be stored according to the state, federal and US Food Codes and HACCP guidelines.</p> <p>Review of the Food and Drug Administration Food Code, dated 2017, reflected, .3-305.11 Food Storage. (A) . food shall be protected from contamination by storing the food: (1) In a clean, dry location; (2) Where it is not exposed to splash, dust, or other contamination .</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>37193</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 1 (CNA B) of 5 staff observed for resident care.</p> <p>CNA B did not wash her hands or change gloves while performing incontinent care.</p> <p>This deficient practice has the potential to affect residents in the facility receiving incontinent care by exposing them to care that could lead to the spread of infections.</p> <p>Findings included:</p> <p>During an observation on 09/20/23 at 12:00 PM revealed CNA B assisting Resident #42 in the toilet. Resident #42 was in the toilet, and CNA B entered in the room and without any form of hand hygiene CNA B gloved and went to assist the resident. Resident #42 did not have clothes on and the CAN B assisted the resident to put on the blouse. While Resident #42 was sitting on the toilet seat, CNA B told the resident to pick her feet up to put on the pullup and pants, then CNA B told the resident to stand up. After Resident #42 stood the CNA B cleaned the resident bottom area with toilet paper, and without any form of hand hygiene the staff pulled up the brief and pants and zipped the pants. Then CNA B instructed Resident #42 to sit on the wheelchair and CNA B pushed the resident out of the toilet with the same gloves. Then CNA B pushed the resident's wheelchair to the sink area and with the same gloves CNA B opened the sink and touched the soap dispenser while trying to get the soap for the resident. CNA B then went back to the toilet flushed, cleaned the toilet sit and took off the gloves and then completed hand hygiene.</p> <p>In an interview on 09/20/23 at 01:08 PM with CNA B she stated she did not complete hand hygiene because she was in a hurry to take Resident #42 to the dining room. CNA B stated she was supposed to complete hand hygiene, before putting on gloves and after cleaning the resident to prevent the spread of infection. CNA B stated she completed infection control in-service about two weeks ago.</p> <p>In an interview on 09/20/23 at 03:47 PM with DON who was also an Infection Preventionist, stated the staff were in-serviced every month on infection control. DON stated he expected the staff to maintain infection control by following the facility policy on infection control. DON stated the staff was to maintain infection control to prevent the spread of infection. DON stated he expected the staff to complete hand hygiene before donning gloves and after providing resident care.</p> <p>Review of the facility policy undated and titled Handwashing/Hand Hygiene reflected, The facility considers hand hygiene the primary means to prevent the spread of infections.1. All personnel shall follow the handwashing/hand hygiene procedures to help prevent the spread of infections to other personnel, residents, and visitors.5. Hand hygiene must be performed prior to donning .</p>		

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<p>F 0921</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public.</p> <p>42283</p> <p>Based on observation, interview, and record review the facility failed to provide a safe, functional, sanitary, comfortable environment for residents in 1 of 1 facility reviewed for environment.</p> <p>The facility failed to ensure ceiling tiles were in good repair throughout the facility.</p> <p>These failures placed residents at risk of a decreased quality of life.</p> <p>Findings included:</p> <p>Observation on 09/18/23 at 11:21 AM revealed a ceiling tile in one of the facility hallways was swooping and discolored with a yellowish-brown spot. There was a ceiling tile in a different hallway at the facility unsecured from the ceiling. There were residents walking below the tiles on both hallways.</p> <p>Interview with the Maintenance Supervisor on 09/20/23 at 4:58 PM revealed he was responsible for facility repairs. He stated he made rounds at the facility every day. He stated he knew about the ceiling tiles needing repair since 09/15/23. He stated the swooping and discoloration on the ceiling tile was due to condensation from the air duct. He stated he was unaware a ceiling tile located in the facility hallway was not secured. He stated he will get a ladder and fix the ceiling tile immediately. He stated he was unable to leave the facility to buy materials to repair the ceiling tiles because HHSC State surveyors were at the facility. He stated the ceiling tiles at the facility did not create a safe and homelike environment for the residents.</p> <p>Interview with the Administrator on 09/20/23 at 5:15 PM revealed she was aware of the repairs needed to varies ceiling tiles throughout the facility. She stated she had a list of the needed repairs for the facility. She stated she makes rounds around the facility and informs the Maintenance Supervisor of needed repairs. She stated the Maintenance Supervisor makes daily rounds at the facility. She stated the Maintenance Supervisor informs her of needed repairs in the facility. She stated her expectation was for the Maintenance Supervisor to priorities repairs.</p> <p>Record review of the facility policy titled Homelike Environment, dated February 2021, revealed Residents are provided with a safe, clean, comfortable and homelike environment and encouraged to use their personal belongings to the extent possible.</p>		