

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  675816	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/12/2025
NAME OF PROVIDER OR SUPPLIER  Greenbrier Nursing & Rehabilitation Center of Pale		STREET ADDRESS, CITY, STATE, ZIP CODE 2404 Hwy 155 Palestine, TX 75803	

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 - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46273</b></p> <p>Based on observation, interview and record review the facility failed to establish and maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections for 1 of 7 residents (Resident #1) and 1 of 4 staff (CNA A) reviewed for infection control.</p> <p>The facility failed to ensure CNA A washed their hands upon entering rooms, donned appropriate PPE, and washed their hands upon exiting the room of Resident #1 when she was on contact precautions on 3/9/25.</p> <p>This failure could place residents at risk of exposure to infectious diseases due to improper infection control practices.</p> <p>Findings include:</p> <p>Record review of Resident #1's facility face sheet, dated 3/13/25, indicated a [AGE] year-old female who was admitted to the facility on [DATE]. Resident #1 had a subsequent readmission on 3/1/25. Resident #1 had diagnoses which included type 2 diabetes (uncontrolled blood sugar) and hypertension (high blood pressure).</p> <p>Record review of Resident #1's quarterly MDS assessment, dated 2/10/25, indicated she had a BIMS score of 15, which indicated she was cognitively intact. She had a stage 3 and a stage 4 pressure ulcer. She received antibiotics.</p> <p>Record review of Resident #1's comprehensive care plan, initiated on 2/17/25, indicated she required contact precautions for wound and had the following interventions: .put on gown and gloves prior to entering the resident's room .wash hands or use hand sanitizer prior to entering the room</p> <p>Record review of Resident #1's physician's order summary report, dated 3/10/25, indicated she had the following physician's order, dated 2/7/25: .Contact Precautions every shift for Wound Healing</p> <p>During an observation on 3/10/25 at 11:04 AM, Resident #1's room was observed with a sign at the entrance which read: Contact Precautions and a PPE box was observed outside the doorway with PPE located inside.</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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an observation on 3/10/25 at 11:12 AM revealed CNA A entered Resident #1's room without donning PPE, and without washing her hands or using sanitizer. The door was left open, and CNA A was observed touching the bedsheets of Resident #1 to straighten them without gloves. She was then observed to exit the room without washing her hands or using hand sanitizer.</p> <p>During an interview on 3/11/25 at 8:50 AM, the DON said the facility did not have a specific policy/procedure for contact precautions. Instead, they used the contact precautions sign as a guide for staff. She said they hung the sign outside the door for residents who were under contact precautions, so staff were aware of the procedure to follow. She said she expected staff to wash their hands and don a gown and gloves before entering a room for a resident under contact precautions and expected them to remove PPE and wash hands upon exiting the room so that infections were not spread.</p> <p>During an interview on 3/11/25 at 11:45 AM, CNA A said she must have just been nervous and forgot Resident #1 was on contact precautions. She said she went in the room and adjusted the bedsheets without washing her hands or using PPE. She said she was trained on infection control and handwashing. She said residents could be at risk of infection or cross-contamination if proper infection control procedures were not followed.</p> <p>During an interview on 3/12/25 at 11:20 AM, the DON said she was responsible for infection control. She said residents could get sick if proper infection control was not followed. She said she would be doing more training and using different color signs to indicate the different types of precautions because she thought it might make it easier to distinguish contact precautions between enhanced barrier precautions.</p> <p>During an interview on 3/12/25 at 11:30 AM, the Administrator said residents could be at risk of getting sick if infection control procedures were not followed. She said they would be implementing more communication with staff to make sure they understood the differences between the different types of precautions.</p> <p>Record review of the facility's, undated, procedure sign titled Contact Precautions, read: .Don gown and gloves outside of the resident's room. Remove gown and gloves and observe [perform] hand hygiene before leaving the patient-care environment .avoid unnecessary touching of surfaces in close proximity to the patient .Perform hand hygiene: before having direct contact with patients . after contact with inanimate objects (including medical equipment) in the immediate vicinity of the patient</p>		