

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675853	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/11/2024
NAME OF PROVIDER OR SUPPLIER Hansford County Hospital District Db a Lakeridge Nu		STREET ADDRESS, CITY, STATE, ZIP CODE 4403 74th St Lubbock, TX 79424	

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 0925</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Make sure there is a pest control program to prevent/deal with mice, insects, or other pests.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 03896</p> <p>Based on observation, interview, and record review, the facility failed to maintain an effective pest control program so that the facility was free of pests in 1 of 6 resident rooms (room [ROOM NUMBER]) located on 1 of 2 facility corridors (East Hall):</p> <p>1)Roaches were observed crawling on the walls and floor in 1 of 6 resident rooms (room [ROOM NUMBER]) located on 1 of 2 facility corridors (East Hall), and</p> <p>2) The pest control program was further compromised due to the facility having harborage areas that were not repaired, clean and/or orderly (hand sink cabinetry and adjacent wall area, clutter).</p> <p>These failures could place residents at risk for infections.</p> <p>The findings include:</p> <p>During confidential resident interviews, 4 of 6 residents stated they had observed roach activity in the facility. One resident stated, I've seen them in the bathroom, closet and bed area. I've seen new hatchlings. He further stated housekeeping in his room varies and could go three or four days without housekeeping coming to his room. He stated, They don't clean under the bed. Another resident stated, They (Pest Control Vendor) sprayed not too long ago. He stated he last saw a roach in the facility approximately a month ago. One other resident stated, I have seen a few. The last I've seen was the first of the month in the room crawling on the floor. Another resident stated he had last seen roaches approximately four months ago and that was when his roommate had food in the room.</p> <p>Observation on 6/11/24 at 3:22 PM in room [ROOM NUMBER] (occupied) there was an adult roach crawling on the wall under the hand sink in an area that had a gap near the wall water inlet. The area had a heavy accumulation of specs/roach feces . There were gaps in the hand sink cabinetry where there was specs built up. One small pre-adult/nymph roach fell from the underside of the hand sink cabinet onto the floor and crawled away. There was another large adult roach crawling in one of the gaps between the hand sink cabinetry frame. The roaches were also observed by the Maintenance Supervisor. The room had cluttered areas, and there were 3 extra mattresses stacked on the vacant A bed. The privacy curtains were drawn around the vacant bed and the room was dark.</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: 675853	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/11/2024
NAME OF PROVIDER OR SUPPLIER Hansford County Hospital District Db a Lakeridge Nu		STREET ADDRESS, CITY, STATE, ZIP CODE 4403 74th St Lubbock, TX 79424	
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 0925</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 6/11/24 at 3:30 PM an interview was conducted with the Maintenance Supervisor. He stated that the facility had been sprayed twice in the last month. He added the Pest Control Vendor came last month (May 2024) for roaches. He stated there were bedbugs in room [ROOM NUMBER] and the Pest Control Vendor found no others in the facility; that was approximately two or three weeks ago. He stated, roaches could get out of control, and the facility could get infested. He further stated roaches could get on residents if not controlled. He stated food and poor cleaning could have caused the current increase in roach activity. He stated housekeeping's responsibilities were to keep the facility clean and maintenance was responsible for obtaining pest control .</p> <p>On 6/11/24 at 3:37 PM an interview was conducted with LVN A for the East corridor. She stated she had not seen a roach recently, but they used to be really bad. She added some residents kept food in their rooms and she used to see roaches at the nurse's station. She further stated that she reported roach activity to the Maintenance Supervisor, and she had last seen roaches approximately two months ago.</p> <p>On 6/11/24 at 3:55 PM an interview was conducted with MA A. She stated the facility had a roach problem a while back. No dates were given as to how far back.</p> <p>On 6/11/24 at 4:22 PM an interview was conducted with the Maintenance Supervisor regarding a monitoring system for pest/roach activity in the facility. He stated he looked around the facility and if he saw any, he would call the Pest Control Vendor. He stated he also received staff reports about roaches. He added that if he saw food in a room, he would check it for roaches. He stated he checked for roaches about one time a week.</p> <p>On 6/11/24 at 5:10 PM an interview was conducted with the Maintenance Supervisor. He stated the facility had been working on the roach problem on Hall 2 (east corridor) a while. He added, They (roaches) keep coming back .</p> <p>On 6/11/24 at 5:38 PM an interview was conducted with Administrator. He stated the facility treated rooms 110, 111 and 112. He added he thought the roach problem stemmed from (room [ROOM NUMBER]). He further stated residents brought food to their rooms and at times the occupant of room [ROOM NUMBER] was resistant to staff pest control interventions (turning on lights, moving items). He stated when pest issues were reported, they were acted on. He added the food must be removed (resident areas). He also stated there was a book to report issues like pests located at the nurse's stations. He stated the Maintenance Supervisor and Administrator were responsible for ensuring that pests were controlled in the facility. He stated roaches were nasty and could place residents at risk for infections.</p> <p>Record review of the Pest Control Vendor Service Form dated 11/7/23 revealed the facility was sprayed one time for Oriental roaches, American roaches, brown banded roaches, spiders, black/brown widow spiders and brown recluse spray spiders. The sites treated were water points and crack and crevice. Further documentation written on the service form revealed that they sprayed the entire East side of the facility.</p> <p>Record review of the Pest Control Vendor Service Form dated 1/4/24 and 2/5/24 revealed that the facility was treated at a frequency of monthly and the target pests were Oriental roaches, American roaches, brown banded roaches, and spiders. The sites treated included crack and crevice.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675853	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/11/2024
NAME OF PROVIDER OR SUPPLIER Hansford County Hospital District Db a Lakeridge Nu		STREET ADDRESS, CITY, STATE, ZIP CODE 4403 74th St Lubbock, TX 79424	
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 0925</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Record review of the Pest Control Vendor Service Form dated 2/20/24 revealed that the facility was treated on that date for German roaches. The sites treated were water points, crack and crevice and wall joint.</p> <p>Record review of the Pest Control Vendor invoices dated 2/20/24 revealed the following documentation, Description of Work. Treated interior cracks and crevices water and entry points and bathroom, German roaches are progressive and can take multiple treatments to gain full control .</p> <p>Record review of the three Pest Control Vendor invoices dated 2/21/24 revealed the following documentation, .Description of Work. Treated interior cracks and crevices water and entry points and bathroom. German roaches are progressive and can take multiple treatments to gain full control . The Pest Control Vendor invoice number 266777617 dated 2/21/24 further revealed, . Description of Work. Treated the hallways in the 100s floor, technician did not see any live German roaches at this time. There was a lot of food open, and mini fridges, which are good spots for them to nest, these types of roaches can be brought in by employees and visitors .</p> <p>Record review of the Pest Control Vendor Service Form dated 3/14/24 revealed that the facility was treated at a frequency of monthly and was treated that day for ants, roaches, roaches, brown banded roaches, and spiders. The sites treated water points, perimeter, and crack and crevice.</p> <p>Record review of the Pest Control Vendor Service Form dated 4/30/24 revealed that the facility was treated that day for termites.</p> <p>Review of the Pest Control Vendor Service Form dated 5/10/24 revealed that the facility was treated that day for bedbugs.</p> <p>Record review of the Pest Control Vendor invoice dated 5/10/24 revealed, . Description of Work. Technician sprayed the hallways, hallway to past the double doors on the east side of the building. Technician also sprayed inside of 110 per request. Technician also noticed the roaches were German roaches and left an estimate .</p> <p>Record review of the Pest Control Vendor Estimate documentation revealed the following, .5/10/24 Estimate details. German roach treatment.</p> <p>Record review of the facility policy, titled Maintenance Services, Revised December 2004, Pest Control, revealed the following documentation, Policy Statement. Our facility shall maintain an effective pest control program. Policy Interpretation and Implementation.</p> <ol style="list-style-type: none"> 1. The facility maintains an ongoing pest control program to ensure that the building is kept free of insects and rodents. 2. Pest control services are provided by (Pest Control Vendor), 1/2/23. 6. Maintenance services assist, when appropriate and necessary, and providing pest control services . 		