STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	675863	A. Building B. Wing	03/06/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Frank M. Tejeda Texas State Veterans Home	200 Veterans Dr Floresville, TX 78114

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)
F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, interviews, and record reviews, the facility failed to ensure the resident environment remained as free of accident hazards as was possible, and each resident received adequate supervision and assistance devices to prevent accidents for 2 of 38 residents (Resident #157, Resident #110) and 1 of 8 halls (300 hall) reviewed, in that: 1. The facility failed to ensure no hazardous products were left accessible to residents of 300 hall. 2. The facility failed to store a package of cigarettes found on Resident # 157's bed.3. The facility failed to secure a cigarette lighter found on Resident #110's bedside table. These deficient practices could place residents at-risk of avoidable accidents, decline in physical condition, and injury. The findings were:1. Observation on 03/05/2026 at 10:40 a.m., revealed ADON C, outside of room [ROOM NUMBER], disinfecting her personal protection eyewear with germicidal wipes and putting the canister of wipe back in the isolation bin outside of the room by the door. The bin did not have a lock, and residents could access the canister. The canister had a caution label about possible eye irritation and flammability. During an interview on 03/05/2026 at 10:42 a.m., ADON C stated the canister had a caution label and stated the wipes could be hazardous for resident with dementia and should be under lock. They did not think about the risk for the residents when they put the isolation bin in place for the droplets precaution and used the wipe to sanitize the goggles and face shield. She stated there were residents with dementia in the facility who could either ambulate or use a wheelchair without assistance. During an interview on 03/05/2026 at 4:45 p.m., the DON confirmed the canister of wipes should have been kept away from the residents for safety. Residents with dementia could misuse the wipes which could cause injury to them. Review of facility's policy, titled Accident prevention, dated January 2023, revealed, The community ensures that the resident environment remains as free of accident hazards as possible. Accidents hazards are defined as physical features in the environment that can endanger a resident's safety. Hazard may include, but are not limited to, the following: [.] Chemicals that aren't secured. 2. Record review of Resident #157's face sheet dated 3/04/26 revealed a [AGE] year-old male admitted to the facility on [DATE] with diagnoses that included Anemia (indicates your blood is not transporting enough oxygen to your body's tissues), dysphagia (difficulty swallowing), and flaccid bladder (is a type of disorder where muscle tone in bladder loses the ability to contract, preventing proper emptying). Record review of Resident # 157's Quarterly MDS assessment dated [DATE] revealed a BIMS of 15, which indicated intact cognition. Record review of Resident # 157's care plan dated 10/29/2024 revealed interventions conduct safety checks as needed related to smoking materials, ensuring safety. Record review Resident #157's quarterly smoking assessment, dated 12/17/2025, revealed stored cigarettes were to be kept under (continued on next page)

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:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	675863	A. Building B. Wing	03/06/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Frank M. Tejeda Texas State Veterans Home	200 Veterans Dr Floresville, TX 78114

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)
F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	supervision for safekeeping. Observation on 3/4/2026 at 10:40 am revealed a box of cigarettes on Resident #157's bed, with 3 cigarettes in the box. Interview with Resident # 157 on 3/4/2026 at 10:50 am revealed that he was a smoker and did not know how the box of cigarettes got on top of his bed, but would gladly smoke them. Interview with CNA G on 3/4/2026 at 11:05 am revealed that she was the assigned nursing assistant for resident # 157 and confirmed that a box of cigarettes was on top of Resident # 157's bed. However, during her morning rounds about 1.5 hours ago, she did not see the box of cigarettes. Interview with PCN on 3/4/2026 at 11:05 am confirmed she was the assigned nurse for Resident #157. She removed a box of cigarettes from Resident #157's bed and stated that cigarettes should be locked up and stored for safety. PCN explained that family members sometimes bring cigarettes to residents for storage with the nursing department. They typically give residents 2 or 3 cigarettes to smoke while visiting with them in the smoking area, and residents save the remaining cigarettes for later use and do not give the cigarettes to the nursing staff for safekeeping. She added that, since Resident #157 had a high BIMS, a negative outcome was unforeseen. Interview with the DON on 3/5/2026 at 10:20 am revealed her expectation was for nursing staff to confiscate all smoking paraphernalia for safekeeping. The DON stated resident # 157 should not have had a box of cigarettes on his bed, as even with a high BIMS, he could have started smoking in his room and set off the fire alarm. She said the assigned ADON to the unit should have ensured no cigarettes were on the resident's bed with her, as the DON monitoring this task at random. 3. Observation on 03/03/2026 at 10:55 a.m. revealed Resident #110 was asleep in his bed which was located closest to the door of his room. Further observation revealed a cigarette lighter on the resident's bedside table and accessible to those passing in the hallway. During an interview with the DOR on 03/03/2026 at 10:56 a.m., the DOR stated the cigarette lighter should have been secured. The DOR removed the lighter and took it to be secured at the nurses' station. During an attempted interview with Resident #110 on 03/03/2026 at 3:42 p.m., Resident #110 declined to participate. During an interview with the Administrator on 03/06/2026 at 2:00 p.m., the Administrator stated her expectation was for staff to ensure all smoking materials were kept secure for the safety of the residents. Record review of facility policy smoking guidelines residents, team members & visitors. dated 1/2022, revised January 2023, revealed: Residents should not keep personal cigarettes, lighters, matches.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	675863	A. Building B. Wing	03/06/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Frank M. Tejeda Texas State Veterans Home	200 Veterans Dr Floresville, TX 78114

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)
F 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident receives an accurate assessment. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, interviews and record reviews, the facility failed to ensure assessments accurately reflected the status of the residents for 1of 24 residents (Residents #7) reviewed for resident assessments. The Facility failed to ensure Resident #7's CPAP (continuous positive airway pressure, is a medical device and therapy primarily used to treat obstructive sleep apnea, a condition where the airway collapses or becomes blocked during sleep, causing pauses in breathing and reduced oxygen levels. The device delivers a steady stream of pressurized air through a mask worn over the nose and/or mouth, keeping the airway open and allowing normal breathing throughout the night) was accurately reflected on his quarterly MDS assessment, dated 12/31/2025. This deficient practice could place residents at risk of missed or inaccurate care.The findings included: Record review of Resident #7's electronic face sheet dated 03/04/2026 reflected a [AGE] year-old male admitted to the facility on [DATE]. His diagnoses included: paraplegia (inability to voluntarily move the lower parts of the body), post-traumatic stress disorder (a mental health condition that's caused by an extremely stressful or terrifying event), major depressive disorder (mental health condition that causes a persistently low or depressed mood and a loss of interest in activities that once brought joy) and obstructive sleep apnea (a sleep disorder characterized by repeated episodes of complete (apnea) or partial (hypopnea) collapse of the upper airway, causing oxygen desaturation or sleep arousal). Review of Resident #7's quarterly MDS assessment dated [DATE] did not reflect he received CPAP. Record review of Resident #7's comprehensive care plan dated 08/05/2025 reflected Focus, at risk for experiencing shortness of breath r/t obstructive sleep apnea, Interventions/Tasks, administer CPAP as ordered by physician. Record review of Resident #7's Active Orders as of: 03/04/2026 reflected CPAP, QHS while sleeping, every night shift for obstructive sleep apnea, pressure 4.0 to 20.0 tube temperature 60 degrees, humidity per resident preference, start dated 02/23/2025. Record review of Resident #7's MAR dated 12-1-2025 to 12-31-2025 reflected he had CPAP applied every night. Observation on 03/06/2026 at 1:00 p.m., Resident #7 was sitting in his room, with a CPAP machine sitting on the bedside table. During an interview on 03/06/2026 at 1:05 p.m., Resident #7 stated he used CPAP every night since he was admitted . During an interview on 03/06/2026 at 1:30 p.m., the MDS nurse stated she missed the CPAP, which should have been noted under non-invasive mechanical ventilator. MDS B said she did not know how she missed it and was accountable for the accuracy of the MDS. She stated an inaccurate MDS could result in missed care for a resident. During an intervie3w on 03/06/2026 at 1:35 p.m., the DOCR stated Resident #7's quarterly MDS assessment dated [DATE] needed to reflect he received CPAP, and it did not. During an interview on 03/06/2026 at 1:40 p.m., the DON stated MDS accuracy was important to show what the resident needed for care and inaccuracy could lead to missed care. During an interview on 03/06/2026 at 2:00 p.m., the ADM stated MDS accuracy was important and it showed the care a resident required. During an interview on 03/06/2026 at 2:00 p.m. when surveyor asked the ADM for a facility policy and procedure for accuracy of MDS assessments and did not receive one by exit. Record review of the CMS Long-Term Care Facility Resident Assessment Instrument 3.0 User's Manual, Version 1.20.1, dated October 2025 reflected The RAI process has multiple regulatory requirements. Federal regulation required the assessment accurately reflects the resident's status.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	675863	A. Building B. Wing	03/06/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Frank M. Tejeda Texas State Veterans Home	200 Veterans Dr Floresville, TX 78114

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)
F 0690 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to ensure a resident who is incontinent of bladder received appropriate treatment and service to prevent urinary tract infections and to restore continence to the extent possible for 1 of 5 residents (Resident #50) reviewed for incontinent care and catheter care., in that: The facility failed to ensure that, while providing incontinent care for Resident #50, CNA D used a front to back motion to clean Resident #50. This failure could place residents at-risk for infection and skin break down due to improper care practices.The findings were: Record review of Resident #50's face sheet, dated 03/26/2026 , revealed an admission date of 10/31/2024 and, diagnoses that included: Parkinson's disease (brain condition that causes problems with movement, mental health, sleep, pain and other health issues), Dementia (decline in cognitive abilities), Chronic kidney disease (gradual loss of kidney function), Hyperlipidemia (Elevated level of any or all lipids(fat) in the blood), Retention of urine (inability to voluntarily pass urine). Record review of Resident #50's quarterly MDS, dated [DATE], revealed a BIMS score of 15, which indicated the resident was cognitively intact, and was indicated to always be continent of bowel and had an indwelling catheter. Record review of Resident #50's care plan, dated 02/26/2025, revealed a problem of I require a catheter for DX: NEUROMUSCULAR DYSFUNCTION OF BLADDER, UNSPECIFIED (lack of control of the bladder due to nerve damages) and an intervention of Monitor for s/sx infection. Observation on 03/05/2026 at 2:14 p.m., revealed while providing catheter/incontinent care for Resident #50, CNA D used a back-and-forth motion to wipe the resident's buttocks instead of a front to back motion. During an interview on 03/05/2026 at 2:30 p.m. with CNA D, he stated he should have wiped front to back instead of using a back-and-forth motion to clean Resident #50's buttocks to prevent possible infection for the resident. He stated he was nervous and made a mistake. He stated he received infection control training and incontinent care training within the year. During an interview with the DON on 03/05/2026 at 4:45 p.m., she stated that staff should not do back and forth motion with wipes during incontinent care. The staff should do a front to back pass with a wipe and change wipe before doing another pass to prevent fecal matter to enter the urinary tract and cause infection. She stated infection control and incontinent care training were provided for the staff at least once a year. Record review of Facility's policy, titled Competency assessment perineal care, dated February 2018, revealed use 1 wipe per swipe, wash perineal area, wiping front to back.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	675863	A. Building B. Wing	03/06/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Frank M. Tejeda Texas State Veterans Home	200 Veterans Dr Floresville, TX 78114

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)
F 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.]Based on observation, interviews and record review, the facility failed to provide pharmaceutical services (including procedures that assure the accurate acquiring, receiving, dispensing, and administering of all drugs and biologicals) to meet the needs of each resident for 1 medication cart (400 Hall Medication Cart) of 6 medication carts reviewed. The facility failed to remove 2 male intermittent catheters with a use by date of 11/09/2025 from 400 Hall medication cart. This deficient practice could result in compromised sterility, safety, and efficacy of the device.Observation on 03/05/2026 at 11:24 a.m. of nurses' medication cart on 400 Hall revealed 2 male intermittent catheters with a use by hourglass symbol dated 11/09/2025. (The hourglass symbol is a standardized international symbol used on medical devices to show the final date the manufacturer guarantees the product's safety and effectiveness using the catheter after this date may compromise sterility, safety, and efficacy, increasing the risk of infection or device failure). During an interview on 03/05/2026 at 11:30 a.m., RN A stated the 2 male intermittent catheters should have been removed from the cart due to the use by date, which signified the device could have a loss of integrity. During an interview on 03/06/2026 at 1:40 p.m., the DON stated supplies kept on the medication carts needed to be checked for use by dates and expiration dates. She stated the use by dates were important to have full protection of the device. During an interview on 03/06/2026 at 2:00 p.m., the ADM stated expired items needed to be removed from medication carts and checked accordingly to ensure proper use, effectiveness, and function of the item. Record review of the facility's policy and procedure titled Medication Management dated 03/13/19 reflected Medications are stored, dispensed and destroyed in a manner to ensure safety and conformance with state and federal laws. Record review of U.S. Food and Drug Administration article dated Shelf Life of Medical Devices dated 02/27/1997 reflected shelf life is the term or period during which a commodity remains suitable for the intended use. An expiration date is the termination of shelf life, after which a percentage of the commodity, such as medical devices, may no longer function as intended.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	675863	A. Building B. Wing	03/06/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Frank M. Tejeda Texas State Veterans Home	200 Veterans Dr Floresville, TX 78114

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)
F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	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. Based on observation, interviews and record reviews, the facility failed to ensure drugs and biologicals used in the facility were labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable for 1 medication cart (300 Hall medication cart) of 6 medication carts reviewed. The facility failed to ensure an open multidose vial of Lidocaine Hydrochloride injection 1% (local anesthetic) was labeled when opened. This deficient practice could affect residents and result in cross contamination or decreased effectiveness.The findings included: Observation on 03/04/2026 at 3:15 pm with LVN B of 300 Hall medication cart revealed a vial of Lidocaine HCL injection 1%, expiration dated 11/27, opened in the cart. No open date was on the vial. During an interview on 03/04/2026 at 3:17 p.m., LVN B stated nurses are trained to check the carts for open, undated, or expired medications. She stated she did not know why the vial of Lidocaine had not been dated. She stated an open multidose vial needed to be dated because the vial would only be good for 28 days. She stated she would throw away the vial. During an interview on 03/04/2026 at 3:30 p.m., PCN stated the Lidocaine was not on the list of medications that have a time and date required once opened. She stated the Pharmacist would be at the facility the following week and she would bring it to their attention. She stated the Lidocaine should have been on the list because it was a multidose vial and once opened it was only good for 28-day use. During an interview on 3/06/2026 at 1:40 p.m., the DON stated the Lidocaine 1% should not have been on the medication cart because it was used when a Rocephin (antibiotic) injection was give and no residents were prescribed Rocephin. She stated she did not recall when it was last used in the facility. Record review of the facility's policy and procedure titled Pharmacy Services Provisions of Medications and Biologicals undated reflected medications and biologicals are labeled in accordance with currently accepted professional standards and with local and state drug-labeling regulations. Record review of CDC guidelines titled Preventing Unsafe Injection Practices/Injection Safety dated March 26.2024 reflected Once a multi-dose vial is opened, the vial should be dated and discarded withing 28 days.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	675863	A. Building B. Wing	03/06/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Frank M. Tejeda Texas State Veterans Home	200 Veterans Dr Floresville, TX 78114

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)
F 0813 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Have a policy regarding use and storage of foods brought to residents by family and other visitors. Based on observations, interviews, and record reviews, the facility failed to ensure the safe and sanitary storage of residents' food items in 1 of 4 residents' refrigerators (Resident #65) reviewed for personal food storage, in that: The personal refrigerator in Resident #65's room contained food items that were unlabeled and undated. This deficient practice could put residents at risk of foodborne illness from consuming spoiled food. The findings were:Observation on 3/3/2026 at 10:35 a.m. in Resident #65's, revealed that the personal refrigerator contained fried chicken in an unlabeled, undated storage bag. Observation on 3/3/2026 at 11:35 a.m. of the personal refrigerator revealed that the fried chicken in an unlabeled in Resident #65's room, undated storage bag was still present. Interview with Resident #65 on 03/3/2026 at 10:36 a.m., the resident revealed the fried chicken had been in his personal refrigerator for about 2 days. Interview with CNA G on 03/3/2026 at 11:50 a.m., CNA G stated she was assigned to Resident #65 and confirmed that the personal refrigerator in the resident's room room contained fried chicken, which was undated and unlabeled. CNA G stated she did not know who was responsible for checking the president's personal refrigerator for expired food, but would check with the charge nurse. Interview with PNC on 3/3/2026 at 11:55 a.m. revealed she was the assigned nurse for to Resident #65 and confirmed there was fried chicken in an unlabeled and undated storage bag in the personal refrigerator for the resident. She added all staff were responsible for removing undated and unlabeled food items from residents' personal refrigerators, and the resident risked some form of food-borne illness by possibly consuming food that was unlabeled and undated. During an interview with the DON on 03/3/26, at 1:15 p.m., the DON confirmed perishable food and drinks in residents' personal refrigerators should be labeled and dated to prevent Residents from consuming spoiled food. The DON stated all staff were responsible for removing undated, unlabeled food items from residents' refrigerators daily, including assisting families in labeling and dating food items brought in. The DON stated that families sometimes bring food for residents without notifying the nursing staff. She added that her charge nurses were responsible for overseeing this task, and her ADONs would be monitoring at random. Record review of the facility policy, Personal Refrigerator, dated February 2017, revised 1/2023, revealed: Routinely check the refrigerator to identify unsafe for consumption foods and discard any items that appeared to have gone bad or are expired.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	675863	A. Building B. Wing	03/06/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Frank M. Tejeda Texas State Veterans Home	200 Veterans Dr Floresville, TX 78114

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)
F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. 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 disease and infection for 1 of 5 residents (Residents #8) reviewed for infection control, in that: 1. a The facility failed to ensure LVN F sanitized between their fingers while providing wound care for Resident #8. 1.b The facility failed to ensure LVN F changed gloves after cleaning the wound and before applying the treatment, while providing wound care for Resident #8. These failures deficient practices could place residents at-risk for infection due to improper care practices. The findings include: 1.Record review of Resident #8's face sheet , dated 03/05/2026, revealed an admission date of 10/15/2018 and, a readmission date of10/27/2022, with diagnoses that included: Quadriplegia (Paralysis of all 4 limbs), Hypertension (High blood pressure), Chronic kidney disease (gradual loss of kidney function), Pressure ulcer of right buttock, stage 4 (deep, open wound that extends through the skin, underlying tissue, muscle, and bone), Osteomyelitis (Bone infection), Type 2 diabetes mellitus (high level of sugar in the blood). Record review of Resident #8's Quarterly MDS assessment, dated 02/10/2026, revealed the resident had a BIMS score of 15, indicating he was cognitively intact. Resident #8 was dependent on the staff for care, had an indwelling catheter and an ostomy (surgical procedure that creates an opening (stoma) in the body for the discharge of body wastes). The resident was coded as having a stage 4 pressure ulcer. Record review of Resident #8's care plan dated 02/26/2026, revealed a problem of My skin is fragile and I am at risk for skin injury--new or worsening skin condition. 2. Thin, fragile, loose skin. , 3. Immobility, History of full thickness skin breakdown noted. and an intervention of Apply treatment as ordered. a. An observation on 03/05/2026 at 11:13 a.m., revealed while providing wound care for Resident #8, LVN F, while sanitizing her hands during care, did not sanitize between her fingers. b. An observation on 03/05/2026 at 11:13 a.m., revealed while providing wound care for Resident #8, LVN F cleansed the wound and, without changing her gloves and sanitizing her hands, applied the ointment treatment around the bed of the wound. During an interview on 03/05/2026 at 11:20 a.m. LVN F stated she should have sanitized between her fingers when she used sanitizer just like she did when she used soap and water. She did not know why she did not sanitize between her fingers. Further interview revealed, LVN F stated, after cleaning the wound, her gloves were soiled and she should have changed her gloves before starting the treatment. She stated she received infection control training within the year. During an interview with the DON on 03/05/2026 at 4:45 p.m., she stated that staff should sanitize all surfaces of their hands to ensure appropriate hand hygiene and prevention of infection to the resident. She stated the nurse should have changed her gloves after cleaning the wound to not cross contaminate the ointment she was using on the resident. She stated infection control training was provided and staff's skills were checked annually. Record review of the facility's policy titled Fundamentals of Infection Control Precautions , dated 03/2023, revealed, Recommended techniques for performing hand hygiene [.] applying product to the palm of one hand and rubbing hands together, covering all surfaces of hands and fingers. Record review of Facility's policy, titled Hand Hygiene, undated, revealed Handwashing should be done at the following times [.] after contact with blood, bodily fluids and contaminated items. [.] Hand sanitizing steps [.] Next rub the remaining sanitizer between both palms of hands, vigorously rub hands together in a circular motion [.] between fingers and up both wrist areas.