

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 02/11/2025
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675867	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/28/2024
NAME OF PROVIDER OR SUPPLIER Kerens Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 809 NE 4th St Kerens, TX 75144	
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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41654 Based on observation, interview and record review, the facility failed to maintain an infection and prevention control program that included, at a minimum, a system for preventing and controlling infections for 1 of 2 residents (Resident #5) and 1 of 2 staff (CNA A) reviewed for incontinent care as indicated by: The facility failed to ensure CNA A washed or sanitized her hands while going from a dirty to clean surface when performing incontinent care on Resident #5. This deficient practice placed residents at risk for cross contamination and the spread of infection. Findings included: Record Review of Resident #5's face sheet dated 02/28/24 reflected Resident #5 was an [AGE] year-old female with an admitted [DATE]. Resident #5's diagnoses included dementia (disorder which manifests as a set of related symptoms, which usually surfaces when the brain is damaged by injury or disease), cerebrovascular disease (a variety of medical conditions that affects the blood vessels of the brain and the cerebral circulation, anxiety (an emotion characterized by an unpleasant state of inner turmoil and includes feelings of dread over anticipated events), and hypertension (high blood pressure - long term condition in which blood pressure in arteries is persistently elevated). Record Review of the most recent quarterly MDS assessment dated [DATE] reflected Resident #5 had a BIMS score of 99 indicating Resident #5 was cognitively impaired and not able to complete the interview successfully. MDS reflected resident was always incontinent of bladder and frequently incontinent of bowel. Record review of Residents # 5's care plan dated 08/16/23 reflected resident had bladder incontinence. Goal: The resident will remain free from skin breakdown due to incontinence and brief use through the review date. Interventions: Incontinent care at least q2h and apply moisture barrier after each episode. (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

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Monitor/document for s/sx UTI: pain, burning, blood tinged urine, cloudiness, no output, deepening of urine color, increased pulse, increased temp, urinary frequency, foul smelling urine, fever, chills, altered mental status, change in behavior, change in eating patterns. Monitor/document/report to MD PRN possible medical causes of incontinence: bladder infection, constipation, loss of bladder tone, weakening of control muscles, decreased bladder capacity, diabetes, Stroke, medication side effects. Record review of Residents # 5's care plan dated 08/16/23 reflected resident had bowel incontinence. Goal: The resident will not have any complications r/t bowel incontinence. Interventions: Apply barrier cream after every incontinent episode. Check resident every two hours and assist with toileting as needed. Provide peri care after each incontinent episode. Report any skin change to the nurse immediately. In an interview on 02/26/24 at 11:23 AM with Resident #5, she stated she was doing fine, and staff treated her well and were really good. She stated staff took good care of her and she got her showers and medications like she was supposed to. She stated staff checked on her frequently and they always helped her when she needed it. In an observation on 02/27/24 at 09:35 AM of incontinent care that was performed by CNA A and CNA B for Resident #5, CNA A did not properly sanitize her hands in between a dirty and clean surface. CNAs A and B washed their hands, applied their gloves, and began incontinent care for Resident #5. CNA B was assisting Resident #5 with turning while CNA A cleaned Resident #5's front side and then back side. CNA A removed and discarded Resident #5's brief. CNA A then placed a clean brief on Resident #5 without washing or sanitizing her hands or doffing or changing gloves in between. In an interview on 02/27/24 at 10:45 AM with CNAs A and B, CNA A stated she did not wash or sanitize her hands when going from a dirty to clean surface when Resident #5's brief was changed. They stated they had been trained on incontinent care and infection control but had not been told specifically to wash or sanitize hands during brief change when going from a dirty to clean surface. They stated they were aware they should wash their hands when going from a dirty to clean surface but did not think of the incontinent care that way. They stated if they did not wash or sanitize their hands when going from a dirty to clean surface, it could cause cross contamination and a risk of transferring infection. In an interview on 02/28/24 at 09:01 AM with the ADM, she stated it was the facility's policy for staff to wash or sanitize their hands when going from a dirty to clean surface. She stated hand hygiene should have been performed during incontinent care after any resident was cleaned and any dirty linens or brief was removed. She stated staff had been in-serviced on infection control and hand washing. She stated if staff did not wash or sanitize their hands when going from a dirty to clean surface, it could cause the spread of infection. (continued on next page)		

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	In an interview on 02/28/24 10:17 AM with the DON, she stated it was the facility's policy for staff to wash or sanitize hands when going from a dirty to clean surface. She stated hand washing or sanitizing hands should have been performed during incontinent care after cleaning a resident and discarding dirty linens or briefs and before applying clean briefs or linens. She stated staff had been in-serviced on infection control and hand hygiene. She stated if hand hygiene or sanitizing was not performed during incontinent care or when going from a dirty to clean surface, it could cause an infection. Record Review of the facility policy titled Section - Personal Care - Perineal Care dated as created 04/25/22 and effective 05/11/22, provided by the ADM, revealed the following: An incontinent resident of urine and/or bowel should be identified, assessed, and provided appropriate treatment and services to restore as much normal bladder/bowel function as possible; It is essential that residents using various devices, absorbent products, external collection devices, etc., be checked (and changed as needed) on a schedule based upon the resident's voiding pattern, professional standards of practice, and the manufacturer's recommendations. Purpose: 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. Procedure content: Start - 10) Perform hand hygiene, 11) [NAME] gloves and all other PPE per standard precautions, 17) Gently perform perineal care, wiping from clean, urethral area, to dirty rectal area, to avoid contaminating the urethral area - CLEAN TO DIRTY!, 24) Doff gloves and PPE, 25) Perform hand hygiene, 26) Provide resident comfort and safety by re-clothing (if applicable - incontinence pad(s) and brief(s), . Record review of the undated facility policy titled Hand Hygiene, provided by the ADM, revealed the following: You may use alcohol based hand cleaner or soap/water for the following: Before and after assisting resident with personal care (e.g., oral care, bathing); Upon and after coming in contact with a resident's intact skin; After contact with a resident's mucous membranes and body fluids or excretions; After handling soiled or used linens, dressings, bedpans, catheters and urinals; After removing gloves or aprons.		