

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675925	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/14/2024
NAME OF PROVIDER OR SUPPLIER The Mildred & Shirley L Garrison Geriatric Educati		STREET ADDRESS, CITY, STATE, ZIP CODE 3710 4th St Lubbock, TX 79415	

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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 26515</p> <p>Based on interviews and record review the facility failed to ensure a resident who is unable to carry out activities of daily living receives the necessary services to maintain good personal and oral hygiene for 1 (Resident 1) of 10 residents reviewed for ADLs.</p> <p>The facility failed to ensure Resident #1's dentures were cleaned regularly.</p> <p>The failure was identified as past non-compliance as the facility had instituted adequate corrective measures to prevent reoccurrence of the non-compliance.</p> <p>This failure could place residents at risk of poor hygiene and grooming, bad breath, mouth sores and thereby decrease their quality of life.</p> <p>Findings Included:</p> <p>Record review of Resident #1's face sheet, dated 6/13/24, revealed an [AGE] year-old female admitted to the facility on [DATE] with diagnoses that included, but were not limited to: respiratory failure with hypoxia (inadequate oxygen), mild protein-calorie malnutrition (lack of proper nutrition), muscle weakness, lack of coordination, communication deficit, aphasia following cerebral infarction (language disorder following ischemic stroke), dysphagia (difficulty swallowing), muscle wasting and atrophy, mood disorder, candidiasis (fungal infection), parkinsonism (tremors in hands, arms legs, muscle stiffness, slowness of movement, impaired balance), epilepsy (seizure disorder), speech and language deficits, cataract (clouding of the lens of the eye), osteoporosis (weak and brittle bones), pain, need for assistance with personal care, depressive episodes, difficulty walking, unsteadiness on feet, anxiety disorder, dementia (loss of cognitive functioning - thinking, remembering and reasoning), hypertension (high blood pressure), heart failure, hemiplegia and hemiparesis (complete or severe paralysis on one side of the body).</p> <p>Record review of Resident #1's annual MDS, completed 4/12/24, documented a BIMS of 5 which indicated severely impaired cognition, usually understands and was understood.</p> <p>Record review of Resident #1's care plan, undated, documented the Resident #1 was at risk for an ADL Self Care Performance Deficit related to history of stroke with right hemiparesis, muscle weakness, difficulty walking, abnormalities of gait and mobility, ataxia (impaired coordination) - personal hygiene/oral care - requires (1 - 2 person assistance) staff participation with personal hygiene and oral care.</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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a confidential interview on 6/12/24 at 1:30 p.m., it was said that Resident #1 was not receiving good hygiene practices and felt that Resident #1's dentures were not cleaned very often. The confidential interviewer sent pictures of Resident #1's dentures on several different days which revealed the dentures were filmed over with a cloudy black substance in-between the back teeth.</p> <p>Record review on 6/13/24 at 2:00 p.m. of the Grievance Log for the past month revealed a grievance, dated 4/3/24, which documented the following: Resident #1 - family member is upset with Resident #1's dirty dentures. Wants teeth cleaned daily, Orders placed for nursing staff to chart on oral care. Corrective Action: oral care two times a day for Resident #1.</p> <p>During an interview on 6/13/24 at 3:20 p.m., the DON stated when Resident #1's family had concerns about her dentures not being cleaned regularly, they put on the MAR for her dentures to be cleaned twice a day so there would be a record of it. The DON stated she also in-serviced all nurses and CNAs over providing proper and consistent oral care for all residents and making sure they are showered.</p> <p>Record review of Resident #1's MAR, dated April 2024, which documented an order for dentures to be brushes twice daily per family request. Document refusal by resident or circumstances that prevent CNA from performing task. Order initiated 4/4/24. There was documentation that three times Resident #1 refused to have her dentures brushed - April 16 both times and the morning of the 17th. Every other day had documentation that Resident #1 had her dentures brushed twice a day until she was sent to the hospital on 4/25/24.</p> <p>During an interview on 6/14/24 at 8:10 a.m., the Administrator stated everyone was in-serviced over proper oral care for all residents. The Administrator stated there was an order on PCC for staff to clean Resident #1's dentures twice a day. The Administrator stated he had never seen any pictures of Resident #1's dentures.</p> <p>During a follow-up interview on 6/14/24 at 8:20 a.m., the DON stated she was sure everyone was in-serviced proper oral care. The DON stated they were going to go back and visit the situation again to make sure oral care was what it should be for all residents. The DON stated she was previously shown pictures of Resident #1's dentures and they didn't look good.</p> <p>During a follow-up interview on 6/14/24 at 8:30 a.m., the Administrator viewed the pictures of Resident #1's dentures and said that the dentures did not look like the resident had just eaten a meal, they looked dirty.</p> <p>On 6/14/24 at 8:55 a.m., the Administrator provided copies of the in-services provided to nurses and CNAs for proper oral care and ADLs, which was dated 4/26/24. The sign in sheets were signed by 27 CNAs and 17 nurses.</p> <p>Throughout this two day investigation, all staff that were interviewed during this time had all stated that they had recently been in-serviced over providing proper oral care to the residents. Staff interviews conducted during this investigation: (not including the Administrator or DON).</p> <p>6 LVNs - 6/13/24 at 10:10 a.m., 10:25 a.m., 11:30 a.m., 4:25 p.m., 6:15 p.m. and 6:30 p.m.</p> <p>5 CNAs - 6/13/24 at 10:40 a.m., 10:50 a.m., 4:10 p.m., 4:35 p.m. and 5:25 p.m.</p> <p>(continued on next page)</p>		

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