

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 08/29/2024
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 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 43150</p> <p>Based on observation, interview, and record review the facility failed to provide a safe, functional, sanitary, and comfortable environment for residents for 2 of 2 rooms Resident #1 and Resident #2) reviewed for safe environment, in that:</p> <ol style="list-style-type: none"> 1. Resident #1 had a large number of mice droppings on the floor, including on the center of the floor by Resident #1's slippers, behind the recliner, and at the foot of the bed on the floor. 2. Resident #2 had mice droppings in his bedside table and a small number of mice droppings on the floor by the nightstand. <p>The Findings include:</p> <p>Resident #1:</p> <p>Record review of Resident #1's undated face sheet revealed a [AGE] year-old female admitted to the facility on [DATE]. Resident #1 had a diagnosis of: Parkinson's Disease, muscle weakness, anxiety, hypothyroidism (a condition in which the thyroid gland does not produce enough thyroid hormone), hyperlipidemia (a condition in which there are elevated levels of fat particles in the blood), high blood pressure.</p> <p>Record Review of Resident #1's annual MDS (Minimum Data Set) dated 08/19/2024, revealed Resident #1 had a BIMS score of 8 which indicates Resident #1 was moderately impaired.</p> <p>Record review of Care plan for Resident #1 dated 02/15/2024 revealed that Resident #1 requires respiratory therapy due to risk for reduced pulmonary ventilation and other respiratory complications due to hospitalization and recent change of condition.</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 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview with family member(FM) of Resident #1 on 08/28/2024 at 10:36 am. The FM said a little over six weeks ago they went for a visit and saw a mouse run across the floor. The FM stated nursing staff was notified of the situation. The FM said the charge nurse was told and had assumed them the situation would be handled, and everything would be good from this point. The FM said a CNA came in the room with a broom and tried to chase the mouse out of the room. The FM said they did not receive a follow up of the complaint made about the mouse. The FM said the hospice nurse had seen a mouse in Resident #1's room and had documented it in her notes. The FM stated one day when the cameras in Resident #1's room was being observed a mouse was seen running across Resident #1's chest while sleeping. The FM said this was not an acceptable way of living and Resident #1 should not have to live in those conditions. The FM said that mice droppings were observed on the floor at that time the mouse was seen.</p> <p>During an interview with Resident #1 on 08/28/2024 at 10:47 am. Resident #1 said there had been mice droppings all over the floor for a while. Resident #1 stated You would think with housekeeping coming to clean, that mice droppings would not be on the floor. Resident #1 said housekeeping cleaned the room every other day but he had not seen how the housekeeper cleaned. Resident #1 said that they just notice mice droppings on the floor even after the housekeeper cleans. Resident #1 said he felt dirty and unclean with mice droppings all over the floor. Resident #1 said the mice droppings were on the floor for a month.</p> <p>During an Observation of Resident #1's room on 08/28/24 at 10:58 am, there was mice droppings in the center of the floor by Resident #1's slippers. A large number of mice droppings behind Resident #1's recliner and a small number of mice droppings on the floor at the foot of Resident #1's bed.</p> <p>Resident #2:</p> <p>Record review of Resident #2's undated face sheet revealed an [AGE] year-old male admitted to the facility on ,d+[DATE]/2024. Resident #2 had a diagnosis of: enlarged liver, muscle weakness, high blood pressure, difficulty swallowing, nasal congestion, hypothyroidism, acid reflux, peripheral vascular disease (a circulatory condition in which narrowed blood vessels reduce blood flow to the limbs).</p> <p>Record Review of Resident #2's annual MDS (Minimum Data Set) dated 03/04/2024, revealed Resident #2 had a BIMS score of 13 which indicates Resident #2 was cognitively intact.</p> <p>Record review of Care plan for Resident #2 dated 07/19/2023 revealed that Resident #2 had altered respiratory status/difficulty breathing with history of cough and congestion.</p> <p>During an Observation of Resident #2's room on 08/28/2024 at 11:27 am., the resident opened the top drawer if his nightstand and there was 3 of pieces of mice droppings. The resident emptied the dropping into the trashcan.</p> <p>(continued on next page)</p>		

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<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview with Resident #2 on 08/28/2024 at 11:32 am., Resident #2 said he had seen mice in the room and one of the mice had run across the wall one day when he was watching tv. Resident #2 said it had been mentioned to the nursing staff on many occasions. Resident #2 said his preference would be to not live with mice because they are filthy animals. Resident #2 said it was disgusting to have mice droppings in the drawer and seeing mice running across the wall. Resident #2 said there are ways to get rid of this problem, but you must be consistent. Resident #2 said he only noticed mice droppings on the floor and in the top drawer of the nightstand. Resident #2 stated he did not know if the droppings were also in his recliner. Resident #2 said he had considered to call a family member to bring some mice traps to the facility so it can be put in the room to get rid of the mice. Resident #2 said when housekeeping cleaned they would clean up all the mice droppings.</p> <p>During an interview with The Charge Nurse on Bluebonnet Hall on 08/28/2024 at 10:50 am. The Charge Nurse said she was aware of the mice issue in the resident's rooms. The Charge Nurse said she believed that mice are burrowing inside of the recliners of the residents because she saw a mouse run up into Resident #1's recliner she went in the resident's room. She stated she shook the recliner and mice droppings fell out on the floor. The Charge Nurse said she contacted the maintenance and let them know of the situation, and they came to put glue pads out behind the recliner in only Resident #1's room but not in Resident #2's room. The Charge Nurse said mice droppings could cause residents to become extremely sick. The Charge Nurse said it is gross and she saw mice droppings on Resident #1's room and Resident #2's nightstand.</p> <p>During an interview with Maintenance Staff D on 08/28/2024 at 11:15 am., he stated he was aware the facility had an issue with mice, and he had seen mice droppings in a couple of rooms. He said the mice situation comes and goes but the facility was in a field. He said the best thing they can do to control the mice was to put bait boxes on the outside of the facility and they had done that, but they are not allowed to put glue traps in the resident' s rooms. He said mice carry diseases.</p> <p>During an interview with The Maintenance Director on 08/29/2024 at 11:50 am, he states he did not know Resident #2's recliner had been infested with mice until this morning and was told by nursing staff. He said he did not clean out Resident #1's recliner until this morning. He said that Resident #1's family was contacted about the clean out of the recliner.</p> <p>During an interview with ADON A on 08/28/2024 at 12:22 pm, he said the housekeeping staff usually clean each room twice a day. He said he expected the facility to be free of mice droppings. He said he was aware of the mice problem and the facility had the problem for a while. He said housekeeping will be cleaning the room and getting the mice droppings cleaned up. ADON A stated he was unsure if a room change was considered and the Administrator would do that if it was needed.</p> <p>During an Observation of Resident #1's room on 08/28/2024 at 1:26 pm. there was mice droppings still on the floor.</p> <p>(continued on next page)</p>		

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<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview with The Maintenance Director on 08/28/2024 at 1:39 pm., he said he had heard of the mice burrowing inside of the recliners of a couple of residents. He said he had not checked the recliners because he did not know if he could or not with-it being resident's property. He said he had put a couple of glue traps in Resident #1's room behind the recliner but was unsure if any glue traps had been placed in Resident #2's room. He said he did notice mice droppings on the floor in a couple of areas. He said that he is trying to get the situation under control. The Maintenance Director said that the pest control services can only put out bait boxes on the outside and there is not much they can do on the inside. He said he thinks he may have the holes covered where the mice may have been entering. The Maintenance Director said that it had been challenging to get the mice under control because the facility is in a field and when it gets hot the heat drives them in. He stated that usually when he is notified of a mouse, he will look for evidence that there is a mouse and then try to find where they are getting in. He said that the facility had been dealing with mice for quite some time.</p> <p>During an Interview with housekeeping supervisor C on 08/28/2024 at 1:59 pm., she said that housekeeping staff D was appointed to work the Bluebonnet Hall. She said that she does not have any issues with being short-handed and always has staff available to work. She said that she does train her staff and they are expected to clean each room once a day, from top to bottom in a detailed manner. She said that each room is to be cleaned daily, seven days a week, Monday through Sunday. She said that she had not seen Resident #1's room but does usually check on each room after they are completed but she had been busy and had not checked the rooms. She said that she expects staff to detail each room, and this includes cleaning behind furniture, tables, recliners. She said that she was not aware of mice droppings on the floor of Resident #1's room but had not had a chance to check the room. She said that she would expect the staff to clean up the mice droppings. She said that the negative potential outcome of leaving mice droppings on the floor is that it could make the resident sick or get in their mouth or nose and could be fatal.</p> <p>Attempted to call housekeeping staff D on 08/28/2024 at 3:07 pm, no response, left message with return contact information with no return call.</p> <p>During an interview with CNA F on 08/28/2024 at 3:20 pm. CNA F said that she was aware that Resident #1 and Resident #2 had mice problems in their rooms because when family member was visiting Resident #1 a month prior, mice had been seen in the room. can F have said that she had seen mice droppings and mice in these resident's rooms for a month. can F have said that she had assumed when housekeeping was cleaning the rooms that it was getting cleaned up. can F said that she had seen a mouse run up into the recliner, so she thinks that the mice are burrowing inside of the recliner. CNA F said that housekeeping is supposed to clean every day. CNA F said that the facility has had problems with mice for about two years due to the facility being in a field. can F said that when she had seen the mouse run up inside the recliner, she wrote it in the maintenance book. CNA F said that she does know that if mice droppings were to get in the resident's nose or mouth that they could get extremely sick.</p> <p>During an Observation of Resident #1's room on 08/29/2024 at 11: 15 am. mice droppings remained behind the recliner.</p> <p>(continued on next page)</p>		

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<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an Interview with housekeeping Supervisor on 08/29/2024 at 11:28 am. She said that she had cleaned Resident #1's room this morning on 08/29/2024. She said that she did it herself to make sure that it had been completely cleaned. She said that she did see quite a bit of mice droppings on the center of the floor as well as behind the recliner and the bed. She said that she is not sure why housekeeping staff C did not clean all of that up the day before. She said that it should have been cleaned up. Stated that she plans to have a conversation with the staff member about this and will provide additional training for her.</p> <p>During an Interview with ADON A on 08/29/2024 at 11:38 am. he said that the negative potential outcome of leaving mice droppings on a resident's floor is that it is unclean and could cause the resident to become sick.</p> <p>During an interview with Charge Nurse for Bluebonnet Hall on 08/29/2024 at 12:21 pm. She stated that she had contacted the family member for Resident #1 to see if she would like the facility to clean the inside of the recliner since mice were burrowing inside of the recliner or to throw it out and the family member stated to clean out the recliner and put it back in the room. She said that she had not contacted family for Resident #2 to see if they would like Resident #2's recliner cleaned out because she did not know to do that or not.</p> <p>During an interview with family member of Resident #1 on 08/29/2024 at 12:29 pm. the Family Member stated the charge nurse contacted her and asked if they needed to clean out the recliner for Resident #1 or if she want it to be removed. The family member stated she told the charge nurse to clean the inside of the recliner and put it back in the room. The Family Member said that she had seen mice droppings in the room before and mentioned it to the nursing staff. Family Member said that mice droppings had been seen as much as a month prior. The Family Member said they had not been contacted before by anyone at the facility to rectify the mouse problem or to ask if they could clean the inside of the recliner until now.</p> <p>During an interview with ADON A on 08/29/2024 at 12:17 pm. He said that the facility does not have a policy for cleanliness or homelike environment. He said that the policy would fall under resident rights for safe environment for the policy that was requested for keeping resident rooms clean.</p> <p>Record review of Resident Counsel Minutes dated 07/09/2024, revealed News/Announcements: Housekeeping, sometimes rooms and bathrooms are cleaned and sometimes they are not.</p> <p>Record review of facility in-service, dated 06/10/2024, showing twenty-three staff members signed and attended, titled, Customer Service, revealed: [facility] is what many of our resident's call home, we should do everything we can to help maintain a home like environment.</p> <p>Record Review of facility policy titled, Resident Rights, Safe Environment, dated October 4, 2016, revealed: You have a right to a safe, clean, comfortable, and homelike environment and use of your personal belongings to the extent possible, including but not limited to receiving treatment and supports for daily living safely.</p> <p>Review of Hantavirus Disease dated 2018, accessed at https://www.health.ny.gov/commissioner/ on (08/29/2024) revealed:</p> <p>(continued on next page)</p>		

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<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Anyone who encounters infected rodent droppings, urine, saliva, nesting materials, or particles from these, can get hantavirus disease. Exposure to poorly ventilated areas with active rodent infestations in households, is the strongest risk factor for infection. Entering rarely opened or seasonally closed buildings with rodent activity may also cause infection.</p> <p>Hantavirus is spread from wild rodents, particularly mice and rats, to people. The virus, which is found in rodent urine, saliva, and feces (poop), can be easily released in the air in confined spaces when disturbed by rodents or human activities, such as sweeping or vacuuming. Breathing in the virus is the most common way of getting infected; however, people can also become infected by touching their mouth or nose after handling contaminated materials. While rare, a rodent's bite can also spread the virus.</p> <p>There is no specific treatment, cure, or vaccine for hantavirus disease. Early supportive treatment of patients with hantavirus disease can improve survival. If there is a high degree of suspicion of hantavirus disease, patients should be immediately transferred to an emergency department or intensive care unit for close monitoring and care. Rapid diagnosis and supportive treatment have increased the chance of survival.</p> <p>Avoid contact with rodent droppings or urine. Avoid touching live or dead rodents. Do not disturb rodents, burrows, or nests.</p> <p>The virus, which is able to survive in the environment for a few hours or days (for example, in dirt and dust in the shade or in rodent nests) can be killed by most household disinfectants, such as bleach, detergents, or alcohol . It is important to keep rodent dropping particles from getting into the air where they can be inhaled.</p> <p>Review of What Diseases Can Mice and Rodents Spread? Orkin, undated accessed at (http://www.orkin.com/pests/rodents/mouse-control/what-diseases-do-mice-carry) on (08/29/2024) revealed:</p> <p>Hantavirus: This disease is a problem when the viral organisms causing Hantavirus are inhaled along with dust particles while cleaning up or when coming into direct contact with droppings and urine.</p> <p>Salmonellosis: This disease often causes stomach upset in humans. Contact with rodent feces or urine in food or on food preparation surfaces are the most common ways to contract this illness.</p> <p>Leptospirosis: Spread through mouse and other animal urine-tainted water, this disease may lead to kidney damage and liver failure without treatment.</p> <p>LCM: This condition can cause anything from a fever and headache to brain damage. The source of LCM is from direct contact with waste or inhaling waste tainted dust, so people cleaning up mice droppings without protection are at elevated risk.</p>		

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<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** 43150</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 2 of 2 resident rooms (Resident #1 and Resident #2) located on Bluebonnet Hall observed for pest control.</p> <p>1. The facility failed to ensure rooms #101 A and #110 A did not have an infestation of mice.</p> <p>These failures could place residents at risk for infections and illness.</p> <p>The findings include:</p> <p>Resident #1:</p> <p>Record review of Resident #1's undated face sheet revealed a [AGE] year-old female admitted to the facility on [DATE]. Resident #1 had a diagnosis of: Parkinson's Disease, muscle weakness, anxiety, hypothyroidism (a condition in which the thyroid gland does not produce enough thyroid hormone), hyperlipidemia (a condition in which there are elevated levels of fat particles in the blood), high blood pressure.</p> <p>Record Review of Resident #1's annual MDS (Minimum Data Set) dated 08/19/2024, revealed Resident #1 had a BIMS score of 8 which indicates Resident #1 was moderately impaired.</p> <p>Record review of Care plan for Resident #1 dated 02/15/2024 revealed that Resident #1 requires respiratory therapy due to risk for reduced pulmonary ventilation and other respiratory complications due to hospitalization and recent change of condition.</p> <p>Resident #2:</p> <p>Record review of Resident #2's undated face sheet revealed an [AGE] year-old male admitted to the facility on ,d+[DATE]//2024. Resident #2 had a diagnosis of: enlarged liver, muscle weakness, high blood pressure, difficulty swallowing, nasal congestion, hypothyroidism, acid reflux, peripheral vascular disease (a circulatory condition in which narrowed blood vessels reduce blood flow to the limbs).</p> <p>Record Review of Resident #2's annual MDS (Minimum Data Set) dated 03/04/2024, revealed Resident #2 had a BIMS score of 13 which indicates Resident #2 was cognitively intact.</p> <p>Record review of Care plan for Resident #2 dated 07/19/2023 revealed that Resident #2 had altered respiratory status/difficulty breathing with history of cough and congestion.</p> <p>Record review of Care plan for Resident #2 dated 01/09/2024 revealed that Resident #2 had potential for injury with allergy to Niaspan.</p> <p>(continued on next page)</p>		

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<p>F 0925</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview with family member of Resident #1 on 08/28/2024 at 10:36 am. FM said that a little over six weeks ago they went for a visit and saw a mouse run across the floor. FM stated that nursing staff was notified of the situation. FM said that the charge nurse was told and had assumed that the situation would be handled and that everything would be good from this point. FM said that a CNA came in the room with a broom and tried to chase the mouse out of the room. FM said there was never any notification on the follow up of the complaint made about the mouse. FM said that it was said that hospice nurse had seen a mouse in Resident #1's room and had documented it in her notes. FM stated that one day when the cameras in Resident #1's room was being observed that a mouse was seen running across Resident #1's chest while sleeping. FM said this is not an acceptable way of living and Resident #1 should not have to live in those conditions. FM said that mice droppings were observed on the floor at that time the mouse was seen.</p> <p>During an interview with The Charge Nurse on Bluebonnet Hall on 08/28/2024 at 10:50 am. The Charge Nurse said that she is aware of the mice issue in the resident's rooms. The Charge Nurse said that she believes that mice are burrowing inside of the recliners of the residents because when she saw a mouse run up into Resident #1's recliner she went in the resident's room and shook the recliner and mice droppings fell out on the floor. The Charge Nurse said that she contacted the maintenance and let them know of the situation, and they came to put glue pads out behind the recliner in only Resident #1's room but not in Resident #2's room. The Charge nurse said that she is not sure why that is. The Charge Nurse said that she had not physically seen a mouse, but she had seen evidence that mice had been in the resident's room by the mice droppings. The Charge Nurse said that mice droppings could cause residents to become extremely sick. The Charge Nurse said it is gross, but she had seen mice droppings on Resident #1's room and Resident #2's nightstand.</p> <p>During an interview with Resident #1 on 08/28/2024 at 10:47 am, Resident #1 said that they had seen the mice droppings on the floor for a month. Resident #1 stated that she had seen mice run across her floor. Resident #1 stated that family member had seen a mouse on her chest on the camera when Resident #1 was sleeping. Resident #1 said she thinks the mice go in the recliner because when she sits in the recliner they will run out of the chair.</p> <p>During an Observation of Resident #1's room on 08/28/24 at 10:58 am. Observed mice droppings in the center of the floor by Resident #1's slippers. Observed a large number of mice droppings behind Resident #1's recliner. Observed a small number of mice droppings on the floor at the foot of Resident \$1's bed.</p> <p>During an interview with Maintenance Staff D on 08/28/2024 at 11:15 am. He said that he does know that the facility has an issue with mice, and he had seen mice droppings in a couple of rooms. He said that the mice situation comes and goes but the facility is in a field. He said that the best thing that they can do to control the mice is to put bait boxes on the outside of the facility and they had done that, but they are not allowed to put glue traps in the resident' s rooms. He said that he is not sure what exactly the mice can cause for people, but he does know that mice carry diseases.</p> <p>During an Observation of Resident #2's room on 08/28/2024 at 11:27 am. Observed a couple pieces of mice droppings in Resident #2's nightstand in the top drawer, after Resident #2 had said that he had seen a lot of mice droppings in the top drawer of the nightstand and then took the drawer out to empty it in the trash. Observed three pieces of mice droppings in Resident #2's top drawer in the nightstand.</p> <p>(continued on next page)</p>		

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<p>F 0925</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview with Resident #2 on 08/28/2024 at 11:32 am. Resident #2 said that they had seen mice in the room and one of the mice had run across the wall one day when Resident #2 was watching tv. Resident #2 said that it had been mentioned to the nursing staff on many occasions. Resident #2 said that the preference would be to not live with mice because Resident #2 does not like mice because they are filthy animals. Resident #2 said that it is disgusting to have mice droppings in the drawer and seeing mice running across the wall. Resident #2 said that there are ways to get rid of this problem, but you must be consistent. Resident #2 said that it wasn't known if they are in the recliner or not. Resident #2 said that they only noticed mice droppings on the floor and in the top drawer of the nightstand. Resident #2 said that it had been considered to call a family member to bring some mice traps to the facility so it can be put in the room to get rid of the mice.</p> <p>During an interview with The Maintenance Director on 08/29/2024 at 11:50 am. He said that he did not know that Resident #2's recliner had been infested with mice until this morning and was told by nursing staff. He said that he did not clean out Resident #1's recliner until this morning. He did not respond to giving a reason why they had not been cleaned out until this morning. He said that both recliners are cleaned out now and that is what matters. He said that Resident #1's family was contacted about the clean out of the recliner.</p> <p>During an interview with ADON A on 08/28/2024 at 12:22 pm. He said that he was aware of the mice problem and the facility has had the problem for a while. ADON A stated that he is unsure if it had been considered to move the residents from the rooms and that the Administrator would do that if it was needed.</p> <p>During an interview with The Maintenance Director on 08/28/2024 at 1:39 pm. He said that he had heard of the mice may be burrowing inside of the recliners of a couple of residents. He said that he had not checked the recliners because he did not know if he could or not with-it being resident's property. He said that he had put a couple of glue traps in Resident #1's room behind the recliner but was unsure if any glue traps had been placed in Resident #2's room. He said that he did notice mice droppings on the floor in a couple of areas. He said that he believes that mice are coming out through where the wires come out of the wall, on the electrical wires. He said that he is trying to get the situation under control. The Maintenance Director said that the pest control services can only put out bait boxes on the outside and there is not much they can do on the inside. He said he thinks he may have the holes covered where the mice may have been entering. The Maintenance Director said that it had been challenging to get the mice under control because the facility is in a field and when it gets hot the heat drives them in. He stated that usually when he is notified of a mouse, he will look for evidence that there is a mouse and then try to find where they are getting in. He said that the facility had been dealing with mice for quite some time.</p> <p>(continued on next page)</p>		

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NAME OF PROVIDER OR SUPPLIER The Mildred & Shirley L Garrison Geriatric Educati		STREET ADDRESS, CITY, STATE, ZIP CODE 3710 4th St Lubbock, TX 79415	
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<p>F 0925</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview with CNA F On 08/28/2024 at 3:20 pm. CNA F said that she was aware that Resident #1 and Resident #2 had mice problems in their rooms because when family member was visiting Resident #1 a month prior, mice had been seen in the room. CNA F said that she had seen mice droppings and mice in these resident's rooms for a month. CNA F said that she had seen a mouse run up into the recliner, so she thinks that the mice are burrowing inside of the recliner. CNA F said that the facility has had problems with mice for about two years due to the facility being in a field. CNA F said that when she had seen the mouse run up inside the recliner, she wrote it in the maintenance book. CNA F said that she does know that if mice droppings were to get in the resident's nose or mouth that they could get extremely sick. CNA F stated that she had seen mice droppings in different places in the facility such as storage rooms. CNA F stated that when she had told maintenance about the mice they came to Resident #1's room and put a couple of glue traps behind the recliner but did not put any in Resident #2's room.</p> <p>During record review of facility maintenance from 05/06/2024 to 08/12/2024 revealed there were no maintenance request for mice in Resident #1 and Resident #2's rooms.</p> <p>During an Interview with ADON A on 08/29/2024 at 11:38 am., ADON A stated that he knew that there was an issue with mice, but the pest services had placed bait boxes on the outside of the building. ADON A stated that this should help with eliminating the mice. ADON A stated that it is hard to combat the mice when you're in the field.</p> <p>During an interview with family member of Resident #1 on 08/29/2024 at 12:29 pm. r said that they had not been contacted before by anyone at the facility to rectify the mouse problem recliner until now.</p> <p>Unable to interview The Administrator due to being at a conference and not in the facility on 08/28/2024-08/29/2024.</p> <p>Unable to interview The DON due to being at a conference and not in the facility on 08/28/2024-08/29/2024.</p> <p>Interview with The Maintenance Director on 08/29/2024 at 1:39 pm said that the facility does not have a policy for pest control but use the service agreement as a policy.</p> <p>Interview with ADON A on 08/29/2024 at 1:44 pm. ADON A stated that the maintenance director said that he did not have a policy and he did not believe that they had a policy either.</p> <p>Record review of invoice from pest control services, dated 08/07/2024, revealed the Technician Comments:</p> <p>Performed August monthly service. Spoke to The Maintenance Director, kitchen, housekeeping, and checked logbook. The Maintenance Director has been keeping track of the mouse sightings and pointed out some areas inspected and found the entry points, was able to place some RTU's stations in a secure area and The Maintenance Director is going to come up with a way to seal the entry points as there is bundles of cable wire come out of the holes. Checked and refreshed mice/rats bait stations small amount of activity on most bait stations replaced all chewed and weathered bait.</p> <p>(continued on next page)</p>		

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<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 timeline provided from The Maintenance Director, undated, but received on 08/29/2024 at 1:25 pm, revealed:</p> <p>Pest Control-Notes and plan implemented starting February 2024 to eliminate mice.</p> <p>February 2024- Contract was taken over by pest control. Multiple entry points were found and corrected on site during the site visit.</p> <p>March 2024-In walking facility again found a few exterior and interior entry points and corrected those as well.</p> <p>April 2024-Started adding bait into wall in the areas where mice are most common (water heater room/Janitorial closets).</p> <p>May 2024-Low activity and did not find any additional entry points.</p> <p>June 2024-Low activity and did not find any additional entry points.</p> <p>July 2024-Activity in the water heater room in service hall, placed additional traps and inspected area.</p> <p>August 2024-Low activity but did find more interior entry points and those were closed off immediately.</p> <p>Record review of facility provided service agreement with pest services, titled, Independent Services Agreement, dated 06/2022, revealed:</p> <p>Scope of Services:</p> <p>a). Perform monthly pest control service, including coordinating with clients staff to implement an integrated pest management plan, monitor and track pest issues inside and outside of facility, addressing site issues both reported and observed, recording actions taken and observed to staff to be kept on record. Pest control each month consists of, including but not limited to:</p> <p>c). Inspecting and treating interior pest issues including kitchen, laundry, exits, closets.</p> <p>d). Monitoring and maintaining any equipment used to bait and/or eliminate pests inside and outside (i.e. fly lights and rodent bait stations).</p> <p>e). When requested, treat specific areas that are experiencing a particular problem, which may include the removal of persons in affected areas for varying time periods, and could be subject to additional changes outlined in Exhibit B.</p> <p>Pests included in the agreement:</p> <p>Service provider shall attempt to adequately suppress and/or treat the following to the best of their ability or as needed. Some pests are not preventable, and may require additional services to control or eradicate, pricing dependent on the sale and scope of specific work. 4.5 Rodent</p> <p>(continued on next page)</p>		

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<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 website for diseases caused by mice on 08/29/2024 at 4:00 pm, Unknown author, 2018, June, Hantavirus Disease, https://www.health.ny.gov/commissioner/ revealed:</p> <p>Anyone who encounters infected rodent droppings, urine, saliva, nesting materials, or particles from these, can get hantavirus disease. Exposure to poorly ventilated areas with active rodent infestations in households, is the strongest risk factor for infection. Entering rarely opened or seasonally closed buildings with rodent activity may also cause infection.</p> <p>Hantavirus is spread from wild rodents, particularly mice and rats, to people. The virus, which is found in rodent urine, saliva, and feces (poop), can be easily released in the air in confined spaces when disturbed by rodents or human activities, such as sweeping or vacuuming. Breathing in the virus is the most common way of getting infected; however, people can also become infected by touching their mouth or nose after handling contaminated materials. While rare, a rodent's bite can also spread the virus.</p> <p>There is no specific treatment, cure, or vaccine for hantavirus disease. Early supportive treatment of patients with hantavirus disease can improve survival. If there is a high degree of suspicion of hantavirus disease, patients should be immediately transferred to an emergency department or intensive care unit for close monitoring and care. Rapid diagnosis and supportive treatment have increased the chance of survival.</p> <p>Avoid contact with rodent droppings or urine. Avoid touching live or dead rodents. Do not disturb rodents, burrows, or nests.</p> <p>The virus, which is able to survive in the environment for a few hours or days (for example, in dirt and dust in the shade or in rodent nests) can be killed by most household disinfectants, such as bleach, detergents, or alcohol. Exposure to the sun's UV rays can also kill the virus. Dwellings with substantial amounts of rodent droppings should first be aired before re-occupying the building. It is important to keep rodent dropping particles from getting into the air where they can be inhaled. The debris should be thoroughly wet down with a household disinfectant solution (such as detergent plus one 1/2 cups of bleach for each gallon of water) to reduce airborne dust. An old spray bottle with a fine mist is ideal for applying the solution. Debris should then be wiped up while wearing disposable gloves and placed in plastic bags for disposal, together with any cleanup materials such as paper towels. Do not use vacuum cleaners or sweep with brooms, which will create dust in the air. Use of disposable gloves, dust masks, long-sleeved clothing, and protective eyewear may help prevent personal exposure. Wash hands with soap and water after completing the cleanup.</p> <p>Review of What Diseases Can Mice and Rodents Spread? Orkin, undated accessed at (http://www.orkin.com/pests/rodents/mouse-control/what-diseases-do-mice-carry) on (08/29/2024) revealed:</p> <p>Hantavirus: This disease is a problem when the viral organisms causing Hantavirus are inhaled along with dust particles while cleaning up or when coming into direct contact with droppings and urine.</p> <p>Salmonellosis: This disease often causes stomach upset in humans. Contact with rodent feces or urine in food or on food preparation surfaces are the most common ways to contract this illness.</p> <p>(continued on next page)</p>		

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<p>F 0925</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Leptospirosis: Spread through mouse and other animal urine-tainted water, this disease may lead to kidney damage and liver failure without treatment.</p> <p>LCM: This condition can cause anything from a fever and headache to brain damage. The source of LCM is from direct contact with waste or inhaling waste tainted dust, so people cleaning up mice droppings without protection are at elevated risk.</p> <p>Record review of Resident Counsel Minutes dated 07/09/2024, showing twelve members that signed, revealed:</p> <p>News/Announcements: Housekeeping, sometimes rooms and bathrooms are cleaned and sometimes they are not.</p>