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

Printed: 12/04/2024
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675959	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/06/2024
NAME OF PROVIDER OR SUPPLIER Songbird Lodge		STREET ADDRESS, CITY, STATE, ZIP CODE 2500 Songbird Cir Brownwood, TX 76801	

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 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe and appropriate respiratory care for a resident when needed. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50133 Based on observation, interview and record review the facility failed to ensure that a resident who needed respiratory care, was provided such care, consistent with professional standards of practice, the comprehensive person-centered care plan, the residents' goals and preferences for 2 of 2 residents (Residents #38 and #61) reviewed for respiratory care. The facility failed to ensure Residents #38 and #61's nasal cannula and nebulizer were kept in a bag while not in use. These failures could place residents at risk for infections and transmission of communicable diseases. The findings included: 1. Record review of Resident #38's face sheet, dated 09/06/2024, reflected a [AGE] year-old female, who was admitted to the facility on [DATE]. Resident #38 had diagnoses which included Hypertension (high blood pressure), Shortness of breath, Depression, Anxiety , chronic obstructive pulmonary disease (a lung disease that blocks airflow and makes it difficult to breathe). Record review of Resident #38's MDS admission assessment, dated 05/17/2024, reflected a BIMS score of 06, which indicated severe cognitive impairment. Section I: Active diagnosis reflected chronic pulmonary disease, or chronic lung disease. Section O: Respiratory Treatments was marked for Oxygen Therapy. Record review of Resident #38's Physician Orders, dated 05/17/2024, reflected an order for Oxygen at 3 - 4 liters per minute via nasal cannula and nebulizer treatments two times daily. Change oxygen and nebulizer tubing weekly on Sunday. Record review of Resident #38's quarterly Care Plan, 06/24/2024, reflected a care plan for has COPD (obstructive pulmonary disease) - Oxygen at 2- 4 liters per minute continuously. The Care Plan did not have an intervention regarding when oxygen tubing needed to be changed. In an observation on 09/04/2024 at 10:30 AM, revealed Resident #38 was lying in bed her nasal cannula was uncovered and hanging over the bed rail in her room with the nasal prongs lying on floor . (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: 675959	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/06/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Songbird Lodge	2500 Songbird Cir Brownwood, TX 76801

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 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	2. Record review of Resident # 61's face sheet, dated 08/06/2024, reflected a [AGE] year-old male, who was admitted to the facility on [DATE]. Resident #61 had diagnoses which included dementia (memory loss), Hypertension (high blood pressure), Pneumonia (Inflammation of the air sacs in the lungs), Muscle wasting, Shortness of breath, chronic obstructive pulmonary disease (a lung disease that block airflow and make it difficult to breathe). Record review of Resident #61's MDS admission assessment, dated 07/29/2024, reflected a BIMS score of 12, which moderate cognitive impairment. Section I: Active diagnosis reflected chronic pulmonary disease, or chronic lung disease. Section O: Respiratory Treatments was marked for Oxygen Therapy. Record review of Resident #61's Physician Orders dated 08/07/2024 revealed an order for Oxygen at 3 liters per minute via nasal cannula and nebulizer treatments every six hours as needed. Change oxygen and nebulizer tubing as needed. Record review of Resident #61's admission Care Plan, dated 08/14/2024, reflected a care plan for [Shortness of Breath #61] has COPD (obstructive pulmonary disease) - Oxygen at 3 liters per minute continuously. The Care Plan did not have an intervention regarding when oxygen tubing needed to be changed. In an observation and interview on 09/04/2024 at 09:45 AM, during initial rounds, Resident #61 was lying in his bed receiving oxygen via nasal cannula at 3 liters per minute. His nebulizer was sitting on the nightstand uncovered. In an interview on 09/06/2024 at 2:06 p.m., the administrator stated, she expects the nebulizer mouth pieces and oxygen nasal cannulas to be stored in a plastic bag when not in use. She further stated, by not cleaning and storing the nebulizers and oxygen nasal cannulas in a plastic bag could cause cross contamination and make the resident sick. In an interview on 09/06/2024 at 3:06 p.m., the DON stated, it is her expectation that the nebulizer tubing and mouthpiece be kept in a plastic bag when not in use and that it is the charge nurses responsibility to ensure that this is done. She further stated, if the nebulizers and oxygen tubing is not kept in plastic bag this could cause cross contamination and the resident could become ill. Record review of the facility policy Respiratory Therapy -Prevention of Infection, dated 2001 revised November 2011, revealed the following [in part]: Purpose: The purpose of this procedure is to guide prevention of infection associated with respiratory therapy tasks and equipment, including ventilators, among residents and staff. Procedure: Product: Oxygen delivery devices (no-aerosol producing) Ex: venturi masks, nasal cannulas, oxygen supply tubing. Infection Control Considerations Related to Medication Nebulizers/Continuous Aerosol: 7. Store the circuit in plastic bag between uses. 9. Discard the administration set-up every seven (7) days as needed.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675959	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/06/2024
NAME OF PROVIDER OR SUPPLIER Songbird Lodge		STREET ADDRESS, CITY, STATE, ZIP CODE 2500 Songbird Cir Brownwood, TX 76801	

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. 50133 Based on observation, interview, and record review the facility failed to ensure that drugs and biologicals used in the facility were secured and stored in accordance with current accepted professional principles for 2 (Hall A and Hall E) of 5 medication carts observed for medication storage. The facility did not ensure Hall A and Hall E Medication Carts was locked and secure. This failure could place the residents at risk of gaining access to unlocked medications not prescribed to them. Findings include: Observation on 9/5/2024 at 11:36 AM, revealed the Hall E medication cart was unlocked and unattended, the cart was parked in hall and nurse was in resident room. Nurse was not in line of sight of medication cart. Present in medication cart included over the counter medications, prescription medications, insulin, breathing treatment medication, narcotic drawer was locked by one lock. During an observation and interview on 09/05/24 at 4:30 PM , the medication cart was observed to be unlocked and unattended on Hall A with a resident within 6 feet away of open cart. In an interview on 09/05/2024 at 4:30 PM, LVN B stated that she did not know anyone had been close to the medication cart and knew she was to have it within eyesight if left unlocked. LVN B further stated if residents was to obtain medications from the medication carts that was not theirs, they could have an allergic reaction. Interview with LVN A on 9/5/2024 at 11:40 AM, revealed Normally I would have turned the cart away in the door way so I let go of my cart and went to her. I didn't think correctly. LVN A further stated the medication cart was not in her line of sight and it was not locked. LVN A stated the medication cart should be locked if not in use or line of sight and that lack of locking medication cart could lead to resident getting into cart causing drug diversion. Interview with DON on 9/5/24 at 11:38 AM revealed her expectation is for medication carts to be locked when nurse is not in front of cart or utilizing cart for medication pass. The DON also stated if cart is not locked residents could get into cart and have a possibility of drug diversion. In an interview on 9/5/24 at 12:28 PM the ADM stated should be locked according to our guidelines regarding expectation for medication cart security. ADM continued stating that lack of securing medication carts could potentially allow the wrong person to get in cart and get medications. Record review of policy Medication Carts from Pharmacy Policy and Procedure Manual 2003 revealed the following [in-part]: 1. The medication carts shall be maintained by the facility. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675959	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/06/2024
NAME OF PROVIDER OR SUPPLIER Songbird Lodge		STREET ADDRESS, CITY, STATE, ZIP CODE 2500 Songbird Cir Brownwood, TX 76801	

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	2. The carts are to be locked when not in use or under the direct supervision of the designated nurse.