STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	675997	A. Building B. Wing	04/25/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Carillon Inc	1717 A Norfolk Ave Lubbock, TX 79416

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 0585 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Honor the resident's right to voice grievances without discrimination or reprisal and the facility must establish a grievance policy and make prompt efforts to resolve grievances. 46425 Based on observation, interview, and record review, the facility failed to provide information to resident's and their representatives on their rights related to filing grievances or concerns for 12 of 20 confidential residents. The facility failed to ensure 12 of 20 confidential residents were provided, through postings in prominent locations; the Grievance Procedure, were provided access to the Grievance form, were provided information regarding who the facility grievance officer was, their contact information, and how to file an anonymous grievance. This failure could place the residents at risk of unresolved grievances and decreased quality of life. Findings include: Interviews during Resident Council on, 04/24/2025 at 3:30pm, 12 confidential residents, stated they did not have access to the Grievance form, they did not know they could file a Grievance anonymously, the Grievance procedure had never been discussed in Resident Council, and they had not observed a posting of the Grievance procedure in prominent locations. Residents attending Resident Council did not know where to acquire a grievance form, who to turn the form into, and what happens once a grievance was filed. The 12 residents in attendance had all been Residents of the facility for 6 plus months. Observed prominent postings on 4/24/2025 at 4:45pm; the facility did not include instructions regarding the Grievance procedure with any of the prominent postings. Grievance forms were not available and there was no access to submit a Grievance anonymously. (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 0585 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Interview with the ADM on 4/25/2025 at 12:14pm; the ADM stated he was the Grievance Officer for the facility. The ADM stated he was responsible for the review of Grievances and assign them to department heads. The ADM stated there was no Grievance form available for the Residents, when Residents present a Grievance issue to staff, the staff completed Grievances electronically on the Resident's behalf. The ADM stated there was no procedure for Residents to submit grievances anonymously. The ADM stated the facility should resolve grievances as soon as possible once they were submitted. The ADM stated he assigns the grievance to the appropriate department, that department addresses the grievance, resolved the grievance, and explained the resolution to the complainant. The resolution was documented electronically with the original electronic Grievance. The ADM stated completed Grievances were kept in a notebook. The ADM stated he monitored the Grievance process for success by following up with the staff member assigned to resolve the Grievance, the ADM stated he would also meet with the complainant to ensure they were satisfied with the resolution. The ADM stated he was responsible for ensuring staff were trained on the Grievance process. The ADM stated he was not aware the Grievance procedure was not being discussed in Resident Council. Record Review of the Grievance Policy. Policy Statement It is a policy to thoroughly investigate all resident and families' grievances/complaints. Resolution will be documented on the facility grievance/concern form. Policy Interpretation and Implementation 1. Federal and state laws guarantee the right to submit a formal grievance to all residents of this facility. 1. Grievance/complaint forms will be kept on each floor and in the social service office. 2. Any staff member may assist a family member or resident in completing the facility form. 3. Completed grievance forms will be given to the social service department. The social service department will route the grievance to the appropriate department. 4. Investigation will be completed by the appropriate staff member and follow up will be documented on the form. 5. After investigation and resolution, the completed form will be given to the administrator or designee for final review. 6. The social service director or designee will be responsible for logging all family and resident grievances in the facility grievance log. 7. Copies of the completed grievance form may be given to residents and/or family members as deemed appropriate by the facility management. 8. Incidents/complaints involving alleged resident abuse will be directed to the Administrator for proper reporting and investigation immediately.

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49927 Based on observation, interview, and record review, the facility failed to store, prepare, distribute, and serve food in accordance with professional standards for food service safety in 3 of 6 kitchens reviewed for dietary services. The facility failed to label and date foods stored in the refrigerator. These failures could place residents at risk for food contamination and foodborne illness. The findings included: The following observations and interviews were made on [DATE] beginning at 10:15 AM during the initial observations of the kitchens: Observation on [DATE] at 10:45 AM of the 1st floor south kitchen revealed the following unlabeled and undated items: 2 individual prepared parfaits and 6 individual pureed parfaits. During an interview on [DATE] at 10:50 AM the DM stated the parfaits were prepared on [DATE]. The DM stated the parfaits were not dated with the date they were prepared since they planned to serve them the same day. The DM stated if the parfaits were not used that day there would not be a way for a someone to know what day they were prepared since they were not dated. The DM stated he would ensure all prepared food items stored in the kitchen refrigerators were dated going forward to prevent expired food from being served. Observation on [DATE] at 10:58 AM of the 2nd floor south kitchen revealed the following unlabeled and undated items: 2 individual prepared parfaits, 1 individual pureed parfait, and 7 uncooked pasteurized eggs (in a clear, unlabeled, plastic container). Observation on [DATE] at 11:29 AM of the 3rd floor south kitchen revealed the following unlabeled and undated items: 3 individual pureed parfaits. Observation on [DATE] at 11:40 AM of the 3rd floor north kitchen revealed the following unlabeled and undated items: 2 individual prepared parfaits and 1 individual pureed parfait. (continued on next page)

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on [DATE] at 12:45 PM the DM stated all food in the kitchen refrigerators should have been dated with a prepared date or an expiration date. The DM stated all dietary staff were responsible for ensuring food was labeled and dated. The DM stated all dietary staff received training on food preparation and storage upon hire and again during monthly in-service trainings. The DM stated uncooked pasteurized eggs were sometimes stored in the units' kitchen refrigerators to be prepared fresh on each unit. The DM stated the uncooked pasteurized eggs were removed from a larger dated container and placed in a storage container. The DM stated the expectation was for dietary staff to rotate eggs when new eggs were brought in. The DM stated there was no system in place to verify eggs were rotated or to verify the use by date for each egg. The DM stated he planned to ensure all uncooked pasteurized eggs were stored, in each unit's kitchen refrigerator, with a use by date going forward. The DM stated he completed monthly audits on each unit's kitchen. The DM stated it was his expectation that regulations were followed, and food items were labeled and dated properly. The DM stated it was important for food times to be labelled and dated to ensure outdated food was not being served to prevent foodborne illness. The DM stated when food was not labelled and dated properly, residents were at risk of getting food poisoning. During an interview on [DATE] at 1:30 PM the ADM stated it was the facility's policy that all food items be properly labelled and dated. The ADM stated it was his expectation that all food was served fresh and stored properly. The ADM stated all dietary staff were responsible for ensuring food was stored and dated properly, and the DM was responsible for overseeing dietary staff. The ADM stated all prepared food should have been labelled and dated in each kitchen's refrigerators. The ADM stated uncooked pasteurized eggs should have been dated as well. The ADM stated all dietary staff received training pertaining to food storage and preparation upon hire and during regular in-service trainings, held by the DM. The ADM stated each kitchen was audited monthly by the DM and the facility's registered dietician. The ADM stated if food was not labelled or dated properly, residents could have potentially received food that was not appropriate for them, and residents could have received food that was not fresh and outdated which could have potentially caused illness to the resident. Record review of the undated facility policy titled Refrigerators and Freezers revealed the following documentation: Policy Statement: This facility will ensure safe refrigerator and freezer maintenance, temperatures, and sanitation, and will observe food expiration guidelines. Policy Interpretation and Implementation: 7. All food is appropriately dated to ensure proper rotation by expiration dates. Received dates (dates of delivery) are marked on cases and on individual items removed from cases for storage. Use by dates are completed with expiration dates on all prepared food in refrigerators. Expiration dates on unopened food are observed and use by dates are indicated once food is opened.

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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** 49305 Based on observation, interview and record review, the facility failed to maintain an infection control program designed to provide a safe, comfortable, and sanitary environment to help prevent the development and transmission of communicable diseases for 1 of 20 residents (Resident #40) reviewed for infection control. CNA A failed to sanitize her hands between glove changes during incontinent care for Resident #40. This failure could place residents at risk for the spread of infection and cross contamination. Findings included: Record review of Resident #40's face sheet dated 04/25/25 revealed a [AGE] year-old male admitted on [DATE] with the following diagnoses: acute respiratory failure (a condition causing inadequate oxygen in the tissues), Parkinson's Disease (a disorder of the central nervous system that affects movement), shortness of breath, and hypertension (high blood pressure). Record review of Resident #40's comprehensive care plan dated 03/04/25 revealed the resident required assistance with toileting needs and was incontinent of bowel and bladder. Record review of Resident #40's Significant Change MDS assessment dated [DATE] revealed a BIMS score of 0, indicating the resident's cognition was severely impaired. Further review of Section H-Bowel and Bladder revealed: Urinary Continence - the resident was always incontinent. Bowel Continence - the resident was always incontinent. During an observation on 04/24/25 at 10:02 AM of incontinent care for Resident #40, CNA A washed her hands, put on PPE, and performed male incontinent care. CNA A removed her gloves, put on a new pair of gloves, and applied a new brief to Resident #40. CNA A removed her PPE and washed her hands following the procedure. CNA A did not sanitize her hands between the glove change during incontinent care. During an interview on 04/24/25 at 10:50 AM, CNA A stated she did not sanitize her hands between glove changes while performing incontinent care for Resident #40. She stated she did not know why she skipped the step of sanitizing her hands. She stated, Normally, I would sanitize my hands after removing my gloves, but today I got in a hurry and forgot. CNA A stated she was trained on hand hygiene during her orientation when she was hired. CNA A stated a potential negative outcome of failure to perform hand hygiene between glove changes was cross-contamination. During an interview on 04/25/25 at 11:41 AM, the ADM stated he was not aware that staff were not observing proper hand hygiene between glove changes during resident care. He stated the DON and administrative nursing staff were responsible to assure staff were trained on proper hand hygiene. The ADM stated a potential negative outcome for failure to properly sanitize hands between glove changes was the spread of bacteria and germs. (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 04/25/25 at 12:05 PM, the DON stated she was not aware that staff were not observing proper hand hygiene between glove changes during resident care. She stated she and the clinical managers were responsible to assure staff were trained on hand hygiene. She stated the facility educator was responsible to conduct staff training monthly and as needed. The DON stated the clinical managers made daily rounds on each unit to monitor staff for proper skills and training during resident care. She stated a potential negative outcome for failure to perform hand hygiene between glove changes was the spread of infection. Record review of the facility's undated policy titled, Handwashing/Hand Hygiene, revealed: Policy Statement This facility considers hand hygiene the primary means to prevent the spread of healthcare-associated infections. Policy Interpretation and Implementation . Indications for Hand Hygiene 1. Hand hygiene is indicated: a. immediately before touching a resident. f. before moving from work on a soiled body site to a clean body site on the same resident; and g. immediately after glove removal.