

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 676017	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/05/2025
NAME OF PROVIDER OR SUPPLIER Ranger Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 460 W Main St Ranger, TX 76470	

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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44558</p> <p>Based on interview, and record review, the facility failed to develop and implement a comprehensive and person-centered care plan, including measurable objectives and timeframes to meet a resident's medical, nursing, mental, and psychosocial needs identified in the comprehensive assessment of diagnosis of Diebeates Mellitus, Goutt for 1 of 16 residents reviewed (Resident #34) residents reviewed for comprehensive care plans.</p> <p>The facility failed to implement care plan for Resident #34 that included Diabetes Mellitus and Gout</p> <p>These failures could place residents at risk of not having preferences and needed care for residents.</p> <p>Findings included:</p> <p>Record review of Resident #34' electronic face sheet revealed an [AGE] year-old female admitted [DATE]. Diagnoses include Hypothyroidism (abnormally low activity of thyroid gland), Type 1 Diabetes Mellitus (pancreas makes little to no insulin) , Obesity(excess accumulation of body fat), Hypertension (high blood pressure), Gout (a type of arthritis that causes joint pain and swelling), Paroxysmal Atrial Fibrillation(a type of irregular heart beat that starts and stops suddenly) Right Upper quadrant pain, Shortness of breath, Osteoarthritis (degeneration of joint cartilage and the underlying bone) .</p> <p>Record review of Resident #34's Comprehensive Care Plan dated 01/29/2025 revealed no problem, interventions, goals for diagnosis of Paroxysmal Atrial Fibrillation, Gout, Type I Diabetes Mellitus, Obesity, Right Upper quadrant pain, Shortness of breath, Osteoarthritis, Sleeping in recliner.</p> <p>Record review of Resident #34's Admission MDS dated [DATE] revealed Section C - Cognitive Patterns-C0500 BIMS (Brief Interview of Mental Status) score of 15 (cognitively intact). Section I-Active Diagnoses I0100 Cancer, I0300 Atrial Fibrillation, I0700 Hypertension, I2900 Diabetes Mellitus, I3300 Hyperlipidemia, I3400 Thyroid Disorder, I3700 Arthritis, I8000 Additional active diagnoses Obesity unspecified.</p> <p>Record review of Resident 34's Physician orders dated 03/01/2025 revealed the resident received the following medications:</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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>*Metoprolol Tartrate for hypertension,</p> <p>*Losartan for hypertension,</p> <p>*Potassium for low potassium levels</p> <p>*Tylenol 8-hour Arthritis Pain,</p> <p>*Allopurinol for Gout,</p> <p>*Metformin HCL for diabetes,</p> <p>*Levothyroxine for Hypothyroidism,</p> <p>*Empagliflozin for Diabetes,</p> <p>*Celecoxib for arthritis,</p> <p>*O2 (oxygen)at 2-4 LPM (liters per minute) via N/C (nasal canula).</p> <p>During an interview on 03/05/2025 at 01:55 PM, the DON stated comprehensive care plans should address all diagnosis, medications and anything revealed from admission assessments, such as falls, smoker, skin impairment. The DON stated care plans should be updated with any significant change for resident and every 3 months. The DON stated if a care plan was not updated the care may not be provided. The DON stated the staff informed her of any changes and she updates the care plan as needed.</p> <p>Review of facility's policy titled: Comprehensive Care Plan Policy Effective Date: 05/05/2024 revealed: Purpose To establish guidelines for the development, implementation, and evaluation of comprehensive care plans for residents in long-term care facilities, ensuring person-centered care that meets regulatory requirements and promotes resident well-being</p> <p>1. Development of the Comprehensive Care Plan .</p> <p>A full comprehensive care plan must be completed within 7 days after the completion of the resident's initial [NAME] Data Set (MDS) assessment, which occurs within 14 days of admission.</p> <p>The care plan must be:</p> <p>Resident-centered and reflect the individual's goals, preferences, and strengths.</p> <p>Based on a comprehensive assessment, including physical and emotional, cognitive, and social aspects of care.</p> <p>Developed with input from the resident and/or their legal representative.</p> <p>Documented in the resident's medical record</p> <p>(continued on next page)</p>		

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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Care plans should include measurable goals and specific interventions tailored to the resident's needs</p>

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<p>F 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44558</p> <p>Based on interview and record review, the facility failed to revise the resident's care plan for use of figure eight binder and recent fall. 1 of 16 residents (Resident #33) reviewed for comprehensive care plans.</p> <p>The IDT team failed to revise Resident #33's care plan to include the updated fall with injury, left distal clavicle fracture and physician order for figure eight binder.(Clavicle support brace).</p> <p>These failures could affect residents by placing them at risk of not having their individual needs met.</p> <p>The findings include:</p> <p>Record review of Resident #33's electronic face sheet revealed [AGE] year-old male admitted [DATE] with diagnoses Nonrheumatic Aortic valve Stenosis, Congestive Heart Failure, (heart disease) Nicotine Dependence, Epilepsy (chronic brain disorder characterized by recurrent unprovoked seizures), Hypertension (high blood pressure, Chronic Obstructive Pulmonary Disease (Lung disease).</p> <p>Record review of Resident #33's Quarterly MDS dated [DATE] revealed Section C-Cognitive Patterns-C0500 BIMS Score 05 (severely impaired cognitive function), Section GG0120 Mobility Devices Walker</p> <p>Record review of Resident #33's Care Plan date initiated 08/08/2023 revealed Resident #33's care plan did not address the injury on 2/23/2025 or the intervention of figure eight binder (clavicle support binder) for fracture of left distal clavicle fracture.</p> <p>Record review of Resident #33's Physician orders dated 02/26/2025 revealed order for figure eight binder.</p> <p>During an interview on 03/05/2025 at 01:55 PM, the DON stated care plans should be updated with any significant change for resident and every 3 months. The DON stated if care plan was not updated the care may not be provided. The DON stated the staff informed her of any changes and she updated the care plan as needed. The DON stated she did not know what caused this failure.</p> <p>Review of facility's policy titled: Comprehensive Care Plan Policy Effective Date: 05/05/2024 revealed: Purpose To establish guidelines for the development, implementation, and evaluation of comprehensive care plans for residents in long-term care facilities, ensuring person-centered care that meets regulatory requirements and promotes resident well-being</p> <p>4. Care Plan Review and Updates</p> <p>Care plans must be reviewed at least quarterly and with any significant change in the resident's condition.</p> <p>Revision must be made promptly to reflect changes in:</p> <p>(continued on next page)</p>		

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F 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	<ul style="list-style-type: none"> *Medical Status * Functional ability * Psychosocial needs * Resident preferences and goals .

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<p>F 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45216</p> <p>Based on observation, interview, and record review, the facility failed to ensure a resident who was incontinent of bladder received appropriate treatment and services to prevent urinary tract infections for one of two residents (Resident #28) reviewed for catheter care.</p> <p>The facility failed to ensure Resident #28's indwelling urinary catheter collection bag was secured off the floor.</p> <p>This failure placed residents at risk for infection.</p> <p>Findings included:</p> <p>A record review of Resident #28's electronic face sheet revealed a [AGE] year-old female admitted to the facility on [DATE] with medical diagnoses of anxiety, obesity, high blood pressure, heart disease, an irregular heartbeat, diseased veins in her legs, emphysema (a chronic lung disease that causes permanent damage to the air sacs in the lungs), COPD (a group of lung diseases that cause ongoing breathing problems), and a history of cervical (the lower part of the uterus) cancer.</p> <p>A record review of Resident #28's Quarterly MDS dated [DATE], revealed in Section C - Cognitive Patterns, subsection C0500 - BIMS Summary Score, Resident #28 scored 10 out of 15 indicating moderate cognitive impairment. Section H - Bladder and Bowel, subsection H0100 Appliances, A. Indwelling catheter (including suprapubic catheter and nephrostomy tube) was selected.</p> <p>A record review of Resident #28's physician's orders dated 12/02/2024 revealed Insert 16 fr with 10-30 cc bulb foley catheter due to neurogenic bladder.</p> <p>During an observation on 03/04/2025 at 06:42 AM, Resident #28's urine collection bag was lying on the floor and visible from the doorway.</p> <p>During an interview on 03/04/2025 at 06:50 AM, LVN A stated a urinary catheter collection bag should be hung from the bed frame and not left lying on the floor. She stated the effect on a resident of the urinary catheter collection bag lying on the floor would be an increased risk for urinary infection.</p> <p>During an interview on 03/04/2025 at 11:43 AM, Resident # 28 stated she had the indwelling catheter for a couple of months. She denied issues with the catheter. Resident #28 stated staff emptied the collection bag regularly and had come in, emptied it, and hung it under the bed after she received her medications this morning. She stated she was not bothered by the bag not hanging under her bed.</p> <p>During an interview on 03/05/2025 at 02:07 PM, NA C stated a urine collection bag should be hanging below bladder level and under the bed, not lying on the floor. He stated administration was responsible for monitoring training compliance. He stated the DON and ADON provided the infection control and catheter care training. NA C was not able to explain why Resident #28's urine collection bag was lying on the floor. He stated the failure could cause the resident to get an infection.</p> <p>(continued on next page)</p>		

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<p>F 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 03/05/2025 at 01:56 PM, the Administrator stated infection control training was provided during orientation and monthly by the DON. She stated the DON was responsible for training and monitoring the staff on infection control policy and practice. The Administrator stated urine collection bags should not be on the floor. Her expectation was for them to be properly placed. The Administrator was unable to provide an explanation of the failure to place urine collection bags in a privacy cover and hang off the floor.</p> <p>During an interview on 03/05/2025 at 02:25 PM, the DON stated the urine collection bag found on the floor in a resident's room should not have happened. She explained a leg bag used during the day and a big bag used at night. She stated Resident # 28 who had a residential full-size bed there was not a good way to hang the collection bag. Stated she had tried to place the hook between the mattress and box springs, but it did not hold well. She stated the ADON was responsible for infection control training. The DON stated the effective of failing to keep the collection bag off the floor would be risk for infection.</p> <p>During an interview on 03/05/2025 at 02:52 PM, the ADON stated a urine collection bag should never be on the floor. The ADON stated the DON was responsible for in-services and training. She explained the consequence to a resident with an indwelling urinary catheter collection bag lying on the floor visible from the door would be demeaning and embarrassing.</p> <p>Review of the facility policy titled Catheter Care, Urinary, revised September 2014, revealed Infection Control . b. Be sure the catheter tubing and drainage bag are kept off the floor.</p>

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<p>F 0695</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Some</p>	<p>Provide safe and appropriate respiratory care for a resident when needed.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44722</p> <p>Based on observations, interviews, and record reviews, the facility failed to ensure that a resident who needs respiratory care, is provided such care, consistent with professional standards of practice, the comprehensive person-centered care plan, and/or the residents' goals and preferences, for 3 of 10 (Resident #4, Resident #13, and Resident #17) reviewed for respiratory care.</p> <p>The facility failed to ensure an Oxygen in Use sign was posted on the outside of Resident #4, Resident #13, and Resident #17 doors.</p> <p>This failure could place residents at risk of staff and visitors not aware when a resident is utilizing oxygen.</p> <p>Findings included:</p> <p>Resident #4</p> <p>Record review of Resident #4's electronic face sheet revealed an [AGE] year-old male admitted to the facility on [DATE] with medical diagnosis of shortness of breath.</p> <p>Record review of Resident #4's Quarterly MDS dated [DATE], revealed in Section C - Cognitive Patterns, Resident #4 had a BIMS Score of 5, indicating severe cognitive impairment; Section O-Special Treatments, Procedures and Programs revealed no oxygen used during that assessment look back.</p> <p>Record review of Resident #4's physician orders revealed, start date of 11/02/2021 Oxygen 2-5 LPM VIA N/C prn as needed.</p> <p>During an observation on 03/04/2025 at 9:30 AM, Resident #4 was lying in bed sleeping wearing O2 and no signage on door stating, Oxygen in use.</p> <p>Resident #13</p> <p>Record review of Resident #13's electronic face sheet revealed a [AGE] year-old female admitted to the facility on [DATE], with a most recent readmission on 02/25/2021, with the medical diagnoses of shortness of breath, and Respiratory infection.</p> <p>Record review of Resident #13's Quarterly MDS dated [DATE], revealed in Section C - Cognitive Patterns, Resident #13 had a BIMS Score of 11, indicating moderate cognitive impairment; Section O-Special Treatments, Procedures and Programs revealed no oxygen used during that assessment look back.</p> <p>Record review of Resident #13's physician orders revealed, start date of 11/02/2021 O2 2-4 LPM VIA N/C prn as needed for SOB.</p> <p>During an observation on 03/04/2025 at 9:33 AM, Resident #13 was lying in bed sleeping wearing O2 and no signage on door stating, Oxygen in use.</p> <p>(continued on next page)</p>		

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<p>F 0695</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Some</p>	<p>Resident #17</p> <p>Record review of Resident #17's electronic face sheet revealed a [AGE] year-old female admitted to the facility on [DATE] with the medical diagnosis of respiratory infection.</p> <p>Record review of Resident #17's Quarterly MDS dated [DATE], revealed in Section C - Cognitive Patterns, Resident #17 had a BIMS Score of 11, indicating moderate cognitive impairment; Section O-Special Treatments, Procedures and Programs revealed no oxygen used during that assessment look back.</p> <p>During an observation and interview on 03/03/2025 at 9:58 AM, Resident #17 was lying in bed wearing O2 and no signage on door stating, Oxygen in use. Resident #17 stated she wears her oxygen all the time.</p> <p>During an interview on 03/05/2025 at 2:30 PM, the ADON stated her expectation was that there be an oxygen in use sign on the door of residents who used oxygen. The ADON stated she was responsible to monitor to ensure the signs were on the door. The ADON stated not having a sign on their door could cause resident care needs not being met. The ADON stated signs not being posted was oversight by staff and herself.</p> <p>During an interview on 03/05/2025 at 3:45, the DON stated she was not aware that rooms were missing the oxygen in use signs on their door. The DON stated her expectation was that there be an oxygen in use sign on the door of residents who used oxygen. The DON stated all staff were responsible to monitor to ensure the signs were on the door and it ultimately fell on her to ensure the signs were placed on the door. The DON stated an effect would be staff would not know if residents were using oxygen. The DON stated what led to failure was staff not paying attention to residents that were using oxygen.</p> <p>Record review of facility provided policy titled, Oxygen use in Long-Term care Nursing Homes dated 02/01/2024 revealed, Oxygen in Use signs must be placed in resident rooms as needed.</p>

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44558</p> <p>Based on observations, interviews, and record reviews the facility failed to properly store, prepare, distribute, and serve food in accordance with professional standards for food service safety for 1 of 1 kitchen reviewed for food storage.</p> <p>The facility failed to ensure foods were sealed and/or labeled properly in dry storage.</p> <p>This failure could place residents at risk for foodborne illnesses.</p> <p>Findings include:</p> <p>During an observation of dry storage on [DATE] at 09:10 AM revealed the following:</p> <ul style="list-style-type: none"> * ,d+[DATE] bag of 35-ounce toasted oats not sealed * ,d+[DATE] packaged cornbread mix opened with no open date or expiration dates. * 1 plastic container with dry round cereal with no used by dates. Container was approximately ,d+[DATE] filled. * 1 plastic container with what appeared to be dry oatmeal with no labels or dates. * 1 plastic container of dry white substance with no label or dates * 1 open box of dried beans not sealed, no labels or dates. * ,d+[DATE] bag 26-ounce mashed potatoes open not sealed and no label with dates. <p>During an interview on [DATE] at 09:25 dietary cook A stated products are supposed to be dated with date arrived, and date open. [NAME] stated they use the expiration date on the cans, package food came in. Dietary [NAME] A stated she did not know why everything was not labeled and dated. Dietary [NAME] A stated expired food could cause illness and leaving a bag or box unsealed could cause the food to go bad.</p> <p>During an interview on [DATE] at 01:45 PM The DM stated her expectations for storage and labeling in the kitchen was everything off the truck should be labeled and dated as it was stored. Any product opened should have ship date, open date and used by date. The DM stated if food was not stored properly, it could cause a food-borne illness and make residents sick. The DM stated the failure occurred due to her being out sick and she was the one that dated and labeled all the products in the kitchen.</p> <p>(continued on next page)</p>

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>During an interview on [DATE] at 02:05 PM. The AMD stated her expectations are the kitchen staff would follow facility policy on storage and labeling food products. The ADM stated the harm to residents could be if food products were moldy or any product not stored properly could cause food-borne illness. The ADM stated this failure occurred due to DM being out sick and no one in the kitchen checking to see that everything was labeled and stored properly. The ADM stated she conducts spot checks in the kitchen at least 2 times a month.</p> <p>Review of facility's policy titled: Food Storage and Labeling Policy for Long-Term Care Facilities. Effective Date [DATE] revealed</p> <p>Purpose To establish guidelines for the proper storage, labeling, handling of food in long-term care facilities to ensure food safety, prevent contamination, and comply with state and federal health regulations</p> <p>Procedures</p> <p>1. Labeling Requirements</p> <p>o All food items must be clearly labeled with the following information:</p> <p>o Name of the food item</p> <p>o Date received or prepared.</p> <p>o Expiration or use-by date</p> <p>o Initials of the staff member labeling the item .</p> <p>Food Code 2022 ,d+[DATE].11 Food labels</p>		

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<p>F 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44722</p> <p>Based on interview and record review, the facility failed to maintain medical records on each resident, in accordance with accepted professional standards and practice, that were complete and accurate for 1 of 8 (Resident #10) residents reviewed for resident records.</p> <p>The facility failed to ensure Resident #10's physician orders were accurate and reflected Resident #10's current hospice.</p> <p>This failure could place residents at risk of having errors with their care and treatment.</p> <p>Findings included:</p> <p>Record review of Resident #10's electronic face sheet dated 03/05/2025 revealed a [AGE] year-old female admitted on [DATE] with the following medical diagnoses dementia, heart disease, high blood pressure, and malnutrition.</p> <p>Record review of Resident #10's Significant Change MDS dated [DATE] revealed Section C - Cognitive Patterns, Resident # 10's BIMS score of 3 indicating severe cognitive impairment. Section O-Special Treatments, Procedures, and Programs revealed Resident #10 received hospice care.</p> <p>Record review of Resident #10's hospice discharge revealed Resident #10 discharged from Hospice E on 02/11/2025.</p> <p>Record review of Resident #10's physician orders revealed Resident #10 admitted to Hospice E on 12/17/2024. Further review revealed no evidence of an order to discharge from hospice E or an order to admit to Hospice F.</p> <p>During an observation and interview on 03/05/2025 at 11:00 AM, Resident #10 was in her room with her Family Representative. Resident #10's Family Representative stated Resident #10 had discharged from Hospice E and admitted to Hospice F.</p> <p>During an interview on 03/05/2025 at 3:45 the DON stated her expectation was that resident orders she be current and accurate a reflect the current care received by patients. The DON stated orders should be entered by the receiving charge nurse and she and the ADON were responsible to monitor to ensure orders were accurate. The DON stated she monitored by reviewing resident charts periodically. The DON stated the effect on residents' orders not being accurate could affect the Resident's care. The DON stated when Resident #10 discharged from Hospice E there should have been an order to admit to Hospice F. The DON stated Resident #10's care could have been affected because staff would have been calling the wrong hospice and Resident #10 could have received delayed care. The DON stated she was not sure why the orders had not been changed and what led to failure of the orders not be accurate was oversight by staff.</p> <p>During exit conference on 03/05/2025 at 5:30 PM, the facility did not provide requested policies on accurate records at the time of exit when requested from the DON.</p>		

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NAME OF PROVIDER OR SUPPLIER Ranger Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 460 W Main St Ranger, TX 76470	
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45216</p> <p>Based on observations, interviews, and record reviews, the facility failed to maintain an infection prevention and control program designed to provide a safe, sanitary, and comfortable environment and to help prevent the development and transmission of communicable diseases and infections, which must include, at a minimum, standard and transmission-based precautions to be followed to prevent spread of infections, for 7 of 41 residents reviewed (Resident #4, Resident #11, Resident #15, Resident #28, Resident #191, Resident #192, and Resident #241) for infection control and prevention.</p> <ol style="list-style-type: none"> 1. The facility failed to ensure Resident #4 had EBP (Enhanced Barrier Precautions) signage and PPE (Personal Protective Equipment) available for staff providing care due to Resident #4's suprapubic urinary catheter. 2. The facility failed to ensure Resident #11 had EBP (Enhanced Barrier Precautions) signage and PPE (Personal Protective Equipment) available for staff providing care due to Resident #11's open wounds on both lower legs. 3. The facility failed to make Personal Protective Equipment readily available for use when entering Resident #15's room designated for isolation due to Resident #15's positive COVID-19 test. 4. The facility failed to ensure Resident #28 had EBP (Enhanced Barrier Precautions) signage and PPE (Personal Protective Equipment) available for staff providing care due to Resident #28's indwelling urinary catheter. 5. The facility failed to make Personal Protective Equipment readily available for use when entering Resident #191's room designated for isolation due to Resident #191's positive COVID-19 test. 6. The facility failed to make Personal Protective Equipment readily available for use when entering Resident #192's room designated for isolation due to Resident #192's positive COVID-19 test. 7. The facility failed to make Personal Protective Equipment readily available for use when entering Resident #241's room designated for isolation due to a positive COVID-19 test. <p>The failures could place residents at risk for infection, illness, and a decline in quality of life.</p> <p>The findings included:</p> <p>Resident #4</p> <p>A record review of Resident #4's electronic face sheet revealed an [AGE] year-old male admitted to the facility on [DATE] with medical diagnoses of shortness of breath, history of urinary tract infections, prostate cancer, an enlarged prostate, mini strokes, and high blood pressure.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>A record review of Resident #4's Quarterly MDS dated [DATE], revealed in Section C - Cognitive Patterns, subsection C0500 - BIMS Summary Score, Resident #4 scored 5 out of 15 indicating severe cognitive impairment. Section J Bladder and Bowel, subsection H0100 Appliances, A. Indwelling catheter (including suprapubic catheter and nephrostomy tube) was selected.</p> <p>A record review of Resident #4's physician's orders dated 10/12/2023 revealed Change S/P (suprapubic) Cath (a tube inserted into the urinary bladder through the lower abdominal wall to drain urine from the bladder).</p> <p>QM every day shift every 30 day(s) ., physician's orders date 10/19/2022 revealed 30mL flush of catheter BID two times a day for prevention of sediment build up. Furthr review revealed no evidende of orders for Enhanced Barrier Precautions.</p> <p>During an observation on 03/03/2025 at 09:04 AM, no EBP signage on Resident #4's door to indicate additional protection required when providing care to the resident due to Resident #4's suprapubic urinary catheter.</p> <p>Resident #11</p> <p>A record review of Resident #11's electronic face sheet revealed a [AGE] year-old male admitted to the facility on [DATE] with medical diagnoses of cellulitis and wounds on both heels, enlarged prostate, and recurrent urinary tract infections.</p> <p>A record review of Resident #11's Quarterly MDS dated [DATE], revealed in Section C - Cognitive Patterns, subsection C0500 - BIMS Summary Score, Resident #11 scored 11 out of 15 indicating moderate cognitive impairment. Section M - Skin Conditions, subsection M1200 Skin and Ulcer/Injury Treatments, item E. Pressure ulcer/injury care was selected, item F. Surgical wound care was selected, item H. Application of ointments/medications other than to feet was selected, and item I. Application of dressing to feet (with or without topical medications) was selected.</p> <p>A record review of Resident #11's physician's orders dated 11/01/2024 revealed wound care left heal: cleanse with wound cleanser, pat dry, apply calcium alginate with silver (a gel-forming substance containing silver particles used to treat wounds), cover with absorbent dressing, secure with [sterile cotton gauze dressing] and tape every day shift every Mon, Wed, Fri for wound care, wound care right heal: cleanse area with wound cleanser, pat dry, apply [povidone-iodine], leave open to air every day shift every Mon, Wed, Fri for wound care, wound care RLE and LLE: cleanse with wound cleanser, pat dry, apply [a gel used to inhibit the growth of bacteria and fungi and absorb wound drainage], cover, secure with [sterile cotton gauze dressing] and tape every day shift every Mon, Wed, Fri for wound care, Furthr review revealed no evidende of orders for Enhanced Barrier Precautions.</p> <p>During an observation on 03/03/2025 at 09:30 AM, no EBP signage on Resident #11's door to indicate additional protection required when providing care to the resident due to open wounds on both lower legs.</p> <p>Resident #15</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>A record review of Resident #15's electronic face sheet revealed a [AGE] year-old female admitted to the facility on [DATE] with medical diagnoses of COVID-19, major depression, Type 2 diabetes, history of breast cancer, scoliosis (a condition characterized by an abnormal sideways curvature of the spine), anxiety, high blood pressure, fainting, weakness, and arthrogryposis multiplex congenita (a rare group of disorders characterized by multiple joint contractures, permanent shortening or tightening of muscles, tendons, ligaments, or skin, which restricts movement in a joint or body part, present at birth).</p> <p>A record review of Resident #15's Quarterly MDS dated [DATE], revealed in Section C - Cognitive Patterns, subsection C0500 - BIMS Summary Score, Resident #15 scored 13 out of 15 indicating moderate cognitive impairment.</p> <p>A record review of Resident #15's physician's orders dated 03/03/2025 revealed an order Place on COVID isolation.</p> <p>During an observation on 03/03/2025 at 09:11 AM of Resident #15's closed door revealed a sign with Isolation printed on it. No additional information or instructions was posted. No PPE was available outside Resident #15's door.</p> <p>Resident #28</p> <p>A record review of Resident #28's electronic face sheet revealed a [AGE] year-old female admitted to the facility on [DATE] with medical diagnoses of anxiety, obesity, high blood pressure, heart disease, an irregular heartbeat, diseased veins in her legs, emphysema (a chronic lung disease that causes permanent damage to the air sacs in the lungs), COPD (a group of lung diseases that cause ongoing breathing problems), and a history of cervical (the lower part of the uterus) cancer.</p> <p>A record review of Resident #28's Quarterly MDS dated [DATE], revealed in Section C - Cognitive Patterns, subsection C0500 - BIMS Summary Score, Resident #28 scored 10 out of 15 indicating moderate cognitive impairment. Section H - Bladder and Bowel, subsection H0100 Appliances, A. Indwelling catheter (including suprapubic catheter and nephrostomy tube) was selected.</p> <p>A record review of Resident #28's physician's orders dated 12/02/2024 revealed Insert 16 fr with 10-30 cc bulb foley catheter due to neurogenic bladder. Further review revealed no evidence of orders for Enhanced Barrier Precautions.</p> <p>During an observation on 03/04/2025 at 06:42 AM, no EBP signage on Resident #28's door to indicate additional protection required when providing care to the resident due Resident #28's indwelling urinary catheter.</p> <p>During an interview on 03/04/2025 at 11:43 AM, Resident # 28 stated she had the indwelling catheter for a couple of months. She denied issues with the catheter. Resident #28 stated staff emptied the collection bag regularly and had come in, emptied it, and hung it under the bed after she received her medications this morning. She stated she was not bothered by the bag not hanging under her bed.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 03/05/2025 at 02:07 PM, NA C stated administration was responsible for monitoring training compliance. He stated the DON and ADON provided the infection control and catheter care training. NA C stated he was not trained on EBP. He stated the failure could cause the resident to get an infection.</p> <p>Resident #191</p> <p>A record review of Resident #191's electronic face sheet revealed an [AGE] year-old female admitted to the facility on [DATE] with medical diagnoses of mini strokes, asthma, anxiety, high blood pressure, and irregular heartbeat.</p> <p>A record review of Resident #191's Admission MDS dated [DATE], revealed in Section C - Cognitive Patterns, subsection C0500 - BIMS Summary Score, Resident #191 scored 14 out of 15 indicating intact cognition.</p> <p>A record review of Resident #191's physician's orders dated 03/03/2025 revealed an order Place on COVID isolation.</p> <p>During an observation on 03/04/2025 at 11:25 AM of Resident #191's closed door revealed a sign with Isolation printed on it. No additional information or instructions was posted. No PPE was available outside Resident #191's door.</p> <p>Resident #192</p> <p>A record review of Resident #192's electronic face sheet revealed an [AGE] year-old male admitted to the facility on [DATE] with medical diagnoses of vertebral disc disorder (a breakdown of the spinal discs).</p> <p>A record review of Resident #192's Admission MDS dated [DATE], revealed in Section C - Cognitive Patterns, subsection C0500 - BIMS Summary Score, Resident #192 scored 14 out of 15 indicating intact cognition.</p> <p>A record review of Resident #192's physician's orders dated 03/03/2025 revealed an order Place on COVID isolation.</p> <p>During an observation on 03/04/2025 at 11:25 AM of Resident #192's closed door revealed a sign with Isolation printed on it. No additional information or instructions was posted. No PPE was available outside Resident #192's door.</p> <p>Resident #241</p> <p>A record review of Resident #241's electronic face sheet revealed an [AGE] year-old male admitted to the facility on [DATE] with medical diagnoses of high blood pressure, irregular heartbeat, enlarged prostate, weakness, and stroke.</p> <p>A record review of Resident #241's Admission MDS dated [DATE], revealed Section C - Cognitive Patterns, subsection C0500 - BIMS Summary Score was not completed.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>A record review of Resident #241's physician's orders dated 03/03/2025 revealed an order Place on COVID isolation.</p> <p>During an observation on 03/03/2025 at 09:24 AM of Resident #241's closed door revealed a sign with Isolation printed on it. No additional information or instructions was posted. No PPE was available outside Resident #241's door.</p> <p>During an interview on 03/03/2025 at 10:09 AM, the DON stated she was responsible for ensuring signage and PPE were available and we just haven't got them put up yet referring to instruction signage on isolation room doors. The DON explained her expectation of staff before entering an isolation room was to put on a gown in the hall and the rest of the PPE was in the resident's room. She explained before exiting, the gown was removed and hung in the resident's room. She stated staff are the only ones to enter the room, so they knew how to identify which gown was theirs. During the conversation with the DON, NA D approached the DON and asked what she needed to put on before entering an isolation room. The DON replied, PPE is in the room. The DON then turned and walked to the nurse's station.</p> <p>During an interview on 03/05/2025 at 01:56 PM, the Administrator stated the staff had not been trained on EBP. She stated she was aware of the requirement but had been too busy the past 4 months with audits and not paying attention to other tasks. The Administrator stated infection control training was provided during orientation and monthly by the DON. She stated her expectation when providing care for residents in isolation rooms was for PPE to be available outside each room. She stated the DON was responsible for training and monitoring the staff on infection control policy and practice. The Administrator stated her expectation of information given to visitors of residents in isolation was for the nurse on duty to explain the purpose of PPE was to prevent spread of infection. She stated the effect on residents of failing to have an EBP program in place would be a possible increase in infections.</p> <p>During an interview on 03/05/2025 at 02:25 PM, the DON stated implementing the EBP program was in process of being in process. She could not explain why the process had not been implemented. The DON stated her expectation was for PPE to be available outside the isolation rooms. The DON stated the facility was using one PPE cart for residents on 300 and 400 halls because it was on wheels and could be moved from room to room. She stated the ADON was responsible for infection control training. The DON stated consequences of failing to have an EBP program in place could be the spread of infection.</p> <p>During an interview on 03/05/2025 at 02:52 PM, the ADON stated she was in process of completing IP training but could not estimate a completion date. She stated LVN B was a certified IP but only worked part-time. The ADON stated PPE should be outside the door of each isolation room and staff was expected to wear the proper PPE. She stated the reason for the failure was because the DON set up one PPE cart to use since it was on wheels. The ADON stated she was not aware of the EBP regulation. The ADON stated failure to implement an EBP program would be cross contamination from one resident to the next. The ADON stated the DON was responsible for in-services and training.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of the facility policy titled COVID-19 Positive Area in Facility effective 11/28/2022 and updated 05/09/2023 revealed Per most recent CDC Guidelines for COVID-19, resident who test positive for COVID-19 can be quarantined to their rooms. An isolation cart/table will be set up outside the room of the resident with the proper PPE listed below. 9. N-95 Masks, 10. Face Shields, 11. Goggles, 12. Shoe Covers, 13. Gloves, 14. Bio-Hazard Bags (Red), 15. Laundry Bags (Yellow), 16. Hand Sanitizer</p> <p>Review of the facility policy titled Enhanced Barrier Precautions in Nursing Homes, dated 06/01/2024, revealed 1. Resident Requiring Enhanced Barrier Precautions. EBP will be implemented for residents who: * Have indwelling medical devices (e.g., central lines, urinary catheters, feeding tubes, tracheostomies). 2. Personal Protective Equipment (PPE) . Healthcare personnel must wear: * Gloves and gowns when performing high-contact care activities (e.g., dressing changes, device care, bathing, toileting, wound care).</p>		