

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  676028	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  06/13/2024
NAME OF PROVIDER OR SUPPLIER  Southern Specialty Rehab & Nursing		STREET ADDRESS, CITY, STATE, ZIP CODE  4320 W 19th St Lubbock, TX 79407	

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 - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>Provide and implement an infection prevention and control program.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49154</b></p> <p>Based on observation, interview and record review the facility failed to establish and maintain an effective Infection Control Program designed to provide a safe, sanitary, and comfortable environment and help prevent the development and transmission of communicable diseases and infections for 1 of 28 residents (Resident #1) and 1 staff (SW) reviewed for infection control.</p> <p>The SW failed to wear appropriate PPE and practice hand hygiene before entering or exiting room [ROOM NUMBER] for Resident #1 who was on contact isolation for Carbapenem Resistant Pseudomonas Aeruginosa (bacteria resistant to certain classes of antibiotics). The SW removed a reusable cup from room [ROOM NUMBER] and carried it to the community water station at the nurse's station, refilled the cup and returned the cup to room [ROOM NUMBER]. The SW entered three additional residents' rooms with signed posted enhanced barrier precaution after exiting room [ROOM NUMBER].</p> <p>An Immediate Jeopardy was identified on 6/12/24/at 4:35 PM. The IJ template was provided to the facility Administrator on 6/12/24 at 4:50 PM. While the immediate jeopardy was lifted on 6/13/24 at 4:15 PM, the facility remained out of compliance at a scope of no actual harm with potential for more than minimal harm and a scope of pattern, due to the facility's need to evaluate the effectiveness of their plan of correction to prevent future concerns.</p> <p>These failures could place residents at risk for infection and cross contamination of pathogens and illness, which could lead to worsening of their condition, hospitalization , or death.</p> <p>Finding include:</p> <p>Record review of Resident #1's undated face sheet revealed a [AGE] year-old female with an initial admitted [DATE] and a readmitted [DATE] with the following diagnoses: acute and chronic respiratory failure with hypoxia (lack of oxygen in the blood), chronic obstructive pulmonary disease (airflow blockage and breathing-related problems), tracheostomy status (surgically created hole in the windpipe for breathing), dependence on respirator [ventilator status], and hypothyroidism (thyroid condition).</p> <p>Record review of Resident #1's Quarterly MDS dated [DATE] revealed resident #1 had a BIMS of 08, which indicated the resident's cognitive status was moderately impaired. Additionally, section H - Bladder and Bowel revealed Resident #1 had an indwelling catheter, section M - Skin Conditions revealed Resident #1 had a pressure ulcer, and section O - Special Treatments, Procedures and Programs revealed Resident #1 received tracheostomy care and uses an invasive mechanical ventilator.</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 0880</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>Record Review of Resident #1's Care Plan, dated 02/22/2024, revealed Resident #1 was on contact precautions related to Pseudomonas Aeruginosa in sputum (bacterial organism in lung secretions). Interventions were to have PPE readily outside of the resident's room, place sign in the resident's door to check with nurse prior to entering put gown, gloves, and to sanitize hands prior to entering and exiting the room. The Care Plan also revealed Resident #1 has Chronic Obstructive Pulmonary Disease (COPD), a tracheostomy related to respiratory failure, a Foley catheter, had oxygen therapy via trach collar secondary to respiratory failure, and was ventilator dependent related to respiratory failure.</p> <p>Record Review of Resident #1's Physician's Orders dated 06/12/2024 revealed an order dated 02/23/2021 for isolation protocol for Carbapenem Resistant Pseudomonas Aeruginosa - Staff will require gown and gloves while giving care. The physician's orders further revealed an order dated 10/06/2023 for Trach care, an order dated 04/27/2024 for Foley catheter care, and an order dated 01/30/2024 for a vent setting: AC/VT = 450, Rate = 18, Peep = 8 8/liters every shift.</p> <p>Record Review of Resident #1's Discharge Instructions Record dated 02/22/2024 revealed CRPA infections can occur in a wound or surgical incision. It can also occur in other areas of the body, such as the urinary system, blood stream, lungs, and abdomen. CRPA infections may cause severe illnesses such as: Gastrointestinal illness, Pneumonia, bone or joint infections, bloodstream infections, and invasive infections in other body organs. CRPA bacteria may colonize wounds, the respiratory tract of some patients, and medical devices that are in place for a long time. Healthcare facilities may utilize isolation precautions to prevent the spread of the bacteria to other patients. The most effective way to prevent the spread of bacteria is to wash your hands often. This condition is caused by Pseudomonas aeruginosa bacteria that no longer responds to carbapenem antibiotic medicines. This bacterium can be spread by: direct contact of an open wound of an infected person, having contact with a medical device that has the bacteria on it (is contaminated), and touching surfaces or items that have been in contact with an infected person. Those most at risk include patients in hospitals, especially if: you had a long-term hospital stay, especially in an intensive care or burn unit, you have been on antibiotics for the treatment of other conditions, you use a breathing machine (ventilator), you use urinary (bladder) catheters, or are on kidney dialysis, you have a short-term or long-term vascular access device, such as a catheter or IV, you have wounds from surgery or burns, or you have a weakened defense system (immune system). Pseudomonas aeruginosa infections are generally treated with antibiotics. Unfortunately, people in exposed to healthcare settings like hospitals or nursing homes, Pseudomonas aeruginosa infections are becoming more difficult to treat because of increasing antibiotic resistance. To identify the best antibiotic to treat a specific infection, healthcare providers will send a specimen (often called a culture) to the laboratory and test any bacteria that grow against a set of antibiotics to determine which are active against the germ. The provider will then select an antibiotic based on the activity of the antibiotic and other factors, like potential side effects or interactions with other drugs. For some multidrug-resistant types of Pseudomonas Aeruginosa, treatment options might be limited.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>During an observation on 6/12/24 at 10:43 AM, the SW was observed in the 200 hall, entering room [ROOM NUMBER], which had a sign posted outside of the door for Contact Precautions, and a clear three drawer cart with PPE in the cart. The SW entered room [ROOM NUMBER] without any PPE on and did not practice hand hygiene. SW walked to the bedside near Resident #1 and spoke with Resident #1. SW picked up the re-useable drinking cup for Resident #1 and exited the room. SW walked down the hall to the nurse's station and used the community water station to refill the cup for Resident #1. SW touched the spout for the community water pitcher to refill the cup. SW placed the cup on the counter at the nurse's station and walked over to talk with another staff. SW walked back to the nurse's station and picked up the re-usable cup and walked back down the hall to room [ROOM NUMBER] and entered the room. SW placed the re-usable cup on the BST and exited the room. SW did not Donn (put on correctly)PPE either time she entered the room, and she did not practice hand hygiene any time she entered or exited the room. SW entered three additional resident rooms after exiting room [ROOM NUMBER]. SW entered room [ROOM NUMBER], 205 and 204. SW was observed knocking on the doors and pushing the doors open with her hands. There was signed posted on the outside of the door for room [ROOM NUMBER], 205 and 204 for Enhanced Barrier Precautions. The SW did not practice hand hygiene prior to entering or exiting rooms [ROOM NUMBER].</p> <p>During an observation on 6/12/24 at 10:43 AM of a facility sign posted outside of room [ROOM NUMBER] titled Contact Precautions reflected (Contact Precautions are in addition to Standard Precautions. See Standard Precautions for questions)</p> <p>Attention! Visitors must report to the nurse station before entering.</p> <p>Patient Placement: Private room, if possible. Ensure that patients are physically separated (i.e., &gt;3 feet apart) from each other. Draw the privacy curtain between beds to minimize opportunities for direct contact.</p> <p>Personal Protective Equipment (PPE)</p> <p>Don gown and gloves outside of the resident's room. Remove gown and gloves and observe hand hygiene before leaving the patient-care environment.</p> <p>Hand Hygiene (according to Standard Precautions)</p> <p>Avoid unnecessary touching of surfaces in close proximity to the patient.</p> <p>When hands are visibly dirty, contaminated with proteinaceous material, visibly soiled with blood or body fluids, wash hands with soap and water.</p> <p>If hands are not visibly soiled, or after removing visible material with soap and water, decontaminate hands with alcohol-based hand rub. Alternatively, hands may be washed with an antimicrobial soap and water.</p> <p>Preform Hand Hygiene:</p> <p>Before having direct contact with patients</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>During an interview on 6/13/2024 at 1:31 PM with the NP whose office saw Resident #1, she stated she was familiar with Resident #1 as well as the resident's diagnosis of CRPA. She stated she was aware that Resident #1 was on contact precautions at the facility. The NP stated that in her professional opinion, a staff member removing a cup from the isolation room, carrying it down the hallway and using a community water station to refill it, then returning the cup to the isolation room, would place other residents on the hall at a huge risk for infection and/or cross contamination with CRPA.</p> <p>Record review of facility's resident roster for hall 200 dated 6/12/24 reflected 28 residents lived on that hall, 11 residents had active wounds, 12 residents received tube feeding, 22 residents had tracheostomies and 11 of those were ventilator dependent and 14 residents had catheters.</p> <p>Record review of facility provided policy titled, Fundamentals of Infection Control Precautions dated 2019, revealed:</p> <p>A variety of infection control measures are used for decreasing the risk of transmission of microorganisms in the facility. These measures make up the fundamentals of infection control precautions.</p> <p>1. Hand Hygiene</p> <p>Hand hygiene continues to be the primary means of preventing the transmission of infection. The following is a list of some situations that require hand hygiene:</p> <ul style="list-style-type: none"> <li>o Before and after entering isolation precaution settings;</li> <li>o After handling soiled equipment or utensils;</li> </ul> <p>Consistent use by staff of proper hygienic practices and techniques is critical to preventing the spread of infections.</p> <p>5. Gowns and protective apparel</p> <p>2. Gowns are also worn by personnel during the care of patients infected with epidemiologically important microorganisms to reduce the opportunity for transmission of pathogens from residents or items in their environment to other residents or environments; when gowns are worn for this purpose, they are removed before the personnel leave the resident's environment.</p> <p>Record review of facility provided policy titled, Transmission-based Precautions dated 2010, revealed:</p> <p>Transmission-based precautions are used for residents who are known to be, or suspected of being infected or colonized with infectious agents, including pathogens that require additional control measures to prevent transmission.</p> <p>It is essential both to communicate transmission-based precautions to all health care personnel, and for personnel to comply with requirements. A sign will be placed at the resident's room entrance to See Nurse Before Entering so to communicate to staff and visitors so that the nurse can communicate any precautions; in addition, it will be communicated to staff via verbal report what type of precautions are required to care for the resident.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>It is important to use the standard approaches, as defined by the CDC for transmission-based precautions: airborne, contact, and droplet precautions. The category of transmission-based precaution determines the type of PPE to be used. Communication (e.g., verbal reports, signage) regarding the particular type of precaution to be utilized is important. When transmission-based precautions are in place, PPE should be readily available. Proper hand washing remains a key preventive measure, regardless of the type of transmission-based precaution employed.</p> <p>Contact Precautions</p> <p>Contact transmission risk requires the use of contact precautions to prevent infections that are spread by person-to-person contact. Contact precautions require the use of appropriate PPE, including a gown and gloves upon entering the contact precaution room. Prior to leaving the contact precaution room the PPE is removed and hand hygiene is performed.</p> <p>Depending on the situation, options for residents on contact precautions may include the following: a private room, cohorting, or sharing a room with a roommate with limited risk factors (e.g., without indwelling devices, without pressure ulcers and not immunocompromised).</p> <p>Implementation of Transmission-Based Precautions</p> <p>The Personal Protection Equipment (PPE) will be readily available near the entrance to the resident's room. Signage will be posted on the resident's door instructing visitors to see the nurse before entering.</p> <p>Record review of facility provided policy titled, Hand Washing dated 2012, revealed:</p> <p>We will ensure proper hand washing procedures are utilized. Employees are to frequently perform hand washing as outlined below.</p> <p>Procedure:</p> <ol style="list-style-type: none"> <li>1. Hand washing occurs in sinks provided for that purpose; sink areas provide hot/cold running water, soap in dispensers, and paper towels, and should have a sign posted conspicuously near or above wash basin.</li> <li>2. The hand washing technique is as follows: <ol style="list-style-type: none"> <li>a. Remove ring and watch if they cannot be sanitized during the hand washing process.</li> <li>b. Turn on water, adjusting to warm temperature and forceful flow.</li> <li>c. Wet hands.</li> <li>d. Deliver soap in palm.</li> <li>e. Lather up soap.</li> <li>f. Cup the fingertips within the palms of the hands and rub vigorously.</li> </ol> </li> </ol> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>Record review of the facility in-service dated 6/12/24 titled Meal Service to isolated residents revealed: Absolutely no trays may enter isolation residents' rooms. One staff member may don gown, mask, gloves and enter the resident room. A second staff member is to hand the disposable containers with resident meals to the staff member in PPE to give to resident. (76 staff had signed).</p> <p>Record review of the facility in-serviced dated 6/12/24 titled Transfer Devices with Isolation Residents revealed: Multi use, non-Disposable patient care devices must be sanitized upon completion of use. (i.e. Hoyer Lifts, Geri chairs). *K-Quat is to be used on non-disposable items. Other multi use patient care devices must remain in the resident's room and be sanitized upon completion of use. (i.e. BP cuff, stethoscope, pulse oximeter, glucometer). *Sani wipes to be used on these items. (71 staff signed).</p> <p>Record review of the facility in-serviced dated 6/12/24 titled Hand Hygiene and policy revealed: Hand Hygiene, you may use alcohol-based hand cleaner or soap / water for the following: and examples of when to use. You must use soap/water for the following (alcohol-based hand cleaner is not recommended) examples given. (77 staff signed).</p> <p>Record review of the facility in-serviced dated 6/12/24 titled Enhanced Barrier Precautions and policy revealed: EBP are used in conjunction with standard precautions and expand the use of PPE to donning of gown and gloves during high-contact resident care activities that provide opportunities for transfer of MDROs to staff hands and clothing. (71 staff signed).</p> <p>Record review of the facility in-serviced dated 6/12/24 titled MDRO Isolation revealed: Carbapenem Resistant Pseudomonas aeruginosa/Carbapenem resistant Acinetobacter baumannii. Residents are on contact isolation. Disposable medical equipment is required (stethoscope, blood pressure cuff, pulse oximeter, etc.). disposable cups for hydration (water is carried into the room in disposable cups). Donning and doffing PPE is required (Gown, mask and gloves). Rooms are clearly marked with bright isolation signage. Any staff attempting to enter these rooms must perform hand hygiene, and don masks, gloves, gowns. Prior to exiting the room masks, gloves, gowns are removed and disposed of, and hand hygiene preformed. All staff are required to follow all infection control policies. (74 staff signed).</p> <p>Record review of the facility in-service dated 6/12/24 titled Refilling isolation beverages revealed: Residents on contact isolation are served meals on Styrofoam plates and disposable utensils to prevent cross contamination to the dietary department or staff picking up trays. When managing a non-disposable drinking cups for these residents, they may not leave the room to be refilled. We may bring in a disposable cup with ice and water to refill the container. Those are disposed of inside of the resident room. If the non-disposable drink receptacle needs to be washed, and cannot be washed in the room, we will throw it away and get a new one. (71 staff signed).</p> <p>Record review of competency test dated 6/13/24 and titled Putting on and Removing Personal Protective Equipment (PPE) revealed 45 tests were completed for staff.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  676028	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  06/13/2024
NAME OF PROVIDER OR SUPPLIER  Southern Specialty Rehab & Nursing		STREET ADDRESS, CITY, STATE, ZIP CODE  4320 W 19th St Lubbock, TX 79407	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
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<p>F 0880</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>Record review of competency test dated 6/13/24 and titled Hand Hygiene revealed 48 tests were completed for staff. During an observation interview on 6/13/2024 at 11:24 AM with Resident #1 and family member who was present in the room, revealed the resident was connected to a ventilator via her tracheostomy and was able to answer questions with a head shake or nod. When asked if all staff donned PPE prior to entering her room, Resident #1 nodded her head yes. When asked if staff were friendly with her while performing care, Resident #1 nodded her head yes. The family member also stated staff are very pleasant with the resident always. The family member stated prior to the foam cups being brought to the resident's room yesterday, the staff would bring drinks to the room in a disposable, clear cup.</p> <p>During an interview on 6/13/24 at 1:05 PM, the Dietary Aide stated she received in-serve on contact isolation precaution and the process that must be done before entering a resident room on those precautions. She stated she received in-service on EBP and when PPE would be needed. She stated there were signs posted outside the doors for EBP and bright orange signs posted for Contact precaution. She stated she was in-serviced on infection control and CRPA. She stated she was in-serviced on hand hygiene, and it must be performed prior to entering and exiting rooms; and how to preform hand hygiene, and staff completed competency check off for hand hygiene. She stated she was in-serviced on disposable containers used for residents on contact precautions, and that nothing could be removed from the room, as well as how a meal would be served, and that any items used that are not disposable must be cleaned and sanitized with K-quat sanitizer solution. She stated if she had any questions or concerns, she would ask staff before for assistance before she entered a room.</p> <p>During an interview on 6/13/24 at 1:36 PM, the MD Assistant stated the facility notified her of the IJ for infection control on 6/12/24 and the POR. She stated she informed the Medical Director and they agreed with the POR. She stated they followed up with the facility on 6/13/24.</p> <p>During an interview on 6/13/24 at 2:40 PM, the Activity Director stated she went in resident's rooms to provide activities. She stated there are signs posted outside of resident rooms when on isolation or EBP. She stated the facility in-serviced her on infection control, CRPA, donning and doffing PPE, hand hygiene, when to wash hands and when to use hand sanitizer, the bright orange sign posted for contact precaution, the PPE used for isolation and when to use it She stated the facility provided an in-service about staff using disposable cups for containers for residents that are on contact isolation precautions. That staff cannot remove items for the resident rooms if on isolation, staff needs to use foam cups to take water or ice in rooms and throw away in rooms. That staff should not bring items out of rooms for residents on isolation. That any non-disposable items that were used in an isolation room would need to be cleaned and sanitized with k-quat.</p> <p>During an interview on 6/13/24 at 2:45 PM, LVN A stated the facility provided in-service over contact isolation, infection control, EBP, equipment used in isolation rooms, cleaning and disinfecting those items before use in another room or with resident, disposable drinking cups, and meal containers, how to serve a meal to a resident on isolation, PPE used for isolation verses EBP and when to use PPE, hand hygiene, when to wash hands, when staff can use hand sanitizer, and to practice hand hygiene before entering rooms and exiting rooms. LVN A stated staff should use foam cups when refilling water for residents on isolation, to take the refill in the room and dispose of the foam cup, not bring items out of the room. The facility will use orange sign posted outside of resident rooms for contact isolation and signs for EBP will be posted outside of resident rooms.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>During an interview on 6/13/24 at 2:53 PM, the SW stated the facility provided an in-service on EBP and there were signs posted outside of the door and staff were to sanitize their hands before they enter the room and when they exit the room and if any care is provided PPE must be worn; contact isolation and an orange sign would be posted outside of the resident room, staff would have to perform hand hygiene then put on PPE, gown, gloves and a mask before they entered the room, remove the PPE before they exit the room and perform hand hygiene. If a resident was on contact isolation precautions staff cannot remove anything from the room like a cup. If the resident requested a refill or a drink staff would need to use a disposable foam cup and take the drink or refill to the resident in the room and throw away the cup in the room. The SW stated that the facility provided in-service over hand hygiene when to was hands and when sanitizer can be used and how to wash hands. The SW stated the facility provided in-service over infection control and CRPA and to follow the policy. She stated that any reusable item that had to be used in a resident room on isolation would need to be cleaned and disinfected with k-quat before it could be used with another resident or in another resident's room.</p> <p>During an interview on 6/13/24 at 3:15 PM, Housekeeper B stated she had been in-serviced on infection control. She stated she was in-serviced this morning on hand hygiene, abuse, how to clean resident with cotton balls. She stated she must wash hands and put on a gown, gloves before entering and remove PPE and sanitize hands before exiting for rooms on enhanced precautions. She stated rooms that have contact precautions have an orange sign outside the door. She stated for those rooms she must wash hands, put on a gown, gloves, and mask before entering and remove all PPE and sanitize hands before exiting. She stated she is not aware of any residents having falls recently.</p> <p>During an interview on 6/13/24 at 3:48 PM, the Physical Therapy Assistant stated she had worked at the facility for 2 years. She stated she has received several in-services today. She stated she washes her hands when working with residents on isolation precautions and wears PPE. She stated contact precautions mean she cannot take anything out of the resident's room and must use K-Quat to sanitize any equipment going in and prior to exiting the room. She stated rooms that have contac [TRUNCATED]</p>		