

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  04/15/2025
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 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><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 43150</p> <p>Based on observation, interview, and record review, the facility failed to ensure residents who were incontinent of bladder or had a urinary catheter received appropriate treatment and services to prevent urinary tract infections and to restore continence to the extent possible for 1 of 3 Residents (Resident #172) reviewed for incontinent care in that:</p> <p>CNA B failed to clean BM completely off Resident #172 until Surveyor intervention.</p> <p>This failure had the potential to affect residents by placing them at an increased risk of infections and skin breakdown.</p> <p>Findings include:</p> <p>Resident #172:</p> <p>Record review of Resident #172s face sheet undated revealed an [AGE] year-old female with an admitted [DATE] with the following diagnoses: urinary tract infection.</p> <p>Record review of Resident #172's quarterly MDS dated [DATE] revealed a BIMS score was left blank and incomplete. The MDS under bowel continence Resident #172 was listed as a 3 meaning always incontinent.</p> <p>Record review of Resident #172's Care Plan date revised on 01/09/24, revealed that Resident #172 was listed as having bowel and bladder incontinence with the goal listed as: interventions listed as: apply barrier cream after every incontinent episode, check resident every two hours and assist with toileting as needed, provide peri care after each incontinent episode.</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 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an observation on 04/15/2025 at 1:52 AM, CNA B and CNA D provided peri care for Resident #172. CNA D washed her hands by turning on the water, placing soap in hands, and using friction for 9 seconds before rinsing with water. CNA D used a clean paper towel to dry hands and disposed in the trash. CNA D used a clean paper towel to turn off the water faucet and disposed in the trash. CNA B then washed his hands by turning on the water faucet and putting soap in his hands, using friction for 12 seconds before rinsing under water. CNA B used a clean paper towel to dry hands and disposed in trash. CNA B used a clean paper towel to turn off the water faucet and disposed in trash. Both CNA B and CNA D put clean gloves on. CNA B uncovered the resident and unfastened the front of the resident's brief, rolling it and tucking it between the legs. CNA B used one wipe to wipe the left side and disposed of wipe. CNA B used a clean wipe to wipe the right groin and disposed in the trash. CNA B used a clean wipe to wipe the center groin and disposed in the trash. CNA B and CNA D turned Resident #172 to the left side. CNA B used a clean wipe to wipe Resident #172's buttocks once and disposing of wipe in the trash. Observed a large amount of BM on the wipe. CNA B used another clean wipe to clean Resident #172's buttock with BM still coming off on the wipe. CNA B disposed of the used wipe in the trash. Observed BM still on the resident's anus and buttocks when CNA B placed a clean brief on Resident #172. Surveyor asked to CNA B to check again to see if there was still BM. CNA B used a wipe and observed BM still on the resident. CNA B used a few more wipes and wiped until resident was clean. CNA B put a different clean brief on Resident #172 and placed pants on. CNA B covered resident and lowered bed. CNA D gathered trash. CNA B and CNA D disposed of gloves and did not wash hands after resident care.</p> <p>During an interview on 04/15/2025 at 11:15 AM, CNA B stated he had been trained through in-services, every month. CNA B stated that he did observe the BM that he had failed to clean off the resident. CNA B stated he should have kept cleaning with a clean wipe until the resident was completely clean. CNA B stated that it was important to verify that all urine and BM was cleaned off the resident because it could cause infections, rashes, and skin breakdown. CNA B stated he was not sure why he did not continue to clean the resident.</p> <p>During an interview on 04/15/2025 at 2:00 PM, ADON stated that staff had been in-serviced last week. ADON stated that staff should have followed policy. ADON stated the negative potential outcome for not following infection control practices or the risk for spreading infection.</p> <p>During an interview on 04/15/2025 at 2:00 PM, The Administrator stated that staff should go by the policy. The Administrator stated she was not familiar with the policy due to being new to the facility. The Administrator stated she does expect staff to follow the policy. The Administrator stated the negative potential outcome of not following the policy for infection control or the spread of infection.</p> <p>Record review of the facility-provided policy titled, Perineal Care, dated 05/11/2022, revealed:</p> <p>Introduction: It is essential that residents using various devices, absorbent products, external collection devices, etc. be checked (and changed as needed) on a schedule based upon the resident's voiding pattern, professional standards of practice, and the manufacturer's recommendations.</p> <p>Skin problems associated with incontinence and moisture can range from irritation to increased risk of skin breakdown. Moisture may make the skin more susceptible to damage from friction and shear during repositioning.</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>Objective: Use proper hand washing techniques to keep hands and exposed portions of the arms clean.</p> <p>Purpose: This procedure aims to maintain the resident dignity and self-worth and reduce embarrassment by providing cleanliness and comfort to the resident, preventing infections and skin irritation, and observing the resident's skin condition.</p> <p>Procedure:</p> <p>10. Perform hand hygiene</p> <p>11. [NAME] gloves and all other PPE per standard precautions</p> <p>15. If required, use a towel or extra incontinence pad to protect the mattress cover from being soiled.</p> <p>17. Gently perform perineal care, wiping from clean, urethral area, to dirty, rectal area, to avoid contaminating the urethral area-clean to dirty.</p> <p>Female resident-Working from front to back, wipe one side of the labia majora, the outside folds of perineal care to the inner thigh. If applicable, gently wash the juncture of the Foley catheter tubing from the urethra down the catheter about 3 inches. Then wipe the other side. Use a clean area of the washcloth or pre-moistened cleansing wipes for each stroke.</p> <p>.</p> <p>Back Side:</p> <p>21. Gently perform care to the buttocks and anal area, working from front to back without contaminating the perineal care.</p> <p>24. Doff gloves and PPE</p> <p>25. Perform hand hygiene</p> <p>Important Points:</p> <p>Do not wipe more than once with the same surface</p> <p>Doffing and discarding of gloves are required if visibly soiled.</p> <p>Always perform hand hygiene before and after glove use.</p>

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>41480</p> <p>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 1 of 1 kitchen reviewed for dietary services, in that:</p> <p>The facility failed to close food spices stored on shelf in kitchen.</p> <p>This failure could place residents at risk for food contamination and foodborne illness.</p> <p>The findings included:</p> <p>Observation on 04/13/25 at 11:55 AM the following spices were stored open on the shelf:</p> <p>Italian Seasoning</p> <p>Oregano</p> <p>Garlic Salt</p> <p>Garlic Powder</p> <p>Observation on 04/14/25 at 12:31 PM the following spices were stored open on the shelf:</p> <p>Granulated Garlic</p> <p>Ginger</p> <p>Italian Seasoning</p> <p>Garlic Powder</p> <p>During an interview on 04/15/25 at 10:30 AM with [NAME] A, she stated all spices should be clean and closed when stored on shelf. She stated there was not a reason the spices should be stored open. She stated the potential negative outcome could be food poisoning, drying out and contamination. She stated she had training on proper storage of spice and food in the kitchen.</p> <p>During an interview on 04/15/25 at 10:42 AM with DM, she stated all spices should be closed when on storage shelf. She stated all staff were responsible for making sure spices and food were properly stored. She stated all staff had been trained. She stated the potential negative outcome could be rodents or insects getting in the spices and not being good anymore.</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 - Few</p>	<p>During an interview on 04/15/25 at 11:00 AM with Interim ADM, she stated all spices should be closed when stored. She stated all staff have been trained. She stated all staff were responsible for closing spices before storing. She stated the DM was responsible for checking to make sure the spices were properly stored. She stated the potential negative outcome could be bug or something else getting in the spices and in the resident's food.</p> <p>Record review of the facility's undated policy, titled Dry Storage and Supplies dated 2012, reflected the following:</p> <p>All facility storage areas will be maintained in an orderly manner that preserves the condition of food and supplies. We will ensure storage areas are clean, organized, dry and protected from vermin, and insects.</p> <p>Procedure: .</p> <p>4. Open packages of food are stored in closed containers with tight covers and dated as to when opened.</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>Provide and implement an infection prevention and control program.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 43150</p> <p>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 2 of 3 residents (Resident #50 and Resident #172) and 3 of 3 staff (CNA B, CNA C, and CNA D) reviewed for infection control.</p> <p>1. CNA C failed to follow policy and procedure for handwashing while providing incontinent care for Resident #50, during observations of peri care on 04/15/2025 at 1:10 PM.</p> <p>2. CNA B and CNA D failed to follow policy and procedure for handwashing while providing wound care for Resident #172, during observations of wound care on 04/15/2025 at 1:52 PM.</p> <p>These failures could place residents at risk for spread of infection and cross contamination.</p> <p>Findings included:</p> <p>Resident #50</p> <p>Record review of Resident #50s face sheet undated revealed a [AGE] year-old male with an admitted [DATE] with the following diagnoses: hemiplegia (muscle weakness or partial paralysis on one side of the body that can affect the arms, legs, and facial muscles), chronic kidney disease,.</p> <p>Record review of Resident #50's quarterly MDS dated [DATE] revealed a BIMS score listed as 6 meaning severe cognitive impairment. The MDS under bowel continence Resident #50 was listed as a 3 meaning always incontinent.</p> <p>Record review of Resident #50's Care Plan dated 04/24/23, revealed that Resident #50 was listed as having bowel and bladder incontinence with the goal listed as: Resident #50 will remain free from skin breakdown due to incontinence and brief use. Interventions listed as: apply barrier cream after each incontinent episode, incontinent care at least every 2 hours and apply moisture barrier after each episode.</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 observation on 04/15/2025 at 1:10 PM CNA C, was observed coming out of another resident's room and began gathering supplies to provide peri care for Resident #50 without washing her hands first. CNA B gathered supplies. CNA C went into Resident #50's bathroom and washed hands prior to providing care by placing soap in hands and using friction for 10 seconds prior to rinsing hands under water. CNA C used a clean paper towel to dry hands and disposed in the trash. CNA C used a clean paper towel to turn off the faucet. CNA C put on clean gloves. CNA C laid out supplies. CNA C provided privacy by closing the blinds, curtain, and door. CNA C took off gloves and disposed of them in the trash. CNA C washed hands by turning on the water and placing soap in her hands using friction for 7 seconds before rinsing under running water. CNA C used a clean paper towel to dry hands and disposed in the trash. CNA C used a clean paper towel to turn off the water faucet. CNA C removed Resident #50's pants. CNA C removed gloves and disposed in the trash. CNA C washed hands by turning on the water and placing soap in her hands and using friction for 4 seconds before rinsing under running water. CNA C used a clean paper towel to dry hands and disposing it in the trash. CNA C used a clean paper towel to turn off the faucet and disposed in the trash. CNA C removed resident's brief. CNA C put on clean gloves. CNA C used one clean wipe to clean the right groin and disposed in the trash. CNA C used one clean wipe to wipe the left groin and disposing in the trash. CNA C used a clean wipe to wipe the center under the scrotum and the shaft of the penis and then disposing in the trash. CNA C turned the resident to the left side and used one clean wipe to wipe the entire buttocks area several times with one wipe. CNA C disposed of the wipe in the trash. Put on a clean brief on the resident and pulled his pants up. CNA C covered Resident #50. CNA C removed gloves and discarded in the trash. CNA C gathered trash. CNA C did not wash hands after providing care.</p> <p>During an interview on 04/15/2025 at 1:20 PM, CNA C stated that she had been trained in infection control practices and hand washing through in-services, monthly. CNA C stated that she had also been trained through [company] training and competency checks every few months. CNA C stated that she had a competency check for hand washing last week. CNA C stated that the policy stated that she should wash her hands with soap for 30 seconds before rinsing. CNA C stated that she was nervous and did not pay attention to her hand washing. CNA C stated that the negative potential outcome of not following the policy for hand washing would be the spread of infection and it could make others and herself sick.</p> <p>Resident #172:</p> <p>Record review of Resident #172s face sheet undated revealed a [AGE] year-old female with an admitted [DATE] with the following diagnoses: urinary tract infection.</p> <p>Record review of Resident #172's quarterly MDS dated [DATE] revealed a BIMS score was left blank and incomplete. The MDS under bowel continence Resident #172 was listed as a 3 meaning always incontinent.</p> <p>Record review of Resident #172's Care Plan date revised on 01/09/24, revealed that Resident #172 was listed as having bowel and bladder incontinence with the goal listed as: interventions listed as: apply barrier cream after every incontinent episode, check resident every two hours and assist with toileting as needed, provide peri care after each incontinent episode.</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 observation on 04/15/2025 at 1:52 AM, CNA B and CNA D provided peri care for Resident #172. CNA D washed her hands by turning on the water, placing soap in hands, and using friction for 9 seconds before rinsing with water. CNA D used a clean paper towel to dry hands and disposed in the trash. CNA D used a clean paper towel to turn off the water faucet and disposed in the trash. CNA B then washed his hands by turning on the water faucet and putting soap in his hands, using friction for 12 seconds before rinsing under water. CNA B used a clean paper towel to dry hands and disposed in trash. CNA B used a clean paper towel to turn off the water faucet and disposed in trash. Both CNA B and CNA D put clean gloves on. CNA B uncovered the resident and unfastened the front of the resident's brief, rolling it and tucking it between the legs. CNA B used one wipe to wipe the left side and disposed of wipe. CNA B used a clean wipe to wipe the right groin and disposed in the trash. CNA B used a clean wipe to wipe the center groin and disposed in the trash. CNA B and CNA D turned Resident #172 to the left side. CNA B used a clean wipe to wipe Resident #172's buttocks once and disposing of wipe in the trash. Observed a large amount of BM on the wipe. CNA B used another clean wipe to clean Resident #172's buttock with BM still coming off on the wipe. CNA B disposed of the used wipe in the trash. Observed BM still on the resident's anus and buttocks when CNA B placed a clean brief on Resident #172. Surveyor asked to CNA B to check again to see if there was still BM. CNA B used a wipe and observed BM still on the resident. CNA B used a few more wipes and wiped until resident was clean. CNA B put a different clean brief on Resident #172 and placed pants on. CNA B covered resident and lowered bed. CNA D gathered trash. CNA B and CNA D disposed of gloves and did not wash hands after resident care.</p> <p>During an interview on 04/15/2025 at 11:15 AM, CNA B stated he had been trained in hand washing and infection control practices through in-services, every month. CNA B stated that he did observe the BM that he had failed to clean off the resident. CNA B stated he should have kept cleaning with a clean wipe until the resident was completely clean. CNA B stated that it was important to verify that all urine and BM was cleaned off the resident because it could cause infections, rashes, and skin breakdown. CNA B stated he was not sure why he did not continue to clean the resident. CNA B stated that for hand washing he believes that he was to wash hands for 30 seconds before rinsing and then dry hands thoroughly.</p> <p>During an interview on 04/15/2025 at 11:20 AM, CNA D stated that she had been trained in hand washing and infection control practices by in-services, every couple of weeks. CNA D stated that she was nervous. CNA D stated the policy stated that staff should wash hands before, during, and after care for 15 seconds. CNA D stated that the ADON and DON was responsible for overseeing the training. CNA D stated that the negative potential outcome was infections.</p> <p>During an interview on 04/15/2025 at 2:00 PM, The ADON stated that the policy stated that staff should wash their hands thoroughly for 20-30 seconds before, during, and after providing care to a resident. ADON stated that staff had been in-serviced last week for hand washing. ADON stated competency checks will be completed monthly. ADON stated that staff should have followed policy for infection control and hand washing. ADON stated the negative potential outcome for not following infection control practices or hand washing is the risk for spreading infection.</p> <p>During an interview on 04/15/2025 at 2:00 PM, The Administrator stated that staff should go by the policy. The Administrator stated she was not familiar with the policy due to being new to the facility. The Administrator stated she does expect staff to follow the policy. The Administrator stated the negative potential outcome of not following the policy for infection control or handwashing is the spread of infection.</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>Record review of the facility-provided policy titled, Perineal Care, dated 05/11/2022, revealed:</p> <p>Objective: Use proper hand washing techniques to keep hands and exposed portions of the arms clean.</p> <p>Purpose: This procedure aims to maintain the resident dignity and self-worth and reduce embarrassment by providing cleanliness and comfort to the resident, preventing infections and skin irritation, and observing the resident's skin condition.</p> <p>Procedure:</p> <p>10. Perform hand hygiene</p> <p>11. [NAME] gloves and all other PPE per standard precautions</p> <p>.</p> <p>Back Side:</p> <p>.</p> <p>24. Doff gloves and PPE</p> <p>25. Perform hand hygiene</p> <p>Important Points:</p> <p>Do not wipe more than once with the same surface</p> <p>Doffing and discarding of gloves are required if visibly soiled.</p> <p>Always perform hand hygiene before and after glove use.</p> <p>Record review of the facility-provided policy titled, Infection Control Plan, date updated on 03/2023, revealed:</p> <p>Infection Control: The facility will establish and maintain an Infection Control Program designed to provide a safe, sanitary, and comfortable environment and to help prevent the development and transmission of disease and infection.</p> <p>Definitions:</p> <p>Hand Hygiene: is a general term that applies to washing hands with water and either plain soap or soap/detergent containing an antiseptic agent; or thoroughly applying an alcohol-based hand rub.</p> <p>Hand washing: refers to washing hands with plain soap and water.</p> <p>Fundamentals of Infection Control Precautions:</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>Hand Hygiene: hand hygiene continues to be the primary means of preventing the transmission of microorganisms in the facility. These measures make up the fundamentals of infection control precautions.</p> <p>When hands are visibly soiled (handwashing with soap and water); Before and after direct resident contact (for hand hygiene is indicated by acceptable professional practice).</p> <p>Before and after assisting a resident with personal care (oral care, bathing).</p> <p>Upon and after coming in contact with a resident's intact skin (when taking a blood pressure or pulse, and after lifting a resident)</p> <p>Before and after assisting a resident with toileting (hand washing with soap and water).</p> <p>After handling soiled or used linens, dressings, bedpans, catheters, and urinals.</p> <p>After removing gloves or aprons.</p> <p>Consistent use by staff of proper hygienic practices and techniques is critical to preventing the spread of infections. It is necessary for staff to have access to proper hand washing facilities with available soap (regular or antimicrobial), warm water, and disposable towels and/or heat/ air drying methods. Alcohol based hand rubs (ABHR) cannot be used in place of proper hand washing techniques.</p> <p>Recommended techniques for washing hands with soap and water include wetting hands first with clean, running warm water, applying the amount of product recommended by the manufacturer to hands, and rubbing hands together vigorously for at least 20 seconds covering all surfaces of the hands and fingers; then rinsing hands with water and drying thoroughly with a new disposable towel; and turning off the faucet on the hand sink with the disposable paper towel.</p>		