

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 676030	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/08/2024
NAME OF PROVIDER OR SUPPLIER Shady Oak Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 101 S Lancaster Moulton, TX 77975	

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 - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 34788</p> <p>Based on observation, interview, and record review, the facility failed to establish and 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 infection for 1 of 3 residents (Resident #23) reviewed for infection control, in that:</p> <p>CNA B failed to wash or sanitize her hands or change her gloves after touching the remote of Resident #23's bed before starting incontinent care. After cleaning Resident #23's genitals, CNA B let the soiled briefs get in contact with the resident's genitals.</p> <p>These deficient practices could place residents at-risk for infection due to improper care practices.</p> <p>The findings included:</p> <p>Record review of Resident #23's face sheet, dated 08/07/2024, revealed an admitted [DATE] and, a readmitted [DATE], with diagnoses which included: Dementia (General decline in cognitive abilities), Neutropenia (low concentration of neutrophils (white blood cell) in the blood making it harder to fight infection), Hyperlipidemia (high concentration of lipids(fats) in the blood) and, squamous cell carcinoma (skin cancer).</p> <p>Record review of Resident #23's Annual MDS assessment, dated 06/17/2024, revealed the resident had no BIMS score, he had memory problems and was severely cognitively impaired. Resident #23 was always incontinent of bladder and frequently incontinent of bowel and, required limited to extensive assistance with his ADLs.</p> <p>Record review of Resident #23's care plan, dated 11/14/2022, revealed a problem of The resident has bladder incontinence, with a goal of The resident will remain free from skin breakdown due to incontinence and brief use through the review date.</p> <p>Observation on 08/07/24 at 1:36 p.m. revealed while providing incontinent care for Resident #23, CNA B after putting gloves on, touched the bed remote that was on Resident #23's bed and then without changing her gloves or sanitizing her hands, started to provide care to the resident. CNA B rolled Resident #23's soiled brief between his legs. After cleaning the resident's genitals, CNA B let the soiled brief get in contact with the resident's genitals.</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 - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 08/07/2024 at 1:50 p.m. with CNA B, she confirmed the environment around the resident was considered dirty and she should have changed her gloves and sanitized her hands prior to providing care. She confirmed the soiled briefs should not have come in contact the resident's genitals after she cleaned them. She confirmed they received infection control training within the year.</p> <p>During an interview with the DON on 08/07/2024 at 3 p.m., she confirmed the environment around the resident was considered dirty and the staff should change their gloves and wash. Staff should sanitize their hands after touching anything in the environment, before touching the resident and at the start of care. She confirmed soiled brief should not come in contact with the cleaned genitals to avoid cross contamination. She confirmed the staff were in-serviced in infection control and incontinent care and skills were checked annually and as needed if there were concerns with infection control. The DON revealed herself and the ADON were in charge of the training and checking of the staff's skills.</p> <p>Record review of the annual skills check for CNA B revealed CNA B passed competency for infection control on 06/25/2024.</p> <p>Record review of the facility policy, titled Fundamental of Infection control precaution , dated 2019, revealed The following is a list of some situations that require hand hygiene: [.] after handling soiled equipment or utensils.</p>

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<p>F 0921</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public.</p> <p>41651</p> <p>Based on observation, interview, and record review, the facility failed to provide a safe, functional, sanitary, and comfortable environment for residents, staff, and the public for 1 of 2 shower rooms reviewed, in that:</p> <ol style="list-style-type: none"> 1. The South Hall shower room had a strong foul odor. 2. The temperature in the facility kitchen was 95.1 degrees Fahrenheit. <p>These deficient practices could place residents at risk and result in an environment that is not safe, functional, sanitary, or comfortable for residents, staff, and visitors.</p> <p>The findings were:</p> <p>Observation on 08/05/2024 at 10:42 a.m. revealed a strong foul odor was emanating from the shower room in the South Hall.</p> <p>During an interview with CNA C on 08/05/2024 at 10:42 a.m., CNA C confirmed a strong foul odor was emanating from the shower room in the South Hall.</p> <p>During an interview with LVN D on 08/05/2024 at 10:44 a.m., LVN D confirmed a strong foul odor was emanating from the shower room in the South Hall.</p> <p>Record review of the facility policy, Deep Cleaning Process - Bathroom/Showers, undated, revealed, Follow the cleaning process in the Housekeeping Training Manual for using appropriate products can help you keep the room as sanitary as possible.</p> <p>2. Observation on 08/08/2024 at 11:42 a.m., while the lunchtime meal was being prepared, revealed the temperature in the facility kitchen near the sink was 95.1 degrees Fahrenheit.</p> <p>During an interview with the Maintenance Director on 08/08/2024 at 11:42 a.m., the Maintenance Director confirmed the temperature in the facility kitchen near the sink was 95.1 degrees Fahrenheit.</p> <p>Observation on 08/08/2024 at 11:43 a.m., while the lunchtime meal was being prepared, revealed the temperature in the facility kitchen near the stove was 90.3 degrees Fahrenheit.</p> <p>During an interview with the Maintenance Director on 08/08/2024 at 11:43 a.m., the Maintenance Director confirmed the temperature in the facility kitchen near the stove was 90.3 degrees Fahrenheit.</p> <p>Observation on 08/08/2024 at 11:46 a.m., while the lunchtime meal was being prepared, revealed the temperature in the facility kitchen near the dishwasher was 83.8 degrees Fahrenheit and cans of food for resident consumption were stored within the dishwashing area.</p> <p>(continued on next page)</p>

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<p>F 0921</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview with the Maintenance Director on 08/08/2024 at 11:46 a.m., the Maintenance Director confirmed the temperature in the facility kitchen near the dishwasher was 83.8 degrees Fahrenheit and cans of food for resident consumption were stored within the dishwashing area.</p> <p>During an interview with the Maintenance Director on 08/08/2024 at 11:48 a.m., the Maintenance Director stated that the air conditioning unit in the facility kitchen had been in disrepair for approximately three months, a replacement unit had been chosen, and the replacement would be installed when the parent company authorized the expenditure.</p> <p>During an interview with the Administrator on 08/08/2024 at 3:32 p.m., the Administrator confirmed the facility strives to provide a safe, functional, sanitary, and comfortable environment for residents, staff, and the public.</p> <p>Record review of the facility policy, Food Storage and Supplies, dated 2012, revealed, 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 .Storerrooms are to be well lighted, ventilated, and temperature controlled.</p>