

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 676040	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/16/2025
NAME OF PROVIDER OR SUPPLIER Paradigm at the Prairies		STREET ADDRESS, CITY, STATE, ZIP CODE 106 Del Norte Dr El Campo, TX 77437	

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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48863</p> <p>Based on observations, interviews, and record review, the facility failed to ensure residents who were incontinent of bladder received appropriate treatment and services to prevent urinary tract infections and to restore continence to the extent possible for 1 of 3 resident (Resident #1) reviewed for incontinent care.</p> <p>-The facility failed to ensure CNA D properly cleaned Resident #1 during incontinent care.</p> <p>This failure could place residents at risk for urinary tract infections (UTI), skin breakdown, and a decreased quality of life.</p> <p>Findings included:</p> <p>Record review of the admission sheet (undated) for Resident #1 revealed a [AGE] year-old male admitted to the facility on [DATE] with diagnoses which included Dementia (a progressive disease that destroys memory and other important mental functions), cognitive communication deficit (trouble reasoning and making decisions while communicating) and type 2 Diabetes Mellitus (body does not use insulin well and cannot keep blood sugar at normal levels).</p> <p>Record review of Resident #1's Quarterly MDS Assessment, dated 03/14/2025, revealed his BIMS score was 02, which indicated severe cognitive impairment. The MDS revealed he required substantial/maximal assistance from staff with toileting hygiene, shower/bathe self, and lower body dressing. The MDS also revealed Resident #1 was frequently incontinent of bladder and always incontinent of bowel.</p> <p>Record review of Resident #1's comprehensive care plan, undated, revealed Resident #1 had bladder incontinence related to impaired cognition. The goal was to minimize urinary tract infections through prevention and prompt recognition through the review date. Resident #1's interventions included performing routine rounding for incontinent care and brief changes and reminding and assisting the resident to use the toilet regularly as indicated.</p> <p>Observation on 04/14/25 at 11:08 AM, revealed CNA D provided Resident #1 with incontinent care assisted by Medication Aide B. CNA D removed Resident #1's saturated brief and tucked it under the resident's buttocks. CNA D turned the Resident to his left side and cleaned his buttocks with wet-wipes twice. CNA D did not wipe the resident's perineum or external genitalia and applied new brief.</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 interview on 04/14/25 at 11:19 AM, CNA D said the last time she provided incontinent care to Resident #1 was that morning. She said she was trained to provide incontinent care every 2 hours and as needed. CNA D said she was supposed to clean Resident #1's external genitals and buttocks when providing incontinent care. She said the risk of not cleaning both areas (buttocks and external genitals) could lead to skin irritation and breakdown.</p> <p>During an interview on 04/14/24 at 11:24 AM, RN S said staff should routinely round on residents every 2 hours and provide incontinent care as needed. She said the risk of not performing incontinent care correctly could lead to skin breakdown and infection.</p> <p>During an interview on 04/16/25 at 12:10 PM, the DON said she expected staff to provide complete and proper incontinent care per policy. She said CNAs were provided incontinent care training, competency, and check-offs during onboarding, annually, and as needed. She said the last in-service on incontinent care was a couple of months ago. The DON said the risk of not providing routine and correct incontinent care could lead to UTIs and skin breakdown.</p> <p>During an interview on 04/16/25 at 2:30 PM, MA B said the staff should round on the residents every 2 hours and as needed. She said the resident's entire peri area, genital and anal areas should have been cleaned thoroughly before putting on a new brief. She said the risk of not cleaning residents properly could result in skin breakdown.</p> <p>During an interview on 04/16/25 at 3:35 PM, the Administrator said she expected the staff to perform incontinent care correctly and without exception, every 2 hours and as needed. She said she would conduct an in-service to re-educate the staff and perform skilled check-offs. The Administrator said the risk of not performing incontinent care correctly could lead to infection and/or skin rash.</p> <p>The facility provided a policy following a request, but a relevant incontinent policy was not acquired prior to exit.</p>		