

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  676046	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/15/2025
NAME OF PROVIDER OR SUPPLIER  Care Nursing & Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE  200 County Rd 616 Brownwood, TX 76802	

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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 30057</p> <p>Based on observation, interview, and record review, the facility failed to ensure the resident environment remained as free of accident hazards as possible, in four out of ten resident rooms on 1 of 4 halls (The middle hall) reviewed for accident hazards, in that;</p> <p>The facility failed to ensure that the hot water temperatures in the sinks for 4 resident rooms did not exceed the maximum of 110 degrees Fahrenheit.</p> <p>This failure could place residents at risk for injuries related to hot water temperatures.</p> <p>The findings included:</p> <p>Record review of Resident #15's admission record dated 02/26/2025 indicated she was admitted to facility on 04/25/2024 with diagnoses of dementia and major depression. She was [AGE] years of age.</p> <p>Record review of Resident #15's quarterly MDS dated [DATE] indicated in part: BIMS = 13 indicating the resident was cognitively intact.</p> <p>During an observation and interview on 02/25/25 at 03:40 PM the water temperature in Resident #15's room faucet was 117 degrees Fahrenheit. Resident #15 said she had never burned her hands when she washed her hands in her sink.</p> <p>Record review of Resident #26's admission record dated 02/26/2025 indicated he was admitted to facility on 01/09/2020 with diagnoses of contracture of muscle and muscle wasting and atrophy (muscles shrinking). He was [AGE] years of age.</p> <p>Record review of Resident #26's quarterly MDS dated [DATE] indicated in part: BIMS = 15 indicating the resident was cognitively intact.</p> <p>Record review of Resident #30's admission record dated 02/26/2025 indicated he was admitted to facility on 3/14/2024 with diagnoses of Alzheimer's disease and dementia. He was [AGE] years of age.</p> <p>Record review of Resident #30's quarterly MDS dated [DATE] indicated in part: BIMS = 12 indicating the resident was moderately impaired.</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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  676046	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/15/2025
NAME OF PROVIDER OR SUPPLIER  Care Nursing & Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE  200 County Rd 616 Brownwood, TX 76802	
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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an observation and interview on 02/25/25 at 03:26 PM the water temperature in Resident #26 and Resident #30's shared room faucet was 115. Resident #26 said he had never been burned with hot water even though he was unable to access the water. Resident #26 said he had not been burned during his showers. Resident #30 said he had never burned himself while washing his hands in his room faucet nor when the staff gave him his showers in the shower room.</p> <p>Record review of Resident #10's admission record dated 02/26/2025 indicated he was admitted to facility on 3/10/2024 with diagnoses of dementia, muscle wasting and atrophy. He was [AGE] years of age.</p> <p>Record review of Resident #10's quarterly MDS dated [DATE] indicated in part: BIMS = 06 indicating the resident was severely impaired.</p> <p>During an interview and an observation on 02/26/25 at 03:18 PM the water temperature in Resident #10's room was 115 degrees Fahrenheit. Resident #10 was in his bed in bed awake and alert. Resident #10 voiced that he had never burned himself with the hot water from the faucet in his room.</p> <p>Record review of Resident #24's admission record dated 02/26/2025 indicated she was admitted to facility on 11/20/2024 with diagnoses of dementia and stroke. She was [AGE] years of age.</p> <p>Record review of Resident #24's quarterly MDS dated [DATE] indicated in part: BIMS = 08 indicating the resident was moderately impaired.</p> <p>Record review of Resident #38's admission record dated 02/26/2025 indicated she was admitted to facility on 06/22/2024 with diagnoses of muscle weakness, muscle wasting and atrophy. She was [AGE] years of age.</p> <p>Record review of Resident #38's quarterly MDS dated [DATE] indicated in part: BIMS = 15 indicating the resident was cognitively intact.</p> <p>During an interview and an observation on 02/26/25 at 03:44 PM the water temperature in Resident #38 and Resident #24's shared room was 114 degrees Fahrenheit. Resident #38 and Resident #24 were in their rooms sitting up in their wheelchair or bed awake and alert. Both residents voiced that neither of them had ever burned themselves with the hot water from the faucet in their room.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  676046	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/15/2025
NAME OF PROVIDER OR SUPPLIER  Care Nursing & Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE  200 County Rd 616 Brownwood, TX 76802	
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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview and an observation on 02/25/25 at 03:52 PM the Maintenance Supervisor said the hot water was expected to be between 107 degrees Fahrenheit and 110 degrees Fahrenheit. The Supervisor was made aware of the temperature in 4 of 10 resident rooms on the facility's middle hall had been 112 to 117 degrees Fahrenheit. The Supervisor took his thermometer and at this time and went into Resident #15's room and took the water temperature. The water temperature on the Supervisor's thermometer reached 117 degrees Fahrenheit. The Supervisor said the temperature was too high and he would have to turn down the temperature on the water heater. The Supervisor said they had turned up the water heater's thermostat when the outside temperature had gotten very cold a couple of a days ago. The Maintenance Supervisor said the closet where the water heater was located was not well insulated so when it got very cold outside it would drop the temperature on the water heater. The Supervisor said that water heater was connected to the resident rooms named in the middle hall and the other rooms in the facility had different water heaters which the temperatures were within 100 - 105 degrees Fahrenheit. The Supervisor said they had forgotten to turn the temperature back down when the temperature outside had gotten warm again. The Supervisor said they would adjust the temperature on the water heater and bring it back down. The Supervisor said they would provide the surveyor with a copy of the water temperature log for the last weeks temperatures.</p> <p>During an interview on 02/27/25 at 02:05 PM the Administrator was made aware of the water temperatures in the rooms on the middle hall. The Administrator said the water temperature should be between 100 degrees Fahrenheit and 110 degrees Fahrenheit. The Administrator said the Maintenance Supervisor had turned up the thermostat on the water heater for the middle hall due to the cold weather they had - had a few days ago and basically forgot to turn it back down when the temperature got warm outdoors again. The Administrator said the failure occurred because the Maintenance Supervisor forgot to turn down the thermostats on the water heater. The Administrator said there were no residents that got burned or scalded due to the water being hot.</p> <p>During a record review and interview on 02/25/25 at 03:58 PM the surveyor conducted record review of the facility's Weekly Water Temperature Log dated 01/31/25, 02/06/25, 02/13/25 and 02/20/25. The temperatures all ranged from 107 degrees Fahrenheit and 109 degrees (F) Fahrenheit. (Note none of the temperatures went above 110 degrees Fahrenheit) The Maintenance assistant said that was the temperature they had been and it had not been any higher on the middle hall when asked about the water temperature log not exceeding 110 and not being at least 114.</p> <p>Record review of the facility's policy titled Hot water systems and dated 2003 indicated in part: The hot water system will be checked weekly for temperature variations. Proper operation of mixing valve (to maintain 100-110 degrees (F) Fahrenheit). Water temperatures should be maintained at 100 degrees F at a minimum, and 110 degrees F at a maximum.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  676046	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/15/2025
NAME OF PROVIDER OR SUPPLIER  Care Nursing & Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE  200 County Rd 616 Brownwood, TX 76802	
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 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.</p> <p>30057</p> <p>Based on observation, interview and record review the facility failed to ensure drugs and biologicals are labeled in accordance with professional principals , for 1 of 2 medication rooms (The front medication room) inspected for medication storage.</p> <p>The medication room had opened and undated vial of Tuberculin (TB) medication in the refrigerator.</p> <p>This failure could place residents at risk of receiving medications that were expired and not produce the therapeutic effect.</p> <p>The findings were:</p> <p>During an observation and interview on 02/25/25 at 11:55 AM one of the two medication storage rooms (the front medication room) was inspected with the DON present. Inside the small refrigerator was an opened 1 ml vial of tuberculin solution that indicated Once entered vial should be discarded after 30 days. the vial nor the box the solution came in had an open date written on it. The DON said staff was expected to date the vial whenever they opened it. The DON said the night shift was responsible for checking the refrigerator for expired medications and dispose of them. The DON said without the date on the vial it was hard to tell when the solution would expire and if used it might not produce an accurate reading.</p> <p>During an interview on 02/27/25 at 02:19 PM the Administrator was made aware of the opened and undated tuberculin vial found in the front medication room. The Administrator said that whoever opened it forgot to date it. The Administrator said if the tuberculin solution was used and not dated it could lead to inaccurate readings due to not knowing when it was opened. The Administrator said it was the night shift's responsibility to keep up with the medication room and remove undated medications. The Administrator said she did rounds and met with the DON about making sure staff did their rounds and inspections such as the medication room.</p> <p>Record review of policy titled Recommended medication storage and dated 07/2012 indicated in part: Below is a list of medications that require a date when opening and the recommended time frame the medication should be used. This is not an all-inclusive list, and the manufacturer recommendations will supersede this list. Multi dose vials for injection (Sterile water, vaccines etc) - unless otherwise noted - expire 30 days after first puncture.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  676046	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/15/2025
NAME OF PROVIDER OR SUPPLIER  Care Nursing & Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE  200 County Rd 616 Brownwood, TX 76802	
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 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45458</b></p> <p>Based on record review and interviews, the facility failed to maintain medical records on each resident that were accurately documented for 1 (Resident #15) of 27 residents reviewed for accuracy of records.</p> <p>The facility failed to ensure LVN A documented in Resident #15's record the holding of Lantus Insulin was because of the resident's request.</p> <p>This failure to place residents of risk of having incomplete and accurate records.</p> <p>Findings include:</p> <p>Review of Resident #15's electronic admission record revealed Resident #15 was a [AGE] year-old female who was admitted to the facility on [DATE] with admitting diabetes mellitus.</p> <p>Review of Resident #15's Quarterly MDS dated [DATE] revealed that Resident #15 had a BIMS of 13 out of 15 indicating resident was cognitively intact.</p> <p>Review of Resident #15's Care Plan, revised 05/14/2024, revealed Resident #15 was to be monitored for side effects and effectiveness of diabetic medications.</p> <p>Review of Resident #15's order summary revealed:</p> <p>-On 02/20/2025, Resident #15 was prescribed Lantus (Insulin Glargine) 10 units subcutaneously two times a day.</p> <p>-On 02/11/2025, Resident #15 was prescribed Lantus (Insulin Glargine) 10 units subcutaneously two times a day. It was discontinued 02/18/2025 due to hospitalization not related to diabetes.</p> <p>-On 02/05/2024, Resident #15 was prescribed Lantus (Insulin Glargine) 15 units subcutaneously two times a day. It was discontinued 02/11/2025 due to change in dosage.</p> <p>-On 11/14/2024, Resident #15 was prescribed Lantus (Insulin Glargine) 10 units subcutaneously two times a day. It was discontinued 02/05/2025 due to change in dosage.</p> <p>Review of Resident #15's electronic Medication and Treatment Administration Record revealed LVN-A held:</p> <p>-On 01/04/2025 at 8:00pm Lantus 10units with blood glucose reading of 125 with no signs or symptoms of low blood sugar.</p> <p>-On 01/17/2025 at 8:00pm Lantus 10units with blood glucose reading of 143 with no signs or symptoms of low blood sugar.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  676046	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/15/2025
NAME OF PROVIDER OR SUPPLIER  Care Nursing & Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE  200 County Rd 616 Brownwood, TX 76802	
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 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-On 02/02/2025 at 8:00pm Lantus 10units with blood glucose reading of 113 with no signs or symptoms of low blood sugar.</p> <p>-On 02/05/2025 at 8:00pm Lantus 15units with blood glucose reading of 140 with no signs or symptoms of low blood sugar.</p> <p>-On 02/24/2025 at 8:00pm Lantus 10units with blood glucose reading of 154 with no signs or symptoms of low blood sugar.</p> <p>During an interview on 03/14/2025 at 5:42pm, LVN-A stated he had been a nurse at the facility for three months and had transferred from a sister facility. LVN-A stated he only worked the night shift. LVN-A stated he would only take Blood Glucose readings and administered insulin to Resident #15 during his shift. LVN-A stated Resident #15 was a retired nurse and was highly involved in her diabetic management. LVN-A stated Resident #15 wanted her Lantus held at night if her sliding scale insulin was also held. LVN-A stated he used his nursing judgement and the resident's right to determine to withhold the scheduled dose of insulin. LVN-A stated Resident #15 did not display any signs of low blood sugar such as severe sweating, increased pulse, fatigue, or restlessness. LVN-A stated that if Resident #15 did display signs of low blood sugar, he would have notified the doctor immediately. LVN-A stated, there is no good reason to why I did not document a more descriptive narrative in the progress note and that is an error on my part. LVN-A stated he understood the need to expand and explain the situation for continuity of care.</p> <p>During an observation and interview on 03/15/2025 at 2:16 p.m., Resident #15 stated she is highly active in her diabetic care and insulin. Resident #15 was not showing any signs of distress, sweating, increased pulse, fatigue, or restlessness. Resident #15 said she was an LVN and monitored her blood glucose closely. She stated at night, her and the nurse would discuss her blood glucose results and wanted her Lantus held because I don't want my sugar to bottom out. Resident #15 stated that LVN-A explained and discuss her diabetic management with her in great detail and appreciated her input in her care.</p> <p>During an interview on 03/14/2025 at 5:05 p.m., the Regional Compliance Nurse said the only location the nurses document medication information that differ from what is prescribed was on a progress notes. The Regional Compliance Nurse said the nurse should input the glucose number into the electronic record of the resident and an option box to expand would open. The Regional Compliance Nurse said the nurse would have space to document and explain what had occurred so the information would populate into a progress note. The Regional Compliance Nurse reviewed the TAR for Resident #15, dated 01/05/2025, and said the documentation confirmed LVN A withheld Resident #15's Lantus but said there was no documentation to explain why in Resident #15's Progress Notes, dated 01/05/2025. The Regional Compliance Nurse said she expected the nurses to document the reason the medication was withheld and the condition of the resident when glucose levels were low. The Regional Compliance Nurse said the lack of documentation did not meet her expectations. She said the facility had an issue with documentation, not just with LVN A.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  676046	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/15/2025
NAME OF PROVIDER OR SUPPLIER  Care Nursing & Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE  200 County Rd 616 Brownwood, TX 76802	
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 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a telephone interview on 03/12/2025 at 11:47 a.m., the Medical Director stated his expectation was for the nurses to use their nursing judgement, based on their training, in conjunction with the resident's request to determine nursing care. He stated that Resident #15 was highly active in her medication regiment. He also stated that if the nurse questioned their judgment or the resident's request, they were to call him; however, that was not the case with LVN A and Resident #15. He stated that he expected the resident's record to be accurate and complete for continuity of care.</p> <p>Record review of the facility's policy, Documentation, dated 2003, revealed documentation was the recording of all information, both objective and subjective, in the clinical record of an individual record. It included observations, investigations, and communications of the resident involving care and treatments. The facility will maintain complete and accurate documentation for each resident on all appropriate clinical record sheets. The facility will ensure that information was comprehensive and timely, and properly signed.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  676046	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/15/2025
NAME OF PROVIDER OR SUPPLIER  Care Nursing & Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE  200 County Rd 616 Brownwood, TX 76802	
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><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 30057</p> <p>Based on observation, interview, and record review, the facility failed to maintain an infection prevention and control program designed to provide a safe, sanitary, and comfortable environment to help prevent the development and transmission of communicable diseases and infections for 1 (Resident #22) of 2 residents reviewed for infection control.</p> <p>CNA A failed to change her gloves and wash her hands after they became contaminated during incontinent care while assisting Resident #22.</p> <p>This failure could place resident's risk for cross contamination and the spread of infection.</p> <p>Finding include:</p> <p>Record review of Resident #22's admission record dated 02/26/25 indicated he was admitted to the facility on [DATE] with diagnoses of Parkinson's (a brain disorder that causes unintended or uncontrollable movements, such as shaking, stiffness, and difficulty with balance and coordination) and muscle weakness. He was [AGE] years of age.</p> <p>Record review of Resident #22's care plan dated 09/27/24 indicated in part: Focus: The resident has bowel incontinence. Goal: The resident will not have any complications related to bowel incontinence. Interventions: Check resident every two hours and assist with toileting as needed. Apply barrier cream after every incontinent episode. Provide pericare after each incontinent episode.</p> <p>Record review of Resident #22's MDS assessment dated [DATE] indicated in part: Cognitive Skills for Daily Decision Making = 2. Moderately impaired - decisions poor; cues/supervision required. Urinary continence = Occasionally incontinent. Bowel continence = Frequently incontinent.</p> <p>During an observation on 02/25/25 at 12:10 PM CNA A and CNA B performed incontinent care for Resident #22. Both CNAs entered the resident's room washed their hands and put some gloves on. Both CNAs undid the residents brief and then CNA B wiped the resident's scrotum and penis area with some wet wipes. Both CNAs then turned the resident on his right side and then CNA A use some wet wipes to wipe the residents rectal area which contained some bowel movement. CNA A then removed her gloves and put on a clean pair of gloves. CNA A then took some barrier cream and applied some to the resident's rectal area and her gloves hand came in contact with the resident's rectal area. Next CNA A, while still wearing the same gloves that she used to apply the barrier cream to the resident's rectal area, took some more barrier cream and applied it to the resident's scrotum area with the same gloved hand that she used to apply the cream to the resident's rectal area.</p> <p>During a telephone interview on 02/26/25 at 10:52 AM CNA B said she recalled seeing CNA A applying some barrier cream to Resident #22's rectal area and then with the same gloved hand applying some barrier cream to the residents scrotum area.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  676046	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/15/2025
NAME OF PROVIDER OR SUPPLIER  Care Nursing & Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE  200 County Rd 616 Brownwood, TX 76802	
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>During an interview on 02/26/25 at 11:04 AM CNA A said she did not recall if she cross contaminated during the incontinent care. CNA A said she recalled wiping the residents bowel movement and then later applying the barrier cream to the resident's rectal area and then to the scrotum area. CNA A said if she had cross contaminated she had not meant to as she got so focused on what she was doing that she did not recall if she had cross contaminated.</p> <p>During an interview on 02/26/25 at 11:32 AM the DON said she was not quite sure that cross contamination had occurred. The DON said if the CNA had applied some barrier cream to the resident's buttocks area and then placed some cream to the scrotum did not necessarily mean that she had contaminated the resident's scrotum area unless the CNA really pressed into the resident's rectal area. The DON was made aware that CNA A had indeed applied barrier cream into the rectal area and had used that same gloved hand to then apply the barrier cream to the resident's scrotum which came in contact with the resident's penis and urethra area. The DON said she still believed it was not sufficient contact of barrier cream in between the rectal area or buttocks area and the scrotum area that it could lead to cross contamination.</p> <p>During an interview on 02/27/25 at 01:54 PM the Administrator said she did not have clinical background, so she was not sure if cross contamination was an issue in this case. The Administrator said she was aware that staff were supposed to wiped from front to back.</p> <p>During an interview on 02/27/25 at 02:35 PM with the ADON said she would do the proficiency audits with CNAs. The ADON said she would observe them wash their hands and give them pointers and check them off. The ADON said the proficiency's were done upon hire and annually. The ADON was told about the incontinent care and how CNA A wiped the bowel movement from Resident #22 and then applied barrier cream to the resident's rectal area and then to his scrotum area. The ADON said that CNA A should have changed her gloves before she applied the barrier cream to the residents scrotum. The DON said the CNA should have changed her gloves in case there was some fecal matter on the glove she used to apply the cream to the rectal area and then she would contaminate the scrotum area. The ADON said the failure could lead to UTIs or cross contamination. The ADON said the CNAs were trained to go from front to back or clean to dirty. The ADON said she had done the CNA proficiency with CNA A on 03/28/24 and she had done fine then.</p> <p>Record review of the facility's policy titled Infection control plan overview and dated 03/2023 indicated in part: Infection control - the facility will establish and maintain an infection control program designed to provide a safe and sanitary and comfortable environment and to help prevent the development and transmission of disease and infection. Infection control program the facility will establish an infection control program under which it investigates, controls, and prevents investigations in the facility. Maintains a record of incidents and corrective actions related to infections.</p> <p>Record review of the facility's policy titled Perineal care dated 04/27/2022 indicated in part: This procedure aims to maintain the resident dignity and self-worth and reduce embarrassment by providing cleanliness and comfort for the resident, preventing infections and skin irritation, and observing the resident's skin condition. Equipment and supplies - personal protective equipment (e.g., gowns, gloves, mask, etc., as needed per standard precautions). Start: perform hand hygiene- DON gloves and all other PPE per standard precautions. Choose your PPE by considering the type of exposure, the durability and appropriateness for the task. Gently perform perineal care, wiping from Clean urethral area to dirty, rectal area to avoid contaminating the urethral area - clean to dirty. Always perform hand hygiene before and after glove use.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  676046	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/15/2025
NAME OF PROVIDER OR SUPPLIER  Care Nursing & Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE  200 County Rd 616 Brownwood, TX 76802	
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>Record review of the facility policy titled Fundamentals of infection control precautions dated 3/2023 indicated in part: 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. 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: Before and after direct resident contact. Before and after assisting a resident with personal care (e.g., oral care, bathing.) Wearing gloves does not replace the need for hand washing because gloves may have small inapparent defects or be torn during use, and hands can become contaminated during removal of gloves.</p>		