

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  676072	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  08/28/2024
NAME OF PROVIDER OR SUPPLIER  Corrigan Ltc Partners Inc		STREET ADDRESS, CITY, STATE, ZIP CODE  300 Hyde St Corrigan, TX 75939	

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 0693</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that feeding tubes are not used unless there is a medical reason and the resident agrees; and provide appropriate care for a resident with a feeding tube.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 33460</p> <p>Based on observation, interview, and record review, the facility failed to ensure that residents receiving enteral feeding received appropriate care and services to prevent complication of enteral feeding for 1 of 2 resident (Resident #4) reviewed for enteral feeding.</p> <p>The facility failed to ensure LVN G flushed Resident #4's gastrostomy tube (g-tube) (a tube inserted through the belly that brings nutrition directly to the stomach) with 30 cc water before and after medication by gravity.</p> <p>The failure could place residents receiving enteral nutrition and medications at increased risk of not receiving proper nutrition, infection, aspiration (breathing in a foreign object into the lungs), and possible injury.</p> <p>Findings included:</p> <p>Record review of Resident #4's admission sheet dated 8/25/24 indicated she was admitted on [DATE] and was [AGE] years old with diagnoses of dysphagia (difficulty in swallowing).</p> <p>Record review of Resident #4's physician's orders dated August 2024 indicated her orders included NPO (nothing by mouth), was to receive all feedings and medications via g-tube and placement check via aspiration and auscultation prior to medication administration, water flush or feeding. every shift with start date of 05/01/2024. Flush with 30 ml of water before and after administration of medications. Flush with 5 ml of water between each medication administered.</p> <p>Record review of a care plan dated 06/21/24 indicated Resident #4 had a feeding tube. Interventions included administering enteral feeding, medications, and water flushes as ordered.</p> <p>During an observation on 08/26/24 at 1:57 p.m., LVN G was administering medication to Resident #4. LVN G checked placement of Resident #4's g-tube per auscultation (medical procedure that involves listening to sounds in the body) and aspiration. LVN G pushed 30 cc of water into the g-tube, and she then administered medication per gravity. She then pushed 30 cc of water into the g-tube.</p> <p>During an interview on 08/26/24 at 2:00 p.m., LVN G said she should have given the water flush per gravity to prevent gastric complications.</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:  676072	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  08/28/2024
NAME OF PROVIDER OR SUPPLIER  Corrigan Ltc Partners Inc		STREET ADDRESS, CITY, STATE, ZIP CODE  300 Hyde St Corrigan, TX 75939	

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 0693</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 08/26/24 at 2:10 p.m., the DON said the water flushes should be given per gravity to prevent g-tube clogging or gastric issues.</p> <p>During an interview on 08/28/24 at 9:00 a.m., the Administrator said the nurses should follow their policy on giving medications and water per gravity per gastric feeding tube.</p> <p>Record review of the facility policy dated 09/21/11 titled Policy and Procedure Gastrostomy Feedings indicated, Objective: To provide nourishment and medication for residents requiring feeding through an artificial opening in the stomach. 7. Insert barrel of syringe into tube. 8. Pour 30-60 cc of water into the syringe. Give slowly, do not force.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  676072	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  08/28/2024
NAME OF PROVIDER OR SUPPLIER  Corrigan Ltc Partners Inc		STREET ADDRESS, CITY, STATE, ZIP CODE  300 Hyde St Corrigan, TX 75939	
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 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 36214</p> <p>Based on observation, interview and record review, the facility failed to provide pharmaceutical services including procedures that assured the accurate administering of medications for 1 of 14 residents reviewed for pharmaceutical services. (Resident #37)</p> <p>The facility did not administer Peridex mouthwash to Resident #37 twice daily as ordered by her physician.</p> <p>This failure could place the residents at risk of mouth infections and gum inflammation.</p> <p>Findings included:</p> <p>Record review of physician orders dated August 2024 indicated Resident #37, admitted [DATE], was a [AGE] year-old female with diagnoses of Parkinson's disease (a disorder of the central nervous system that affects movement, often leading to tremors) and cerebral infarction (occurs as a result of disrupted blood flow to the brain due to problems with the blood vessels that supply it). She was to receive Peridex mouth/throat solution 0.12% 15 ml by mouth two times a day related to specified prophylactic (intended to prevent disease) measures for 14 days beginning on 08/21/24.</p> <p>Record review of the most recent significant change MDS assessment dated [DATE] indicated Resident #37 had a BIMS score of 8 indicating moderately impaired cognition. The resident required supervision assistance with most ADLs.</p> <p>Record review of a care plan updated 06/12/24 indicated Resident #37 had oral/dental health problems related to poor oral hygiene. The goal was for the resident to be free from infection, pain or bleeding in the oral cavity. The interventions indicated to monitor/document/and report to physician and signs or symptoms of oral/dental problems needing attention.</p> <p>Record review of a dental treatment noted dated 08/21/24 indicated Resident #37 had an extraction of 4 teeth with a plan of removing all teeth over a 9-12 month period in preparation for dentures. Aftercare orders included: Peridex mouth/throat solution 0.12% 15 ml by mouth two times a day related to specified prophylactic measures for 14 days.</p> <p>Record review of a progress note signed by LVN E and dated 08/21/24 at 2:28 p.m. indicated: Dentist in facility making rounds. Teeth extraction performed on numbers 12-15. New orders for Tylenol 325 mg two tabs by mouth every 4-6 hours as needed for pain, Amoxicillin 500 mg one tablet by mouth every 8 hours for 7 days, and Peridex oral rinse 0.12% 15 ml two times daily for 14 days.</p> <p>Record review of a Medication Administration Record (MAR) dated August 2024 indicated Resident #37 was not given her Peridex mouthwash on 08/22/24, 08/23/24, 8/24/24, 8/25/24, and 8/26/24.</p> <p>During observation and interview on 08/26/24 at 9:55 a.m., Resident #37 was sitting at a dining room table and said she couldn't eat much this morning because her mouth was too sore. She said the dentist had pulled some teeth and the nurses were giving her something for pain when she asked for it.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  676072	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  08/28/2024
NAME OF PROVIDER OR SUPPLIER  Corrigan Ltc Partners Inc		STREET ADDRESS, CITY, STATE, ZIP CODE  300 Hyde St Corrigan, TX 75939	
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 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 08/27/24 at 12:45 p.m., LVN E said she was working on 08/21/24 when Resident #37 had her tooth extractions. She said the dentist ordered amoxicillin and Peridex mouth wash. LVN E said she ordered both medications from the pharmacy and then was off work for 3 days. She said she returned to work on 08/26/24 and MA F informed her Resident #37's Peridex was not in the facility and could not be given to her as ordered. She said she called the pharmacy again and asked them to deliver the Peridex because it had not been delivered.</p> <p>During an interview on 08/27/24 at 1:15 p.m., MA F said Resident #37's Peridex was not on the medication cart on 08/26/24 and she notified LVN E that the Peridex was not in the facility to give to the resident.</p> <p>During an interview on 08/27/24 at 1:20 p.m., MA H said she passed medications on 08/23/24 and Resident #37's Peridex was not in the facility and was not given. She said she notified LVN I the mouthwash was not in the facility.</p> <p>During an interview on 08/27/24 at 1:32 p.m., LVN E said after surveyor intervention that she called Resident #37's dentist and physician and notified them that the resident was not given her Peridex as ordered on 8/22/24, 8/23/24, 8/24/24, 8/25/24 and 8/26/24. She said she received a new order to begin Peridex 8/27/24 and continue twice daily for 14 days.</p> <p>During a telephone interview on 08/27/24 at 7:05 p.m., LVN H said she was never notified that Resident #37 did not have Her Peridex as ordered.</p> <p>During an interview on 08/27/24 at 1:38 p.m., the DON said her expectations were for medications to be administered as ordered by the physician. She said she had not been told that Resident #37 did not receive her Peridex as ordered. She said the possible negative outcome of the delay in administering the Peridex could be increased infection and delayed healing.</p> <p>Record review of a Physician Orders policy revised June 2004 indicated: Physician orders must be given and managed in accordance with applicable laws and regulations.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  676072	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  08/28/2024
NAME OF PROVIDER OR SUPPLIER  Corrigan Ltc Partners Inc		STREET ADDRESS, CITY, STATE, ZIP CODE  300 Hyde St Corrigan, TX 75939	
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 - 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> 30664 33460</p> <p>Based on observation, interview, and record review, the facility failed to ensure an infection prevention and control program designed to provide a safe and sanitary environment and to help prevent the development and transmission of communicable diseases and infections were maintained for the facility for 1 of 2 residents reviewed for isolation during med pass.</p> <p>The facility failed to ensure LVN G used enhanced barrier precautions while she administered medication for Resident #4 per gastrostomy tube ((g-tube) a tube inserted through the belly that brings nutrition directly to the stomach).</p> <p>This failure could place residents at risk for exposure to infections and communicable diseases.</p> <p>Findings included:</p> <p>1. Record review of Resident #4's admission sheet dated 08/25/24 indicated she was admitted on [DATE] and was [AGE] years old with diagnoses of dysphagia (difficulty in swallowing).</p> <p>Record review of Resident #4's physician's orders dated August 2024 indicated her orders included NPO (nothing by mouth), was to receive all feedings and medications via g-tube.</p> <p>Record review of a care plan dated 08/14/2024 indicated Resident #4 had a feeding tube. Resident #4 had a history of Multi Drug Resistant Organism (MRDO). Interventions included: Contact isolation will be performed, and infection will not be spread throughout the facility. Gloves and gowns will be used when performing contact activity before entering the room.</p> <p>During an observation on 08/26/24 at 1:57 p.m., LVN G was administering medication to Resident #4. LVN G did not wear a gown while she administered medication to Resident #4. The door into Resident #4's room had a sign which indicated enhanced barrier precautions were to be used while providing direct care to the resident.</p> <p>During an interview on 08/26/24 at 2:00 p.m., LVN G said that she should have worn a gown when she read the sign (enhanced barrier precaution sign) on the door of Resident #4's room. She said she had been trained on contact isolation and enhanced barrier precautions.</p> <p>During an interview on 08/26/24 at 2:10 p.m., the DON said the nursing staff were to use enhanced barrier precautions with all the residents who have indwelling medical devices to prevent spread of MDRO (multi-drug-resistant organisms) .</p> <p>Record review of the policy titled Enhanced Barrier Precautions dated August 2022 indicated Enhanced barrier precautions (EBPs) are utilized to prevent the spread of multi-drug-resistant organisms (MDROs) to residents. 2. EBPs employ targeted gowns, and gloves used during high contact resident care activities . 3. Examples of high - contact resident care activities requiring the use of gown and gloves for EBPs include: . g. device care or use (central line, urinary catheter, feeding tube and .)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  676072	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  08/28/2024
NAME OF PROVIDER OR SUPPLIER  Corrigan Ltc Partners Inc		STREET ADDRESS, CITY, STATE, ZIP CODE 300 Hyde St Corrigan, TX 75939	
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 0941</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Develop, implement, and/or maintain an effective training program that includes effective communications for direct care staff members.</p> <p>30664</p> <p>Based on interview and record review, the facility failed to ensure employees received the required training effective communications mandatory training was completed for 4 of 4 new employees (LVN A, LVN B, CNA C, and CNA D) reviewed for training.</p> <p>The facility did not ensure effective communication training was completed by LVN A, LVN B, CNA C, and CNA D during orientation.</p> <p>This failure could place residents at risk of miscommunication and social isolation due to lack of staff training.</p> <p>Findings included:</p> <p>Record review of employee files indicated the following staff had not completed effective communications training during orientation:</p> <ul style="list-style-type: none"> <li>* LVN A, hire date 03/29/24;</li> <li>* LVN B, hire date 04/22/24;</li> <li>* CNA C, hire date 07/25/24; and</li> <li>* CNA D, hire date 05/09/24.</li> </ul> <p>During an interview on 08/28/24 at 09:41 a.m. the BOM/HR said the communication training was not included in the Required Orientation Trainings in the computer system, so it was not done during the orientation time period for LVN A, LVN B, CNA C, and CNA D.</p> <p>During an interview on 08/28/24 at 01:05 p.m. the Administrator said she expected all new hire staff to have the required training done prior to working. She said the possible negative outcome could be staff would not know procedures for resolving issues in the facility or how to deal with residents in an appropriate manner.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  676072	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  08/28/2024
NAME OF PROVIDER OR SUPPLIER  Corrigan Ltc Partners Inc		STREET ADDRESS, CITY, STATE, ZIP CODE  300 Hyde St Corrigan, TX 75939	

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 0942</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that staff members are educated on resident rights and facility responsibilities to properly care for its residents.</p> <p>30664</p> <p>Based on interview and record review, the facility failed to ensure the rights of the resident and responsibilities of the facility were completed for 1 of 4 new employees (CNA C) reviewed for orientation training.</p> <p>The facility failed to ensure the rights of the resident and responsibilities of the facility training was completed by CNA C during orientation.</p> <p>This failure could affect residents and place them at risk of being uninformed due to lack of staff training.</p> <p>Findings include:</p> <p>Record review of employee files indicated CNA C, hire date 07/25/24 had not completed Resident Rights training during orientation.</p> <p>During an interview on 08/28/24 at 09:41 a.m. the BOM/HR said CNA C had not done the Resident Rights training during the orientation time period prior to working. She said she had missed that it was not completed.</p> <p>During an interview on 08/28/24 at 01:05 p.m. the Administrator said she expected all new hire staff to have the required trainings done prior to working. She said the possible negative outcome could be staff would not know procedures for resolving issues in the facility or how to deal with residents in an appropriate manner.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  676072	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  08/28/2024
NAME OF PROVIDER OR SUPPLIER  Corrigan Ltc Partners Inc		STREET ADDRESS, CITY, STATE, ZIP CODE  300 Hyde St Corrigan, TX 75939	

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 0943</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Give their staff education on dementia care, and what abuse, neglect, and exploitation are; and how to report abuse, neglect, and exploitation.</p> <p>30664</p> <p>Based on interview and record review, the facility failed to ensure employees received the required training on dementia management for 2 of 2 new employees (LVN A and LVN B) reviewed for orientation training.</p> <p>The facility did not ensure dementia management training was completed by LVN A and LVN B during orientation.</p> <p>This failure could place residents with dementia at risk of a poor quality of care by staff with inadequate training when caring for dementia residents.</p> <p>Findings included:</p> <p>Record review of employee files indicated the following staff had not completed dementia management training during orientation:</p> <p>* LVN A, hire date 03/29/24; and</p> <p>* LVN B, hire date 04/22/24.</p> <p>During an interview on 08/28/24 at 09:41 a.m. the BOM/HR said LVN A and LVN B had not done the dementia management training during the orientation time period. She said she had missed that it was not completed.</p> <p>During an interview on 08/28/24 at 01:05 p.m. the Administrator said she expected all new hire staff to have the required training done prior to working. She said the possible negative outcome could be staff would not know procedures for resolving issues in the facility or how to deal with residents in an appropriate manner.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  676072	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  08/28/2024
NAME OF PROVIDER OR SUPPLIER  Corrigan Ltc Partners Inc		STREET ADDRESS, CITY, STATE, ZIP CODE 300 Hyde St Corrigan, TX 75939	
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 0944</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Conduct mandatory training, for all staff, on the facility's Quality Assurance and Performance Improvement Program.</p> <p>30664</p> <p>Based on interview and record review, the facility failed to ensure Quality Assurance and Performance Improvement (QAPI) training that outlines and informs staff of the elements and goals of the facility's QAPI program was completed for 4 of 4 new employees (LVN A, LVN B, CNA C, and CNA D) reviewed for orientation training.</p> <p>The facility did not ensure QAPI training was completed by LVN A, LVN B, CNA C, and CNA D during their orientation.</p> <p>This failure could place staff and residents at risk for not being aware of facility programs, implementation, and monitoring.</p> <p>Findings included:</p> <p>Record review of employee files indicated the following staff had not completed QAPI training during orientation:</p> <ul style="list-style-type: none"> <li>* LVN A, hire date 03/29/24;</li> <li>* LVN B, hire date 04/22/24;</li> <li>* CNA C, hire date 07/25/24; and</li> <li>* CNA D, hire date 05/09/24.</li> </ul> <p>During an interview on 08/28/24 at 09:41 a.m. the BOM/HR said the QAPI training was not included in the Required Orientation Trainings in the computer system, so it was not done during the orientation time period prior to working for LVN A, LVN B, CNA C, and CNA D. She said she had missed that it was not completed.</p> <p>During an interview on 08/28/24 at 01:05 p.m. the Administrator said she expected all new hire staff to have the required training done prior to working. She said the possible negative outcome could be staff would not know procedures for resolving issues in the facility or how to deal with residents in an appropriate manner.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  676072	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  08/28/2024
NAME OF PROVIDER OR SUPPLIER  Corrigan Ltc Partners Inc		STREET ADDRESS, CITY, STATE, ZIP CODE  300 Hyde St Corrigan, TX 75939	

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 0946</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide training in compliance and ethics.</p> <p>30664</p> <p>Based on interview and record review, the facility failed to ensure compliance and ethics training was completed for 4 of 4 new employees (LVN A, LVN B, CNA C, and CNA D) reviewed for orientation training.</p> <p>The facility did not ensure compliance and ethics training was completed by the LVN A, LVN B, CNA C, and CNA D during orientation.</p> <p>This failure could affect residents and place them at risk of poor care or victimization due to lack of staff training.</p> <p>Findings included:</p> <p>Record review of employee files indicated the following staff had not completed compliance and ethics training during orientation:</p> <ul style="list-style-type: none"> <li>* LVN A, hire date 03/29/24;</li> <li>* LVN B, hire date 04/22/24;</li> <li>* CNA C, hire date 07/25/24; and</li> <li>* CNA D, hire date 05/09/24.</li> </ul> <p>During an interview on 08/28/24 at 09:41 a.m. the BOM/HR said the ethics and compliance training was not included in the Required Orientation Trainings in the computer system, so it was not done during the orientation time period prior to working for LVN A, LVN B, CNA C, and CNA D. She said she had missed that it was not completed.</p> <p>During an interview on 08/28/24 at 01:05 p.m. the Administrator said she expected all new hire staff to have the required training done prior to working. She said the possible negative outcome could be staff would not know procedures for resolving issues in the facility or how to deal with residents in an appropriate manner.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  676072	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  08/28/2024
NAME OF PROVIDER OR SUPPLIER  Corrigan Ltc Partners Inc		STREET ADDRESS, CITY, STATE, ZIP CODE 300 Hyde St Corrigan, TX 75939	

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 0947</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure nurse aides have the skills they need to care for residents, and give nurse aides education in dementia care and abuse prevention.</p> <p>30664</p> <p>Based on interview and record review, the facility failed to ensure CNAs completed dementia management training for 2 of 2 new CNAs (CNA C and CNA D) reviewed for orientation training.</p> <p>The facility did not ensure dementia management training was completed by CNA C and CNA D during orientation.</p> <p>This failure could place residents with dementia at risk of abuse, neglect, and exploitation and a poor quality of care by staff with inadequate training when caring for dementia residents.</p> <p>Findings included:</p> <p>Record review of employee files indicated the following had not completed dementia management training during orientation:</p> <p>* CNA C, hire date 07/25/24; and</p> <p>* CNA D, hire date 05/09/24.</p> <p>During an interview on 08/28/24 at 09:41 a.m. the BOM/HR said the dementia management training was not included in the Required Orientation Trainings in the computer system, so it was not done during the orientation time period prior to working for CNA C and CNA D. She said she had missed that it was not completed.</p> <p>During an interview on 08/28/24 at 01:05 p.m. the Administrator said she expected all new hire staff to have the required training done prior to working. She said the possible negative outcome could be staff would not know procedures for resolving issues in the facility or how to deal with residents in an appropriate manner.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  676072	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  08/28/2024
NAME OF PROVIDER OR SUPPLIER  Corrigan Ltc Partners Inc		STREET ADDRESS, CITY, STATE, ZIP CODE  300 Hyde St Corrigan, TX 75939	

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 0949</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide behavior health training consistent with the requirements and as determined by a facility assessment.</p> <p>30664</p> <p>Based on interview and record review, the facility failed to ensure training on behavioral health was completed for 4 of 4 new employees LVN A, LVN B, CNA C, and CNA D) reviewed for orientation training.</p> <p>The facility did not ensure behavioral health training was completed by LVN A, LVN B, CNA C, and CNA D during orientation.</p> <p>This failure could place residents with behaviors at risk of not receiving care to attain or maintain their highest practicable physical, mental, and psychosocial well-being due to lack of staff training.</p> <p>Findings included:</p> <p>Record review of employee files indicated the following staff had not behavioral health training during orientation:</p> <ul style="list-style-type: none"> <li>* LVN A, hire date 03/29/24;</li> <li>* LVN B, hire date 04/22/24;</li> <li>* CNA C, hire date 07/25/24; and</li> <li>* CNA D, hire date 05/09/24.</li> </ul> <p>During an interview on 08/28/24 at 09:41 a.m. the BOM/HR said the behavioral health training was not included in the Required Orientation Trainings in the computer system, so it was not done during the orientation time period prior to working for LVN A, LVN B, CNA C, and CNA D. She said she had missed that it was not completed.</p> <p>During an interview on 08/28/24 at 01:05 p.m. the Administrator said she expected all new hire staff to have the required training done prior to working. She said the possible negative outcome could be staff would not know procedures for resolving issues in the facility or how to deal with residents in an appropriate manner.</p>