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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 676096 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 07/02/2024 |
| NAME OF PROVIDER OR SUPPLIER Baybrooke Village Care and Rehab Center | | STREET ADDRESS, CITY, STATE, ZIP CODE 8300 Eldorado Parkway West McKinney, TX 75070 | |

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

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| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information) |
| <p>F 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Provide safe and appropriate respiratory care for a resident when needed.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47743</p> <p>Based on observation, interviews, and record review, the facility failed to ensure that a resident who needed respiratory care was provided such care consistent with professional standards of practice, the comprehensive person-centered care plan, and the residents' goals and preferences for one (Resident #1) of three residents reviewed for respiratory care.</p> <p>The facility failed to ensure Resident #1's nasal cannula was properly stored when not in use.</p> <p>The facility failed to ensure Resident #1's humidifier bottle had water in it.</p> <p>These failures could place residents at risk for respiratory infection and not having their respiratory needs met.</p> <p>Findings included:</p> <p>Review of Resident #1's Face Sheet, dated 07/02/2024, reflected resident was an [AGE] year-old female admitted on [DATE]. Relevant diagnoses included anxiety and chronic pain.</p> <p>Review of Resident #1's Quarterly MDS Assessment, dated 04/07/2024, reflected the resident had a moderate impairment in cognition with a BIMS score of 09. The Quarterly MDS Assessment indicated Resident #1 was on oxygen therapy while a resident of the facility.</p> <p>Review of Resident #1's Comprehensive Care Plan, dated 07/02/2024, reflected resident had an altered breathing pattern and one of the interventions was administer medications, respiratory treatments, and oxygen as ordered.</p> <p>Review of Resident #1's Physician Order, dated 01/05/2024, reflected Oxygen 2 liters per minute inhalation every shift via nasal cannula for anxiety disorder.</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.

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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
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| <p>F 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Observation and interview on 07/02/2024 at 10:15 AM, revealed Resident #1 was on her bed, resting. The resident said she just came back from the activity area. The resident was noted on oxygen supplement at 2 liters per minute via nasal cannula. The nasal cannula was connected to a humidifier. The humidifier bottle did not have water in it. She said she was not aware her humidifier did not have any water. It was also noted the resident had a nasal cannula on her wheelchair connected to a portable oxygen tank. The nasal cannula was hanging on the backrest of the wheelchair. The nasal cannula was not bagged and almost touching the wheel of the wheelchair. The resident said she did not know who transferred her but did remember the staff took off her nasal cannula that she used when she was on the wheelchair and was replaced it with the nasal cannula attached to the big oxygen container.</p> <p>Observation and interview with LVN A on 07/02/2024 at 10:36 AM, LVN A said the purpose of the humidifier was to prevent nasal and throat irritation. She said the water in the humidifier moistened the nasal passage that facilitated ease of breathing. LVN A saw the nasal cannula hanging on the wheelchair's backrest and said the nasal cannula should be bagged when not in use to prevent it from dropping on the floor or touching anything unclean. She said if the nasal cannula was not bagged, it could catch bacteria or microorganism that could eventually cause infection. LVN A said she would get a new pre-filled humidifier bottle and a new nasal cannula and would replace them. LVN A went out of the room and came back with a new nasal cannula and a pre-filled humidifier.</p> <p>In an interview on 07/02/2024 at 1:22 PM, CNA B stated she was the CNA assigned to Resident #1. She said she was not sure where to put the nasal cannula when the resident was using it. She said she would usually hang it on the wheelchair when she took it off from the resident. She said she did not notice that there was a plastic bag at the back of the wheelchair. She said she had been with the facility for a couple of weeks and was not sure what to be done. She said she would ask the charge nurse where to put the nasal cannula when not in use. She said she did not transfer the resident but the charge nurse did.</p> <p>In an interview with LVN A on 07/02/2024 at 1:30 PM, LVN A stated she did transfer the resident. She said she also took off the nasal cannula connected to the portable oxygen tank and replaced it with the nasal cannula connected to the oxygen concentrator. She said she overlooked putting it on the plastic bag. She also said the night nurse was the one changing the humidifier but said she should have checked if there was still water in it.</p> <p>Interview with the ADON on 07/02/2024 at 1:43 PM, the ADON stated the nasal cannula connected to the portable oxygen should be in a bag when the resident was not using it. The ADON said if the nasal cannula was not bagged, it could cause respiratory infections that would be detrimental to the health of the residents. The ADON said the humidifier should always have water to prevent any irritation on the respiratory passageway. She said this was to prevent irritation to the nose and throat. She said the nurses were responsible in ensuring the humidifier had water in it. She said the nurses and the CNAs were responsible in bagging the nasal cannula when not in use. She added the DON and the ADON were responsible in ensuring the nurses were doing the best practice regarding respiratory care. The ADON said her expectation for the staff would be watchful in monitoring if there was water in the humidifier and if the nasal cannula was bagged when not in use. The ADON said she would do an in-service and educate the CNA about respiratory care.</p> <p>(continued on next page)</p> | | |

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| <p>F 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Interview with DON on 07/02/2024 at 2:04 PM, the DON stated the humidifier should always have water in it to prevent irritation and dryness to the lining of the nose and throat. The DON said the staff should had make sure there was water on the humidifier so the breathing of the residents would not be compromised. The DON also stated the nasal cannula should not be left hanging on the backrest of the wheelchair to prevent respiratory infections and exacerbations of respiratory issues for those residents that already had respiratory challenges. The DON said the expectation was for the staff to monitor if the humidifier had water and if the nasal cannula were bagged. She said she do an in-service about bagging the nasal cannula and would monitor their adherence to the policy.</p> <p>Review of facility policy, Oxygen Therapy - Discontinuation Clinical Operations revised January 12, 2020 revealed Procedures . 6. Remove nasal cannula prong or mask . place in a plastic bag if oxygen is to be administered on a PRN basis.</p> <p>Review of facility policy, Oxygen Therapy, Liquid - Initiation Clinical Operations revised January 12, 2020 revealed Procedures . 5 . fill humidifier bottle with distilled water to proper line or attached disposable humidifier.</p> |