

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 676209	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/10/2024
NAME OF PROVIDER OR SUPPLIER Decatur Medical Lodge		STREET ADDRESS, CITY, STATE, ZIP CODE 701 W Bennett Rd Decatur, TX 76234	

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 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** 43843</p> <p>Based on observation, interview, and record review the facility failed to ensure that a resident who needs respiratory care were provided such care, consistent with professional standards of practice, the comprehensive person-centered care plan, the residents' goals, and preferences for 1 (Resident #1) of 4 residents reviewed for quality of care.</p> <p>The facility failed to ensure Resident #1's oxygen tubing was dated.</p> <p>This failure placed the residents at risk for infections and respiratory related complications.</p> <p>The findings were:</p> <p>Record Review of Resident #1 admission record reflected; [AGE] year-old-female with an initial admitted [DATE] and a preliminary diagnosis of: CHRONIC OBSTRUCTIVE PULMONARY DISEASE, UNSPECIFIED</p> <p>Record Review of Resident #1's MDS Optional State assessment dated [DATE] reflected; Resident #1 had a BIMS score of 07 (Severe cognitive impairment).</p> <p>Record Review of Resident #1's Care Plan reflected; Focus: The resident has oxygen therapy r/t Chronic Respiratory illness; Intervention: OXYGEN SETTINGS: O2 via (nasal prongs/mask)</p> <p>Record Review of Resident #1's Order Summary reflected active orders dated 05/10/2024 reflected Oxygen: May have oxygen at (2-4) LPM related to COPD every 24 hours as needed. Oxygen: May have oxygen at 2-4 LPM] Liters per via NASAL CANNULA; MAY REMOVE FOR ADLS; KEEP HOB ELEVATED FOR SOB WHILE LAYING FLAT every 6 hours for SOB</p> <p>Record Review of Resident #1's Care Plan reflected; Focus: The resident had oxygen therapy r/t Chronic Respiratory illness; Intervention: OXYGEN SETTINGS: O2 via (nasal prongs/mask)</p> <p>Record Review of Resident #1's MDS Optional State assessment dated [DATE] reflected; Resident #1 had a BIMS score of 07 (Severe cognitive impairment). Section I- Active Diagnoses- Pulmonary; Asthma, COPD, or Chronic Lung Disease (e.g. chronic bronchitis and restrictive lung diseases such as asbestosis). Section J- Health Conditions- Shortness of breath or trouble breathing when lying flat. Section O- Special Treatments, Procedures, and Programs; Oxygen therapy, performed while a resident of this facility.</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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(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>Record Review of Resident Priority Program check list , undated, reflected: Equipment: 24 Oxygen: If resident uses oxygen, was the bag dated and initialed no greater than one week . Portable oxygen full. Oxygen tubing not on floor, labeled and dated.</p> <p>Observation on 05/10/2024 at 11:48 AM revealed Resident # 1 was lying in her bed, on her back, with the head of her bed slightly raised. Resident #1 was awake wearing a nasal cannula tube that extended and connected to oxygen concentrator next to her bed. Observation revealed that the oxygen tube was not dated.</p> <p>Interview with ADON A on 05/10/2024 at 2:41 PM revealed she did observe that the oxygen tubing for Resident #1 was not dated. She stated that every Sunday, the night nurse had the task of changing and dating oxygen tubing, mask, and humidifier. She stated there was a room round sheet that was used to check and see if the task was completed. The risk of not dating the tubing was infection control. The risk of bacteria in the tubing.</p> <p>Interview with ADON B on 05/10/2024 at 2:58 PM revealed the Sunday night nurse had the task of making sure that the oxygen tubing was dated. This task was completed weekly and checked off in the electronic medical record. She stated that there was a room round sheet completed by the ADON to make sure the task was completed. The risk of not labeling and dating oxygen tubing for the resident was the resident could be exposed to bacteria and cause pneumonia.</p> <p>Review of policy Oxygen Administration dated October, 2010 reflected; Documentation, after completing the oxygen setup or adjustment, the following information should be recorded in the resident's medical record:</p> <ol style="list-style-type: none"> 1. The date and time that the procedure was performed. 		