

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 676210	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/31/2024
NAME OF PROVIDER OR SUPPLIER Focused Care at Summer Place		STREET ADDRESS, CITY, STATE, ZIP CODE 2485 S Major Dr Beaumont, TX 77707	

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 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident receives an accurate assessment.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 30664</p> <p>Based on interview, and record review, the facility failed to ensure assessments accurately reflected the status for 1 of 19 residents reviewed for assessments. (Resident #70).</p> <p>The facility failed to complete an accurate resident assessment for Resident #70. Resident #70's resident assessment did not reflect that she received an antidepressant medication.</p> <p>This failure could place residents at risk of not having individual needs met and a decreased quality of life.</p> <p>Findings included:</p> <p>Record review of a face sheet dated 07/30/24 indicated Resident #70 was a [AGE] year-old female admitted on [DATE]. Her diagnoses included anxiety disorder (persistent and excessive worry that interferes with daily activities) and depression (mental illness that negatively affects how you feel, the way you think and how you act).</p> <p>Record review of the July 2024 physician orders indicated Resident #70 had an order dated 03/13/24 for Paroxetine (antidepressant) 20 mg daily for anxiety .</p> <p>Record review of MDS dated [DATE] indicated Resident #70 received antianxiety medication but not an antidepressant medication.</p> <p>Record review of a care plan revised 05/21/24 indicated Resident #70 was receiving an antidepressant medication.</p> <p>During an interview on 07/31/24 10:05 a.m., the MDS Nurse said she did not realize Resident #70's Paroxetine was not marked on the MDS according to the drug classification.</p> <p>During an interview on 07/31/24 12:50 p.m., the DON indicated she expected the MDSs to be filled out correctly. She indicated they discovered the previous MDS nurse who was responsible for the MDS was not filling them out correctly .</p> <p>During an interview on 07/31/24 at 01:02 p.m., the DON said they did not have a policy, they followed the MDS RAI manual.</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: 676210	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/31/2024
NAME OF PROVIDER OR SUPPLIER Focused Care at Summer Place		STREET ADDRESS, CITY, STATE, ZIP CODE 2485 S Major Dr Beaumont, TX 77707	
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 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Record review of the MDS RAI manual dated October 2023 indicated N0415 High-Risk Drug Classes: Use and Indication: 1. Is taking: Check if the resident is taking any medications by pharmacological classification, not how it is used, during the last 7 days or since admission/entry or reentry if less than 7 days and 2. Indication noted: If Column 1 is checked, check if there is an indication noted for all medications in the drug class.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 676210	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/31/2024
NAME OF PROVIDER OR SUPPLIER Focused Care at Summer Place		STREET ADDRESS, CITY, STATE, ZIP CODE 2485 S Major Dr Beaumont, TX 77707	

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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 30664</p> <p>Based on observation, interview, and record review, the facility failed to develop and implement a comprehensive person-centered care plan to meet each resident's medical, nursing, mental and psychosocial needs for 2 of 19 residents reviewed for care plans. (Residents #59 and #70)</p> <p>The facility did not have a care plan to address Resident #59's nausea and vomiting.</p> <p>The facility did not have a care plan to address Resident #70's incontinence of bowel and bladder.</p> <p>This failureThe failures could place residents at risk of not having individual needs met and not receiving needed services.</p> <p>Findings included:</p> <p>1. Record review of the face sheet dated 07/31/24 indicated Resident #59 was a [AGE] year-old female admitted on [DATE]. Her diagnoses included malignant neoplasm of the bone (bone cancer).</p> <p>Record review of an MDS assessment dated [DATE] indicated Resident #59 had a BIMS of 11 indicating she had moderately impaired cognition.</p> <p>Record review of physician's orders for July 2024 indicated Resident #59 had an order dated 02/05/24 for outpatient chemotherapy treatment for the cancer and an order dated 01/06/24 for Ondansetron 4mg every 6 hours as needed for nausea and vomiting.</p> <p>Record review of the care plan revised 06/04/24 indicated Resident #59 had no care plan addressing nausea and vomiting related to the chemotherapy for her bone cancer.</p> <p>During an observation and interview on 07/30/24 at 04:02 a.m., Resident #59 said she asked for something for nausea and vomiting around midnight but had not received anything yet. She had a pink tub on her overbed table. She said it was for her to throw up in and she had been using it.</p> <p>During an interview on 07/30/24 at 10:34 a.m. the MDS Nurse said she did not realize Resident #59 did not have a care plan for nausea/vomiting. She said she should have one.</p> <p>2. Record review of a face sheet dated 07/30/24 indicated Resident #70 was a [AGE] year-old female admitted on [DATE]. Her diagnoses included hemiplegia (is the weakness of one entire side of the body) affecting right dominant side and displaced intertrochanteric fracture of right femur (a hip breaks between the bumpy parts at the top of the thigh bone)</p> <p>Record review of an MDS assessment dated [DATE] indicated Resident #70 had a BIMS of 11 indicating she had moderately impaired cognition. She was always incontinent of bowel and always incontinent of bladder.</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 676210	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/31/2024
NAME OF PROVIDER OR SUPPLIER Focused Care at Summer Place		STREET ADDRESS, CITY, STATE, ZIP CODE 2485 S Major Dr Beaumont, TX 77707	

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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Record review of the care plan revised 05/21/24 indicated Resident #70 had a care plan indicating the resident was resistive to care (incontinent refusing to let staff change me after voiding 3 times in by brief) with interventions addressing the behavior. There was no care plan addressing incontinence of bowel and bladder with interventions addressing the incontinence.</p> <p>During an observation and interview on 07/30/24 04:30 a.m., Resident #70 said she had put her light on to have staff change her brief. Staff entered the resident's room, and incontinent care was provided to the resident.</p> <p>During an interview on 07/30/24 at 10:34 a.m., the MDS Nurse said she thought the care plan that said the resident was resistive to care would cover the incontinent care plan.</p> <p>During an interview on 07/31/24 at 09:00 a.m., the Administrator said he expected all aspects of the clinical record to be complete. He said if it was not, resident needs could be not addressed.</p> <p>During an interview on 07/31/24 at 10:25 a.m., the DON said she expected the residents to have care plans that covered all their needs. She said if they did not have one their needs could be missed.</p> <p>Record review of a Comprehensive Care Plan policy revised 04/25/21 indicated Every resident will have an individualized interdisciplinary plan of care in place The Interdisciplinary Team will continue to develop the plan in conjunction with the RAI (MDS 3.0) and CAAS completing and conducting Comprehensive Care Plan Meeting and Reviews by day 21 after Admission. The Care Plan is revised every quarter, significant change of condition, Annual or as the resident condition changes on an individualized basis</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 676210	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/31/2024
NAME OF PROVIDER OR SUPPLIER Focused Care at Summer Place		STREET ADDRESS, CITY, STATE, ZIP CODE 2485 S Major Dr Beaumont, TX 77707	
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** 36214</p> <p>Based on observation, interview and record review, the facility failed to ensure that residents 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 1 of 2 residents reviewed for respiratory care and services. (Resident #292)</p> <p>The facility failed to administer BIPAP (a machine that can help people breathe when they have trouble breathing due to health issues) therapy as ordered by the physician for Resident #292.</p> <p>This failure could place the residents at risk of not receiving the appropriate care and services to maintain their highest level of well-being.</p> <p>Findings included:</p> <p>Record review of physician orders dated July 2024 indicated Resident #292, admitted [DATE], was a [AGE] year-old female with a diagnosis of acute respiratory failure (a condition that occurs when the lungs cannot release enough oxygen into the blood to remove carbon dioxide {a waste product that your body gets rid of when you exhale}) with hypercapnia (abnormally high levels of carbon dioxide in the blood). Orders indicated: BIPAP set 160 IPAP (inspiratory positive airway pressure), 6.0 EPAP (expiratory positive airway pressure), 16 time at bedtime every night for shortness of breath.</p> <p>Record review of treatment administration record dated July 2024 indicated Resident #292 received BIPAP therapy on the 2:00 p.m. to 10:00 p.m. shift (initialed by LVN D) and the 10:00 p.m. to 6:00 a.m. shift (initialed by LVN C) on 07/28/24.</p> <p>Record review of a Care Plan dated 07/25/24 indicated Resident #292 had an ineffective breathing pattern related to respiratory failure and required BIPAP and oxygen therapy per physician orders.</p> <p>Record review of a quarterly MDS assessment dated [DATE] indicated Resident #292 had a BIMS of 11 (indicated moderate cognitive impairment), was dependent or received partial/moderate assistance for most ADLs and received oxygen therapy and BIPAP therapy.</p> <p>During an observation and interview on 07/29/24 at 10:20 a.m., Resident #292 was sitting up in her wheelchair in her room. She was receiving oxygen at 2 LPM per NC. She said she was supposed to wear her BIPAP every night and no one helped her put it on last night. She said she slept without her BIPAP all night. She said she was breathing alright today, but she just wanted to make sure she didn't miss wearing her BIPAP again.</p> <p>During an interview on 07/29/24 at 12:32 p.m., LVN B said the night shift (10:00 p.m. to 6:00 a.m.) nurse usually took off Resident #292's BIPAP. She said Resident #292 was not wearing her BIPAP when she assessed her this morning.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 676210	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/31/2024
NAME OF PROVIDER OR SUPPLIER Focused Care at Summer Place		STREET ADDRESS, CITY, STATE, ZIP CODE 2485 S Major Dr Beaumont, TX 77707	
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>During an interview on 07/30/24 at 4:12 a.m., LVN C said she was the charge nurse on duty during the 10:00 p.m. to 6:00 a.m. shift 07/28/24. She said she did not put Resident #292's BIPAP on that night and she did not check to ensure the resident had her BIPAP on. She said the evening shift (2:00 p.m. to 10:00 p.m.) nurse usually put Resident #292's BIPAP on and the day shift (6:00 a.m. to 2:00 p.m.) nurse took it off.</p> <p>During an observation and interview on 07/30/24 at 4:17 a.m., LVN C assessed Resident #292 and her BIPAP was on. She said the resident was asleep on the night of the 28th/29th with her face covered with her blanket and she hadn't disturbed her to ensure her BIPAP was on. She said the resident had an order for BIPAP nightly. She said possible negative outcome of the resident not having her BIPAP at night could be respiratory difficulty while sleeping.</p> <p>During an interview on 07/30/24 at 5:05 a.m., LVN D said she was the 2:00 p.m. to 10:00 p.m. nurse on duty on 07/28/24. She said she did not put on Resident #292's BIPAP. She said the night shift nurse was supposed to put it on and the resident never asked for it to be put on. She said Resident #292 had an order to have her BIPAP on every night while sleeping. She said the purpose of a BIPAP was to open up the lungs and get better oxygenation. She said possible negative outcome of not having the BIPAP nightly could be respiratory distress.</p> <p>During an interview on 07/31/24 at 09:25 a.m., the DON said Resident #292 had an order for BIPAP nightly at hour of sleep. She said her expectation was for Resident #292 to receive BIPAP therapy as ordered by their physician. She said not following the physician order could result in residents not receiving ordered therapy to treat their medical condition.</p> <p>Record review of a facility policy titled BIPAP/CPAP dated April 2021 indicated: . To provide positive airway pressure with or without supplemental oxygen in residents with respiratory insufficiency, obstructive sleep apnea, or restrictive/obstructive lung disease. To promote resident comfort and safety.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 676210	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/31/2024
NAME OF PROVIDER OR SUPPLIER Focused Care at Summer Place		STREET ADDRESS, CITY, STATE, ZIP CODE 2485 S Major Dr Beaumont, TX 77707	
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 0710</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Obtain a doctor's order to admit a resident and ensure the resident is under a doctor's care.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 30664</p> <p>Based on observation, interview, and record review the facility failed to ensure a physician, physician assistant, nurse practitioner, or clinical nurse specialist provided orders for the resident's immediate care and needs for 1 of 19 residents reviewed for physician services. (Resident #59)</p> <p>LVN D notified the on-call NP of Resident #59 having nausea and vomiting and the on-call NP did not provide an order for the resident's need.</p> <p>This failure could place residents at risk of not having individual immediate needs met and a decreased quality of life.</p> <p>Findings included:</p> <p>Record review of the face sheet dated 07/31/24 indicated Resident #59 was a [AGE] year-old female admitted on [DATE]. Her diagnoses included malignant neoplasm of the bone (bone cancer).</p> <p>Record review of an MDS assessment dated [DATE] indicated Resident #59 had a BIMS of 11 indicating she had moderately impaired cognition.</p> <p>Record review of physician's orders for July 2024 indicated Resident #59 had an order dated 02/05/24 for outpatient chemotherapy treatment for the cancer and Ondansetron 4mg every 6 hours as needed for nausea and vomiting with start date of 01/06/24.</p> <p>During an observation and interview on 07/30/24 at 04:02 a.m. Resident #59 said she asked for something for nausea and vomiting around midnight but had not received anything yet. She had a pink tub on her overbed table. She said it was for her to throw up in and she had been using it.</p> <p>During an interview on 07/30/24 at 04:02 a.m., LVN D said Resident #59 had asked for something for nausea/vomiting around midnight and she (LVN D) overlooked Resident #59's current order for Ondansetron (treats nausea). She said she contacted the on-call NP, and they would not order anything for Resident #59's nausea and told her to contact the physician in the morning for something for nausea. She said she did not remember the on-call NP giving their name to her.</p> <p>During an interview on 07/30/24 at 05:15 a.m. LVN G said Resident #59 had an order for Ondansetron for nausea/vomiting. LVN G administered the Ondansetron at this time (5 hours after Resident #59 requested something for nausea).</p> <p>Record review of Resident #59's EMR indicated an entry on 07/30/24 at 12:15 a.m. that indicated LVN D spoke with the on-call provider about Resident #59's complaint of nausea. She received no order for nausea medication and was told by on-call to get in touch with the physician regarding a new prescription.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 676210	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/31/2024
NAME OF PROVIDER OR SUPPLIER Focused Care at Summer Place		STREET ADDRESS, CITY, STATE, ZIP CODE 2485 S Major Dr Beaumont, TX 77707	

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 0710</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 07/30/24 at 01:55 p.m., the DON said she expected the NP on-call to provide an order for a prn medication for at least a one-time dose. She said she did not know why they did not order something for the resident. She said the outcome could be any resident having to wait like Resident #59 did for medication to address the problem they were having.</p> <p>During an interview on 07/30/24 at 01:57 p.m., the Administrator said he expected the NP/Physician on-call to provide emergency medications for the residents when the nurse called them and not tell them they must wait until the next morning.</p> <p>During an interview on 07/31/24 at 01:02 p.m., the DON said they did not have a policy for the on-call physician/NP.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 676210	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/31/2024
NAME OF PROVIDER OR SUPPLIER Focused Care at Summer Place		STREET ADDRESS, CITY, STATE, ZIP CODE 2485 S Major Dr Beaumont, TX 77707	

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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 30664</p> <p>Based on observation, interview, and record review, the facility failed to provide pharmaceutical services (including procedures that assure the accurate acquiring, receiving, dispensing, and administering of all drugs and biologicals) to meet the needs of each resident for 1 of 8 residents reviewed for medication administration. (Resident #59)</p> <p>LVN D did not administer prn nausea medication ordered for Resident #59 when she requested the medication.</p> <p>This failure could place residents at risk for not receiving the desired therapeutic effects of medications and decreased quality of life.</p> <p>Findings included:</p> <p>Record review of the face sheet dated 07/31/24 indicated Resident #59 was a [AGE] year-old female admitted on [DATE]. Her diagnoses included malignant neoplasm of the bone (bone cancer).</p> <p>Record review of an MDS assessment dated [DATE] indicated Resident #59 had a BIMS of 11 indicating she had moderately impaired cognition.</p> <p>Record review of physician's orders for July 2024 indicated Resident #59 had an order dated 02/05/24 for outpatient chemotherapy treatment for the cancer and an order dated 01/06/24 for Ondansetron 4mg every 6 hours as needed for nausea and vomiting.</p> <p>During an observation and interview on 07/30/24 at 04:02 a.m., Resident #59 said she asked for something for nausea and vomiting around midnight but had not received anything yet. She had a pink tub on her overbed table. She said it was for her to throw up in and she had been using it.</p> <p>During an interview on 07/30/24 at 04:02 a.m., LVN D said Resident #59 had asked for something for nausea/vomiting around midnight and she (LVN D) overlooked Resident #59's current order for Ondansetron (treats nausea).</p> <p>During an interview on 07/30/24 at 05:15 a.m., LVN G said Resident #59 had an order for Ondansetron for nausea/vomiting. LVN D said she was not familiar with the package the Ondansetron was in. LVN G administered the Ondansetron at this time (5 hours after Resident #59 requested something for nausea).</p> <p>During an interview on 07/30/24 at 01:55 p.m., the DON said she expected staff to review orders and administer prn medication as ordered. She said the outcome could be the resident not having what they requested the medication for resolved.</p> <p>During an interview on 07/30/24 at 01:57 p.m., the Administrator said he expected staff to administer prn medications to the residents when needed.</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 676210	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/31/2024
NAME OF PROVIDER OR SUPPLIER Focused Care at Summer Place		STREET ADDRESS, CITY, STATE, ZIP CODE 2485 S Major Dr Beaumont, TX 77707	

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>Record review of a Medication Administration policy revised 08/20 indicated Policy: Medications are administered as prescribed in accordance with good nursing principles and practices and only by persons legally authorized to administer</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 676210	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/31/2024
NAME OF PROVIDER OR SUPPLIER Focused Care at Summer Place		STREET ADDRESS, CITY, STATE, ZIP CODE 2485 S Major Dr Beaumont, TX 77707	
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>30664</p> <p>Based on observation, interview, and record review, the facility failed to store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access, for 3 of 3 medications reviewed for security.</p> <p>The facility did not ensure Plavix (antiplatelet), Lasix (medication used to remove fluid from the body), and Lexapro (antidepressant) were stored securely when the medications were left unattended at the nursing station.</p> <p>This failure could place residents at risk of harm by misappropriation of property and drug diversion.</p> <p>Findings included:</p> <p>During an observation on 07/30/24 at 04:57 a.m., medications received from the pharmacy in a pharmacy bag was left at the 100/200 Halls nurses' station unattended and no staff was in eyesight. The medication was accessible to staff, residents or visitors.</p> <p>During an observation on 07/30/24 at 05:03 a.m., LVN D returned to the nurses' station and did not address the medications on the desk.</p> <p>During an observation on 07/30/24 at 05:05 a.m., LVN D left the nurses' station to answer a call light and again left the medication on the desk unattended and accessible to staff, residents or visitors.</p> <p>During an observation and interview on 07/30/24 at 05:07 a.m., LVN D returned to the nurses' station and again did not address the medications on the desk. The surveyor asked LVN D where medications were to be stored, and she responded they were to be stored on the medication cart or in the medication room until needed. The surveyor asked LVN D if medications should be left on the nurse station desk unattended and accessible to staff, residents or visitors; she responded no they were not to be left unattended. She said the bag contained Plavix (antiplatelet), Lasix (medication used to remove fluid from the body), and Lexapro (antidepressant).</p> <p>During an interview on 07/30/24 at 01:55 p.m., the DON said she expected medications to not be left unattended by staff at the nurses' station because anyone could walk off with the medication creating a medication diversion.</p> <p>During an interview on 07/30/24 at 01:57 p.m., the Administrator said he expected medications not to be left unattended at the nurse station. He said they were to be put up.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 676210	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/31/2024
NAME OF PROVIDER OR SUPPLIER Focused Care at Summer Place		STREET ADDRESS, CITY, STATE, ZIP CODE 2485 S Major Dr Beaumont, TX 77707	
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>Record review of a Storage of Medication policy revised 08/20 indicated Policy: Medications and biologicals are stored safely, securely, and properly, following manufacturer's recommendations or those of the supplier. The medication supply is accessible only to the licensed nursing personnel, pharmacy personnel, or staff members lawfully authorized to administer medications</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 676210	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/31/2024
NAME OF PROVIDER OR SUPPLIER Focused Care at Summer Place		STREET ADDRESS, CITY, STATE, ZIP CODE 2485 S Major Dr Beaumont, TX 77707	
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 0804</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature.</p> <p>25779</p> <p>Based on observation, interview, and record review, the facility failed to ensure each resident received and the facility provided food prepared by methods that conserve nutritive value, flavor, and appearance and were palatable, attractive, and at a safe and appetizing temperature for 1 of 1 kitchen.</p> <p>The facility did not ensure the oatmeal and bread served for breakfast on 07/30/24 was palatable and the oatmeal recipe was followed.</p> <p>The facility did not ensure the Spanish rice served at the noon meal on 7/30/24 was palatable and the recipe was followed.</p> <p>These failures could place the residents at risk of a decline in their satisfaction and weight loss.</p> <p>Findings included:</p> <p>During confidential interviews on initial rounds on 7/29/24 from 8:30 a.m. to 11:15 a.m., the residents complained about the food being bland and not having flavor. A family member complained that the pureed food was too thick, and they had to add soup to thin it for the resident to be able to eat it.</p> <p>1. During an observation and interview on 07/30/24 at 8:53 a.m., the pureed test tray contained bread, oatmeal and scrambled eggs. The pureed oatmeal was thick, had large lumps, was bland and the entire blot of oatmeal stuck to the spoon when the spoon was lifted. The bread was thick, dry, stuck to the top palate when tasted and was bland. The DM said the oatmeal and the bread were too thick, the oatmeal had lumps, and the food items were bland. She said the possible negative outcome of the pureed food not being the correct consistency would be the residents could choke. She said the negative outcome of the food items not being palatable would be the residents could lose weight.</p> <p>During an interview on 07/30/24 at 9:11 a.m., [NAME] A said she had prepared the pureed food for the breakfast meal. After tasting the food, she said the oatmeal had lumps, was too thick and was bland. She said the bread was too thick, was not the correct consistency and was bland. She said it did not taste good. She said she did not follow the recipe when preparing the pureed foods. She said she had never pureed oatmeal and did not think it had to be pureed. She said she did not follow a recipe for the pureed oatmeal. She said the possible negative outcome of the food tasting bland would be the residents could lose weight. She said the negative outcome of the oatmeal being too thick would be the residents could choke.</p> <p>Record review of the recipe for Oatmeal recipe indicated: Suggested portion- 4oz. Puree-place portions needed into a food processor, adding 2 tbsp of milk per portion. Process until smooth.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 676210	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/31/2024
NAME OF PROVIDER OR SUPPLIER Focused Care at Summer Place		STREET ADDRESS, CITY, STATE, ZIP CODE 2485 S Major Dr Beaumont, TX 77707	
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 0804</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>2. During an observation and confidential interview on 07/30/24 at 12:38 p.m., a resident was in bed eating lunch. The resident said he did not know who cooked the Spanish rice, but it was horrible and did not taste like Spanish rice. He said the cooks did not know what they were doing. He said he was not eating the Spanish rice.</p> <p>During observations on 07/30/24 at 1:29 p.m., the noon meal test tray contained Spanish rice that was white with brown specks of seasoning in it. The rice was bland and had an unpleasant flavor.</p> <p>During an interview and record review on 07/30/24 at 1:32 p.m., [NAME] A tasted the Spanish rice and said it was bland and tasted like plain rice. She said she did not follow the recipe. She provided the recipe and in review of the recipe, she said she had not put the green peppers, diced tomatoes, tomato paste or garlic in the rice and had only put the chili powder, ground cumin and paprika in the rice. Record Review of the Spanish Rice recipe indicated: Suggested portion #8 scoop. The Ingredients included . 3 3/4 cup green peppers, 1 1/2 quart diced tomatoes, 1 1/2 cup tomato paste and 1 1/2 teaspoon granulated garlic [NAME] A did not provide a reason why she did not add the ingredients from the recipe when asked. She said the negative outcome of not adding all ingredients would be the residents would not get all the nutrients, it wouldn't taste like Spanish rice and the residents could lose weight.</p> <p>During an interview on 07/31/24 at 9:02 a.m., the Administrator said his expectations were for the menus and the recipes to be followed and if they were not followed, it could cause the resident to not receive the correct caloric value and nutrients. He said he in-serviced the Dietary Manager on her responsibilities of ensuring recipes were followed and food was ordered in advance for the entire menu.</p> <p>Record review of a Preparation of Foods policy dated 04/2022 indicated: Policy- Food is to be prepared by methods that conserve nutritive value, flavor, and appearance. Procedure- . 2. All foods will be prepared by methods that reserve nutritive value, flavor, and appearance with variety in color, and will be attractively served at the proper temperature and in a form to meet the individual needs of the resident. 4.The cook is responsible for food preparation using those recipes which reflect the planned menu. 6. Foods served to those on regular diets are seasoned appropriately according to each recipe. 8. Recipes and cooking instructions will be followed.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 676210	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/31/2024
NAME OF PROVIDER OR SUPPLIER Focused Care at Summer Place		STREET ADDRESS, CITY, STATE, ZIP CODE 2485 S Major Dr Beaumont, TX 77707	
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 0805</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure each resident receives and the facility provides food prepared in a form designed to meet individual needs.</p> <p>25779</p> <p>Based on observation, interview and record review, the facility failed to provide food prepared in a form designed to meet individual needs of each resident for 1 of 1 kitchen.</p> <p>The facility did not ensure the pureed oatmeal and bread served for breakfast on 07/30/24 was in the correct food form.</p> <p>This failure could place the residents at risk of choking.</p> <p>Findings included:</p> <p>During a confidential interview on initial rounds on 7/29/24 at 10:03 a.m., a family member complained that the pureed food was too thick, and they had to add soup to thin it for the resident to be able to eat it.</p> <p>During an observation and interview on 07/30/24 at 8:53 a.m., revealed the pureed test tray contained bread, oatmeal and scrambled eggs. The pureed oatmeal was thick, had large lumps, stuck to the spoon when the spoon was lifted out of the oatmeal and was bland. The bread was thick, dry, stuck to the palate upon tasting and was bland. The DM said the oatmeal and the bread were too thick, the oatmeal had lumps, and the food items were bland. She said the possible negative outcome of the pureed food not being the correct consistency would be the residents could choke. She said the negative outcome of the food items not being palatable would be the residents could lose weight.</p> <p>During an interview on 07/30/24 at 9:11 a.m., [NAME] A said she had prepared the pureed food for the breakfast meal. After tasting the food, she said the oatmeal had lumps, was too thick and was bland. She said it did not taste good. She said she did not follow the recipe when preparing the pureed food. She said she had never pureed oatmeal and did not think it had to be pureed. She said she did not follow a recipe for the pureed oatmeal. She said the possible negative outcome of the oatmeal being too thick would be the residents could choke.</p> <p>Record review of the recipe for Oatmeal indicated: Suggested portion was 4oz. Puree-place portions needed into a food processor, adding 2 tbsp of milk per portion. Process until smooth.</p> <p>During an interview on 07/31/24 at 9:02 a.m., the Administrator said the pureed food should be at a pudding consistency or thinner and should not be thick. He said the possible negative outcome would be the resident could choke.</p> <p>Record review of a Preparation of Foods policy dated 04/2022 indicated: . 2. All foods will be prepared by methods that reserve nutritive value, flavor, and appearance with variety in color, and will be attractively served at the proper temperature and in a form to meet the individual needs of the resident. 5. Food will be cut, chopped, ground, or pureed to meet individual needs of the residents and served according to the menu.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 676210	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/31/2024
NAME OF PROVIDER OR SUPPLIER Focused Care at Summer Place		STREET ADDRESS, CITY, STATE, ZIP CODE 2485 S Major Dr Beaumont, TX 77707	
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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 30664 36214</p> <p>Based on observation, interview, and record review the facility failed to establish and maintain an infection prevention and control program designed to provide a safe, sanitary, and comfortable environment and to help prevent the development and transmission of communicable diseases and infections for 3 of 19 residents (Residents #47, #51, & #70) reviewed for incontinent care.</p> <p>CNA E and CNA F did not sanitize/wash their hands between glove changes before, during, and after incontinent care for Residents #47 & #51.</p> <p>CNA H did not change gloves, sanitize/wash her hands between glove changes, touched clean items with dirty gloves, and did not completely clean Resident #70 when providing incontinent care.</p> <p>These failures could place residents at risk of exposure to communicable diseases and infections.</p> <p>Findings included:</p> <p>1. Record review of a face sheet dated 07/30/24 indicated Resident #47 was an [AGE] year-old female admitted on [DATE]. Her diagnoses included dementia (the loss of cognitive functioning-thinking, remembering, and reasoning-to such an extent that it interferes with a person's daily life and activities) and hemiplegia affecting left nondominant side (a symptom of a brain-related condition that causes paralysis or weakness on one side of the body).</p> <p>Record review of a quarterly MDS assessment dated [DATE] indicated Resident #47 had a BIMS score of 9 indicating she had moderately impaired cognition, she was dependent for toileting hygiene, she required substantial/maximal assistance for rolling to the left and right side, and she was always incontinent of bladder and bowel.</p> <p>Record review of a care plan dated 08/07/19 indicated Resident #47 had an ADL self-care deficit related to dementia and required total assistance of 2 staff for toileting and personal hygiene.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 676210	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/31/2024
NAME OF PROVIDER OR SUPPLIER Focused Care at Summer Place		STREET ADDRESS, CITY, STATE, ZIP CODE 2485 S Major Dr Beaumont, TX 77707	
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>During an observation on 07/30/24 at 04:28 a.m., revealed CNA E & CNA F provided incontinent care to Resident #47. CNA F did not wash her hands. Both CNAs donned (put on) gloves and CNA F opened the brief which was soiled with feces and urine and began care wiping front to back on the resident, changed wipes after wiping each area, starting at the groin and then wiped the labia. CNA F then tucked the soiled brief under the resident and with the assistance of CNA E rolled the resident to her right side. CNA F changed gloves without performing hand sanitization and cleaned the left buttock and gluteal crease. The resident was heavily soiled, and CNA F used several wipes to get the areas clean. CNA F tucked the soiled brief, pad, and sheet under the resident. CNA F changed gloves without sanitizing her hands. CNA F then placed the clean brief and linens behind the resident and tucked them in behind the soiled brief and linens. They then rolled the resident to her left side. CNA E then wiped the resident's right buttock and gluteal crease and removed the dirty linens and brief and bagged them. CNA E donned new gloves without performing hand hygiene and straightened the clean linens. Both CNAs repositioned Resident #47 for comfort and CNA F fastened the brief. CNA F donned new gloves without washing or sanitizing her hands and said they were going to perform incontinent care for Resident #47's roommate.</p> <p>2. Record review of a face sheet dated 07/30/24 indicated Resident #51 was a [AGE] year-old female admitted on [DATE]. Her diagnosis included hemiplegia with hemiparesis (muscle weakness or partial paralysis on one side of the body that can affect arms, legs, and facial muscles) following cerebral infarction (a type of stroke that occurs when there is a lack of blood flow to the brain) affecting right dominant side and contracture of muscle (a chronic condition that occurs when muscles, tendons, ligaments, or skin tighten or shorten permanently, causing a deformity and limiting movement) of multiple sites.</p> <p>Record review of a quarterly MDS assessment dated [DATE] indicated Resident #51 had a BIMS score of 0 indicating she had severe cognitive impairment, was totally dependent on 2 staff for rolling left to right and was always incontinent of bladder and bowel.</p> <p>Record review of a care plan dated 05/08/24 indicated Resident #51 had an ADL self-care deficit related to cerebral infarction and was totally dependent requiring assistance of 2 staff for toileting, personal hygiene, and repositioning.</p> <p>During an observation on 07/30/24 at 4:41 a.m., revealed CNA E and CNA F completed incontinent care for Resident #51's roommate, changed gloves without washing or sanitizing their hands and began incontinent care for Resident #51. CNA F opened her brief and wiped front to back starting at groin folds and ending at labia. She then tucked the brief back under the resident, and they together rolled the resident to her left side. CNA F changed gloves without performing hand hygiene and wiped the resident's left buttock and gluteal crease. Resident #51 had a BM and the aide had to wipe several times to get her clean. She tucked the soiled under pad and brief under the resident followed by a clean pad and brief and the aides rolled her to her left side. Both CNAs changed their gloves without sanitizing their hands. CNA E wiped Resident #51's right buttock and gluteal fold and pulled the soiled pad and brief from under her and bagged them. They both changed their gloves without performing hand hygiene. They repositioned the resident, took their gloves off and left the room without hand sanitization.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 676210	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/31/2024
NAME OF PROVIDER OR SUPPLIER Focused Care at Summer Place		STREET ADDRESS, CITY, STATE, ZIP CODE 2485 S Major Dr Beaumont, TX 77707	
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>During an interview on 07/30/24 at 5:18 a.m., CNA F said she forgot to wash her hands before and after incontinent care and with glove changes for Residents #47 and #51. She said she kept a bottle of hand sanitizer in her pocket, but she forgot to use it. She said the last time she received infection control and hand hygiene training was during her orientation to the facility in June 2024. She said the possible negative outcome of not performing hand hygiene during incontinent care was the transmission of bacteria and UTI.</p> <p>During an interview on 07/30/24 at 5:25 a.m., CNA E said she forgot to sanitize her hands with glove changes and between residents when performing incontinent care. She said the last time she had training on incontinent care, infection control, and hand hygiene was during her orientation to the facility in May 2024. She said the possible negative outcome of not doing hand hygiene with glove changes and before and after care could be the spread of infection.</p> <p>3. Record review of a face sheet dated 07/30/24 indicated Resident #70 was a [AGE] year-old female admitted on [DATE]. Her diagnoses included hemiplegia (is the weakness of one entire side of the body) affecting right dominant side and displaced intertrochanteric fracture of right femur (a hip breaks between the bumpy parts at the top of the thigh bone)</p> <p>Record review of an MDS assessment dated [DATE] indicated Resident #70 had a BIMS of 11 indicating she had moderately impaired cognition. She was always incontinent of bowel and always incontinent of bladder.</p> <p>During an observation and interview on 07/30/24 at 04:30 a.m., revealed CNA H provided incontinent care for Resident #70. CNA H did not wash her hands when she entered the resident's room. She donned gloves, opened the front of the brief, pulled clean wipes from the package, wiped the left groin area, pulled a wipe from the package without changing gloves, wiped the right groin area, pulled a wipe from the package without changing gloves, and wiped down the inner labia. Without changing gloves/sanitizing her hands, while wearing the same gloves, CNA H rolled the resident to her left side, pulled down the dirty brief, pulled a wipe from the package, wiped the right buttock and hip, pulled a wipe from the package, wiped the crease between the buttocks, pulled a wipe from the package, cleaned the left buttock, and without cleaning the left hip CNA H removed the dirty brief. Without changing gloves/sanitizing hands, CNA H obtained a clean brief from the resident's bedside closet and put the clean brief on the resident. She then changed gloves without sanitizing hands and pulled covers on the resident, grabbed the bag with the dirty gloves and brief, grabbed the package of wipes, and without washing her hands she exited the resident's room. She said she was trained as a CNA during COVID-19 four years ago and would not have done anything different with the procedure.</p> <p>During an interview on 07/31/24 at 09:20 a.m. the DON said she expected staff to wash or sanitize their hands before incontinent care, with every glove change, and after incontinent care. She said she conducted hand hygiene training during orientation and every 3 months for all CNAs. She said both CNA E and CNA F had also passed an incontinent care skill check off during their orientation and the skill check offs were completed yearly after their hire date. She said not performing hand hygiene appropriately could cause the spread of infection.</p> <p>Record review of incontinent care check off dated 05/20/24 indicated CNA H was reviewed for incontinent care procedure and was checked off.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 676210	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/31/2024
NAME OF PROVIDER OR SUPPLIER Focused Care at Summer Place		STREET ADDRESS, CITY, STATE, ZIP CODE 2485 S Major Dr Beaumont, TX 77707	

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>Review of the World Health Organization's Hand Hygiene: Why, How, and When revised August 2009 accessed at https://www.who.int/publications/m/item/hand-hygiene-why-how-when indicated:</p> <p>HOW?</p> <ul style="list-style-type: none"> o Clean your hands by rubbing them with an alcohol-based formulation, as the preferred mean for routine hygienic hand antisepsis if hands are not visibly soiled. It is faster, more effective, and better tolerated by your hands than washing with soap and water. o Wash your hands with soap and water when hands are visibly dirty or visibly soiled with blood or other body fluids or after using the toilet. o If exposure to potential spore-forming pathogens is strongly suspected or proven, including outbreaks of Clostridium difficile, hand washing with soap and water is the preferred means. <p>HAND HYGIENE AND MEDICAL GLOVE USE</p> <ul style="list-style-type: none"> o The use of gloves does not replace the need for cleaning your hands. o Hand hygiene must be performed when appropriate regardless of the indications for glove use. o Remove gloves to perform hand hygiene, when an indication occurs while wearing gloves. o Discard gloves after each task and clean your hands -gloves may carry germs <p>Record review of a facility policy titled Hand Hygiene, revised 10/24/22 indicated .You must perform hand hygiene (hand washing or use of an alcohol based hand rub (ABHR) after contact with bodily fluids, such as urine or blood, mucous membranes, such as mouth or nose, and non-intact skin. However, if your hands are visibly dirty or contaminated with blood or other potentially infectious materials, you must always wash your hands with soap and water. If a sink is not close by, you may decontaminate your hands with an ABHR, but you must wash them with soap and water as soon as possible .</p>