

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  676326	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  10/21/2024
NAME OF PROVIDER OR SUPPLIER  Edgewood Rehabilitation and Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  1101 Windbell Dr Mesquite, TX 75149	

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><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42283</b></p> <p>Based on observation, interview, and record review, the facility failed to develop and implement a comprehensive person-centered care plan for each resident that included measurable objectives and time frames to meet residents' medical needs for one (Resident #1) of five residents reviewed for care plans.</p> <p>The facility failed to develop a care plan with measurable objectives and timeframes to address Resident #1's diagnosis of diabetes and use of an indwelling foley catheter.</p> <p>This failure could place residents at risk of receiving inadequate individualized care and services.</p> <p>Findings included:</p> <p>Record review of Resident #1's Admission MDS assessment, dated 08/13/24, revealed she was an [AGE] year-old female who admitted to the facility on [DATE]. Her diagnoses included hypertension, gastroesophageal reflux disease, diabetes mellitus, hyperlipidemia, other fracture, cerebrovascular accident, malnutrition, dysphasia. Her BIMS score was 15 of 15, which indicated she was cognitively intact. Her medication section reflected she received insulin injections. Her bowel and bladder section reflected she did not use any appliances such as an indwelling catheter.</p> <p>Record review of Resident #1's Comprehensive Care Plan, undated, reflected the care plan did not address the resident's diagnosis of diabetes and use of a foley catheter.</p> <p>Record review of Resident #1's Physician order report dated 09/21/24 - 10/21/24 reflected she was prescribed Lantus Solostar U-100 Insulin (dated 08/12/24) and Insulin Lispro (dated 08/12/24). She was ordered an indwelling foley catheter on 08/14/24.</p> <p>Record review of Resident #1's MAR dated 10/01/24 - 10/21/2024, reflected she was administered Insulin Lispro and Lantus Solostar U-100 Insulin per physician's order.</p> <p>An observation and interview with Resident #1 on 09/27/24 at 3:10 PM, revealed she had a foley catheter. She stated she was diabetic and received insulin.</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:  676326	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  10/21/2024
NAME OF PROVIDER OR SUPPLIER  Edgewood Rehabilitation and Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  1101 Windbell Dr Mesquite, TX 75149	

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>An interview on 10/21/24 at 12:19 PM, with the MDS Coordinator revealed Resident #1 received insulin and was diabetic. She stated Resident # 1 had a foley catheter. She stated she was responsible for updating Resident #1's care plan. She stated the purpose of a comprehensive care plan was for staff to know how to care for Resident #1. She stated Resident #1's care plan should include her diagnosis of diabetes and urinary catheter. She stated Resident #1's care plan was revised on 09/19/24. She stated she did not know any risk associated with Resident #1's care plan not included diabetes or foley catheter.</p> <p>Record review of the facility policy, Nursing Policy and Procedures: Care Plan Process, Person-Centered Care, dated 05/05/23, reflected The facility will develop and implement a baseline and comprehensive care plan for each resident that includes the instructions needed to provide effective and person-centered care of the resident that meet professional standards of quality of care.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  676326	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  10/21/2024
NAME OF PROVIDER OR SUPPLIER  Edgewood Rehabilitation and Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  1101 Windbell Dr Mesquite, TX 75149	
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 - Some</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** 42283</b></p> <p>Based on observation, interview and record review, the facility failed to provide appropriate treatment and services to prevent complications of enteral feeding for one (Resident #1) of four residents reviewed for feeding tube.</p> <p>The facility failed to ensure Resident #1's gastrostomy tube (G-tube) dressing was changed.</p> <p>This failure could place residents with G-tubes were at risk of infection.</p> <p>Findings included:</p> <p>Record review of Resident #1's Admission MDS assessment, dated 08/13/24, revealed she was an [AGE] year-old female who admitted to the facility on [DATE]. Her diagnoses included hypertension, gastroesophageal reflux disease, diabetes mellitus, hyperlipidemia, other fracture, cerebrovascular accident, malnutrition, dysphasia. Her BIMS score was 15 of 15, which indicated she was cognitively intact. Her swallowing/nutritional status section revealed her nutritional approach was a feeding tube.</p> <p>Record review of Resident #1's Physician order report dated 09/21/24 - 10/21/24 reflected:</p> <p>Enteral feeding: tube site care. Once a day; 7:00 PM - 7:00 AM (dated 08/20/24)</p> <p>Doxycycline Hyclate capsule; 100 mg; amt 1 cap; oral. Special instructions: for 7 days. Twice a day; 8:00 AM and 4:00 PM (start date 10/20/24 and end date 10/26/24).</p> <p>Record review of Resident #1's TAR dated 10/01/24 - 10/21/24 reflected she received tube site care and Doxycycline Hyclate capsule as ordered.</p> <p>Record review of Resident #1's nursing notes reflected, Nurse noted light yellowish drainage in the PEG tube site during medication administration. Changed dressing immediately and notified physician (dated 10/19/24 at 7:25 PM). New order for Doxycycline 100mg BID for 7 days due to greenish/yellowish discharge around PEG tube site (dated 10/20/24 at 4:20 am). The physician was notified and an order for Doxycycline was entered after the surveyor observed the concerns regarding Resident #1's g tube.</p> <p>Interview with Resident #1 on 10/19/24 at 3:10 p.m., revealed her g-tube dressing got wet during her shower (10/19/24). She stated the nurse did not change her wet g-tube dressing. She stated she was experiencing pain and discomfort from her g-tube site. She stated her pain level was an 8 out of 10 (pain scale 0 - 10). She stated she had to request pain medication from the nurse.</p> <p>Observation of Resident #1's g-tube site on 10/19/24 at 3:15 p.m., revealed there was a bandage dated 10/19/24 on the site area. There appeared to be blood and a greenish substance on the bandage. The nurse and resident adjusted the tubing to the g-tube and green discharge emerged from underneath the bandage located on the site area. Resident #1 informed RN E that her g-tube bandage got wet in the shower. RN E left the room and did not return.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  676326	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  10/21/2024
NAME OF PROVIDER OR SUPPLIER  Edgewood Rehabilitation and Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  1101 Windbell Dr Mesquite, TX 75149	
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 - Some</p>	<p>Interview with RN E on 10/19/24 at 3:28 PM, revealed the night nurse would change Resident #1's g-tube dressing sometime between 7:00 PM - 7:00 AM. She stated she did not hear Resident #1 request a g-tube dressing change due to bandage getting wet in the shower. RN E stated she would return to Resident #1's room to change her g-tube dressing.</p> <p>Observation of Resident #1 on 10/19/24 at 3:40 PM, revealed RN E was providing g-tube site care. The dressing contained blood and green drainage. The resident did not complain of pain during the dressing change. Her skin around the tube appeared to be reddish.</p> <p>Interview with RN E on 10/19/24 at 5:47 PM, revealed there was green discharge coming from Resident #1's g-tube site. She stated she had not noticed the green discharge prior to Surveyor observation of Resident #1's g-tube. She stated green discharge from Resident #1's g-tube site was not normal. She stated she was supposed to document and notify the physician regarding the green discharge coming from Resident #1's g-tube. RN E stated, Resident #1 was at risk of an infection due to having green discharge coming from her g-tube site.</p> <p>Interview with CNA F on 10/19/24 at 5:58 PM, revealed she provided a shower to Resident #1 during her shift on 10/19/24 (did not remember the time). She stated Resident #1's g-tube dressing got wet during her shower. She stated she was trained to inform the nurse when a dressing gets wet during showers. She stated she forgot to inform RN E about Resident #1's wet g-tube dressing. CNA F stated she was supposed to inform the nurse about Resident #1's wet g-tube dressing. She stated she was unaware Resident #1's g-tube site had green discharge. She stated Resident #1 was at risk of an infection because RN E was not informed of the wet g-tube site dressing.</p> <p>Interview with the DON on 10/21/24 at 3:19 p.m., revealed she was unaware there was green discharge coming from Resident #1's g-tube site area. She stated green discharge was not normal. She stated she was unaware Resident #1 had started an antibiotic. She stated she did not know if Resident #1 had an infection. She stated RN E was responsible for changing Resident #1's dressing. The DON stated she ensured the nurses were completing g-tube site care by periodically checking residents' MARs and TARs. She stated her expectation for CNA F was to notify RN E about Resident #1's wet g-tube dressing. She stated her expectation for RN E was to immediately change Resident #1's g-tube dressing. The DON stated Resident #1 was at risk of maceration due to g-tube dressing being wet.</p> <p>A policy regarding g-tubes was requested from the Administrator and DON on 10/19/24 at 6:03 PM. The g-tube policy provided was not relevant to g-tube site care.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  676326	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  10/21/2024
NAME OF PROVIDER OR SUPPLIER  Edgewood Rehabilitation and Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  1101 Windbell Dr Mesquite, TX 75149	
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 0850</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Hire a qualified full-time social worker in a facility with more than 120 beds.</p> <p>42283</p> <p>Based on interview and record review, the facility failed to employ a qualified social worker on a full-time basis for one of one social worker positions reviewed for qualified social worker, in that:</p> <p>The facility had not employed a full-time, qualified social worker since 09/26/2024.</p> <p>This failure placed residents at risk for unmet social services and psychosocial needs.</p> <p>Findings included:</p> <p>Observation of the facility from 10/19/24 at 2:00 PM to 10/21/24 at 4:30 PM, revealed the facility did not have a fulltime social worker.</p> <p>Record review of the facility's Social Worker's requisition dated 09/27/24 reflected the facility posted a social worker position.</p> <p>In an interview with the Administrator on 10/21/24 at 4:10 PM, revealed the previous Social Worker's last day was 09/26/24. He stated the Social Worker resigned without notice. He stated he did not have enough time to find a candidate for the social worker position. He stated the job was posted on the internal facility website. He stated he had started the interviewing process to hire a social worker. He stated the social worker was responsible for referrals, discharge assistance, axially providers (podiatry, audio, optometry, and dental). He stated Admissions Coordinator, MDS, ADON, and DON were assisting with social work tasks. He stated the purpose of having a social worker was to combat social work services. He stated the residents were provided social services even though the facility did not have a social worker. He stated he did not have an anticipated date of hiring a social worker but was actively seeking.</p> <p>Review of the facility's social services' job description, titled, Social Services Director, reflected, The Social Services Director was responsible for assisting in the planning, organizing, implementing, evaluating and directing of the social services department in accordance with current exiting federal, state, and local standards, as well as established facility policies and procedures, to ensure that the medically-related emotional and social needs of the patient/resident are met/maintained on an individual basis.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  676326	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  10/21/2024
NAME OF PROVIDER OR SUPPLIER  Edgewood Rehabilitation and Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  1101 Windbell Dr Mesquite, TX 75149	
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** 37028</b></p> <p>Based on observations, interviews, 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 five (Resident #1, Resident #2, Resident #3, Resident #4, and Resident #5) of five residents observed for infection control.</p> <p>1. The facility failed to ensure Residents #1, #2, #3, #4, and #5 were placed on enhanced barrier precautions.</p> <p>These failures place residents at risk for healthcare associated cross contamination and infections.</p> <p>Findings included:</p> <p>1. Record review of Resident #1's admission MDS assessment, dated 08/13/24, reflected she was an [AGE] year-old female admitted to the facility on [DATE]. Her BIMs score was 15 indicating her cognitive status was intact. Her diagnoses included stroke and diabetes. The resident had a feeding tube and a Stage IV pressure ulcer.</p> <p>Record review of Resident #1's care plan, dated 08/20/24, reflected the resident had a Stage IV pressure ulcer, a feeding tube, and a Foley catheter. There was not a care plan for enhanced barrier precautions.</p> <p>Record review of Resident #1's Physician orders revealed there were no orders for enhanced barrier precautions.</p> <p>Observation on 10/19/24 at 3:40 PM with RN E revealed they donned gloves to administer medication through Resident #1's feeding tube. RN E did not put on a gown. There was no signage or PPE outside of the resident's door for enhanced barrier precautions. RN E changed the dressing to the feeding tube site.</p> <p>An observation and interview on 10/21/24 at 10:20 AM, with LPN A revealed Resident #1 was in her room, lying in bed. There was no signage or PPE outside of the resident's door for enhanced barrier precautions. LPN A entered the room and put on gloves only. LPN A showed the Surveyor the g-tube site and foley catheter site. The WCN entered the room and put on gloves only. Resident #1 was assisted to roll to her left side. The resident had a loose dressing on her pressure ulcer on her sacrum. The wound appeared to be healing. The resident was repositioned for comfort. LPN A and the WCN removed their gloves and performed hand hygiene.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  676326	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  10/21/2024
NAME OF PROVIDER OR SUPPLIER  Edgewood Rehabilitation and Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  1101 Windbell Dr Mesquite, TX 75149	
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>An interview on 10/21/24 at 11:57 am, with RN E revealed a gown and gloves were to be worn when a resident was on enhanced barrier precautions. RN E said she used the facility infection control guidelines while administering medications and changing the dressing to Resident #1's feeding tube. She stated she performed hand hygiene prior to providing the resident with assistance. She stated she perform hand hygiene and wore gloves to reduce the chances of the resident contracting an infection. She stated she did not wear a gown while providing services to the resident because there were no droplet or other precautions. She stated when a resident was on precautions there was supposed to be a sign on the door and PPE was to be worn before entering the room. She stated the resident was at risk of contracting an infection if precautions were not followed. She stated she informed the physician the resident had yellowish drainage from around the feeding tube and was started on an antibiotic. She stated Resident #1 was showing signs of an infection.</p> <p>2. Record review of Resident #2's quarterly MDS assessment, dated 09/11/24, reflected he was a [AGE] year-old male admitted to the facility on [DATE]. His BIMs score was 3 indicating his cognitive status was severely impaired. His diagnoses included stroke and non-Alzheimer's dementia. The resident had a foley catheter.</p> <p>Record review of Resident #2's care plan, dated 06/19/21, reflected the resident had a suprapubic foley catheter.</p> <p>There was not a care plan for enhanced barrier precautions.</p> <p>Record review of Resident #2's Physician orders revealed there were no orders for enhanced barrier precautions.</p> <p>An observation and interview on 10/21/24 at 10:40 AM, with LVN B revealed Resident #2 was lying in bed. He was awake and alert. There was no signage or PPE outside of the resident's door for enhanced barrier precautions. LVN B entered the room and put on gloves only. The resident said he had a suprapubic catheter. Site observed between lower abdominal folds of skin with no issues.</p> <p>3. Record review of Resident #3's quarterly MDS assessment, dated 09/03/24, reflected she was a [AGE] year-old female admitted to the facility on [DATE]. Her BIMs score was not filled out. The resident's cognitive skills for daily decision making were severely impaired. Her diagnoses included stroke and malnutrition. The resident had a feeding tube.</p> <p>Record review of Resident #3's care plan, dated 02/15/22, reflected the resident had a feeding tube.</p> <p>There was not a care plan for enhanced barrier precautions.</p> <p>Record review of Resident #3's Physician orders revealed there were no orders for enhanced barrier precautions.</p> <p>An observation and interview on 10/21/24 at 10:45 AM, with LVN B revealed Resident #3 was in her room, sitting in her wheelchair. There was no signage or PPE outside of the resident's door for enhanced barrier precautions. LVN B entered the room and put on gloves only. LVN B raised the resident's shirt. The feeding tube site was intact with no issues. The resident was non-verbal. She gave a thumbs up when asked about her feeding tube.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  676326	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  10/21/2024
NAME OF PROVIDER OR SUPPLIER  Edgewood Rehabilitation and Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  1101 Windbell Dr Mesquite, TX 75149	
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>4. Record review of Resident #4's quarterly MDS assessment, dated 08/20/24, reflected he was a [AGE] year-old male admitted to the facility on [DATE]. His BIMs score was a 9. The resident's cognitive skills were moderately impaired. His diagnoses included stroke, end-stage renal disease, and Alzheimer's disease. The resident had a feeding tube.</p> <p>Record review of Resident #4's care plan, dated 05/20/21, reflected the resident had a feeding tube and a perma-catheter site in his chest for dialysis.</p> <p>There was not a care plan for enhanced barrier precautions.</p> <p>Record review of Resident #4's Physician orders revealed there were no orders for enhanced barrier precautions.</p> <p>An observation and interview on 10/21/24 at 10:50 AM, revealed LVN C entered Resident #4's room and put on gloves. There was no signage or PPE for enhanced barrier precautions outside of the door. The resident was awake, alert, and oriented. The resident lifted his shirt and revealed his feeding tube site had no issues.</p> <p>5. Record review of Resident #5's quarterly MDS assessment, dated 09/12/24, reflected she was a [AGE] year-old female admitted to the facility on [DATE]. Her BIMs score was an 8. The resident's cognitive skills were moderately impaired. Her diagnoses included diabetes and seizure disorder. The resident had a foley catheter.</p> <p>Record review of Resident #5's care plan, dated 03/15/22, reflected the resident had a supra-pubic catheter.</p> <p>There was not a care plan for enhanced barrier precautions.</p> <p>An observation and interview on 10/21/24 at 10:55 AM, revealed Resident #5 was in her room. There was no signage or PPE outside of the resident's door for enhanced barrier precautions. LVN D entered the room and put on gloves only. The resident's suprapubic catheter site was visualized. The resident said she did not have any issues with it.</p> <p>An interview on 10/21/24 at 11:00 AM, with LVN C revealed she did not know which residents were on enhanced barrier precautions.</p> <p>An interview on 10/21/24 at 11:05 AM, with LVN B and LVN C revealed they did not know which residents were on enhanced barrier precautions and said the residents should have signs on their doors indicating if they were on barrier precautions.</p> <p>An observation and interview on 10/21/24 at 11:10 AM, with LPN A and the WCN revealed there was no signage or PPE outside of any resident's door for enhanced barrier precautions. Neither nurse knew what enhanced barrier precautions were. They said they thought the PPE required for enhanced barrier precautions would be a gown, gloves, and mask to be worn for high contact resident care.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  676326	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  10/21/2024
NAME OF PROVIDER OR SUPPLIER  Edgewood Rehabilitation and Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  1101 Windbell Dr Mesquite, TX 75149	
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>An interview on 10/21/24 at 11:50 AM, with the DON revealed staff knew which residents were on enhanced barrier precautions because it was listed on the 24-hour report. She said the PPE for enhanced barrier precautions should have been inside the door of each resident's room. The DON said there was no signage on the doors because Corporate staff had not notified them to put it up.</p> <p>An interview on 10/21/24 at 12:15 PM, with the ADON revealed she was the infection preventionist of the facility and had been since 12/01/22. She said enhanced barrier precautions were used for residents who had feeding tubes, wounds, and foley catheters. She said the purpose of enhanced barrier precautions was to protect the resident from increased risk of infection. She said following Surveyor questioning she was putting signage on the resident doors and PPE outside of their doors. She said she was currently in-servicing the staff and updated the 24-hour report to include the information. The ADON said there were no residents in the building who had a MDRO (multidrug-resistant organisms) or infection that required isolation precautions.</p> <p>Review of the CDC website: <a href="https://www.cdc.gov/long-term-care-facilities/hcp/prevent-mdro/faqs.html">https://www.cdc.gov/long-term-care-facilities/hcp/prevent-mdro/faqs.html</a> reflected:</p> <p>Enhanced Barrier Precautions are an infection control intervention designed to reduce transmission of multidrug-resistant organisms (MDROs) in nursing homes. Enhanced Barrier Precautions involve gown and glove use during high-contact resident care activities for residents known to be colonized or infected with a MDRO as well as those at increased risk of MDRO acquisition (e.g., residents with wounds or indwelling medical devices).</p> <p>.Enhanced Barrier Precautions expand the use of gown and gloves beyond anticipated blood and body fluid exposures. They focus on use of gown and gloves during high-contact resident care activities that have been demonstrated to result in transfer of MDROs to hands and clothing of healthcare personnel, even if blood and body fluid exposure is not anticipated. Enhanced Barrier Precautions are recommended for residents known to be colonized or infected with a MDRO as well as those at increased risk of MDRO acquisition (e.g., residents with wounds or indwelling medical devices). Standard Precautions still apply while using Enhanced Barrier Precautions.</p> <p>.Enhanced Barrier Precautions require the use of gown and gloves only for high-contact resident care activities (unless otherwise indicated as part of Standard Precautions). Residents are not restricted to their rooms and do not require placement in a private room. Enhanced Barrier Precautions also allow residents to participate in group activities. Because Enhanced Barrier Precautions do not impose the same activity and room placement restrictions as Contact Precautions, they are intended to be in place for the duration of a resident's stay in the facility or until resolution of the wound or discontinuation of the indwelling medical device that placed them at higher risk.</p> <p>Review of the facility in-service, Infection Control, dated 07/26/24, reflected:</p> <p>Enhanced Barrier Precautions</p> <p>Enhanced-based precautions: Additional measures to protect residents and staff from multidrug-resistant Organisms (MDROs) with the expansion of the use of PPE (gowns and gloves) face mask if sprays are expected during high-contact activities.</p> <p>Implement EBP: .</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  676326	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  10/21/2024
NAME OF PROVIDER OR SUPPLIER  Edgewood Rehabilitation and Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  1101 Windbell Dr Mesquite, TX 75149	
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>o All residents with chronic wounds and/or indwelling medical devices regardless of MDRO status.</p> <p>Wound Clarification-Chronic Wounds:</p> <p>o Pressure Ulcers, Diabetic foot ulcers, Unhealed surgical wounds, Venous stasis ulcers</p> <p>o Does not include skin tears, skin breaks</p> <p>Indwelling Medical Devices Clarification</p> <p>o Central lines, Urinary catheters, Feeding tubes, Tracheostomies, Peripherally inserted central catheter</p> <p>o Does not include peripherally intravenous lines, ostomy, continuous glucose monitors, or insulin pumps</p> <p>PPE Required:</p> <p>o Gloves, Gown, Face protection-if spray or splash is at risk</p> <p>o [NAME] and doff all PPE with hand hygiene-remove and replace when visibly soiled</p> <p>o Removal of PPE and hand hygiene must be completed when providing care for another resident</p> <p>High Contact Care Activities:</p> <p>o Dressing, Bathing/showering, Transferring, providing hygiene, changing linens, changing briefs, Assisting to toilet, Device care, Wound care .</p> <p>Review of the facility policy, Infection Control, dated 09/29/22, reflected:</p> <p>Purpose: To establish a facility wide program that incorporates a system for preventing, identifying reporting, investigating and controlling infections and communicable diseases. The program covers all residents, staff, consultants, students in the facility's nurse aide training program or from affiliated academic institutions, volunteers, visitors, and other individuals providing services under a contractual agreement and is based on the individual facility assessment following accepted national standards.</p>		