

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 676342	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/20/2024
NAME OF PROVIDER OR SUPPLIER St. Teresa Nursing & Rehab Center		STREET ADDRESS, CITY, STATE, ZIP CODE 10350 Montana Avenue El Paso, TX 79925	

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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45217</p> <p>Based on observation, interview, and record review the facility failed to ensure a resident who was unable to carry out activities of daily living received the necessary services to maintain good nutrition, grooming, and personal and oral hygiene for 2 (Residents #16, and #17) of 8 residents reviewed for assistance with ADLs.</p> <p>-The facility failed to ensure Residents #16 and #17, who required assistance with ADLs, did not have long and dirty fingernails.</p> <p>These failures could affect residents who were dependent on assistance with ADLs and could result in poor care, lack of dignity, infection, and skin tears due to long nails.</p> <p>Findings include:</p> <p>Resident #16:</p> <p>Review of Resident #16's Admission Record dated 09/20/2024, revealed a [AGE] year-old male, with initial admitted [DATE] and readmitted [DATE]. Resident #16's diagnoses included: dementia (impaired ability to remember, think, or make decisions that interferes with doing everyday activities), hemiplegia (total or partial paralysis of one side of the body that results from disease of or injury to the motor centers of the brain) following cerebral infarction (lack oxygen to the brain causing damage to brain tissue) affecting left side, need of assistance with personal care, and major depressive disorder (mental health disorder characterized by persistently depressed mood or loss of interest in activities, causing significant impairment in daily life).</p> <p>Review of Resident #16's quarterly MDS dated [DATE], revealed resident is rarely/never understood. Section GG - Functional Abilities and Goals revealed Resident #16 was dependent for oral hygiene, toileting hygiene, shower/bathing, dressing, personal hygiene, and transfers.</p> <p>Review of Resident #16's care plan dated 09/20/2024, revealed Resident #16 had an ADL self-care performance deficient related to CVA with left sided weakness. Part of the interventions included: Personal hygiene: the resident requires x1 staff participation with personal hygiene.</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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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an observation on 09/20/2024 at 10:14 a.m., revealed Resident #16 was lying in bed. Resident #16's fingernails on both left and right hands appeared long (1.5 cm) and dirty (black discoloration). Resident #16 said he was not able to cut, file or clean his nails on his own and could only move his right arm. Resident #16 said he could not remember the last time his nails were trimmed or filed.</p> <p>During an observation and interview on 09/20/2024 at 10:17 a.m., LVN E entered Resident #16's room. LVN E said CNAs should be doing nail care while bathing Resident #16. LVN E said Resident #16 was able to move and use his right arm but would not be able to conduct nail care on his own and was dependent on staff. LVN E looked at Resident #16's nails and said they were long, jagged, and dirty. LVN E said Resident #16's nails were not brought to her attention, and she did not realize how long and dirty they were. LVN E said she did not know when the last time Resident #16 received fingernail care. LVN E said Resident #16 could scratch himself causing a skin tear and possible infection with dirty nails.</p> <p>During an interview on 09/20/2024 at 12:02 p.m., CNA G said she routinely worked day shift (6 a.m. to 2 p.m.) in the same hall with Resident #16. CNA G said she was familiar with Resident #16. CNA G said she had changed Resident #16 twice that same day and did not notice that his nails were long or dirty. CNA G said nail care for residents were usually performed while showering residents. CNA G said Resident #16 was dependent on staff for bathing and his schedule time for bathing was during the evening shift (2 p.m. to 10 p.m.). CNA G said Resident #16 showers every other day.</p> <p>During an interview on 09/20/2024 at 3:06 p.m., CNA H said she worked the evening shift (2 p.m. to 10 p.m.) routinely in the hall where Resident #16 was located. CNA H said she was familiar with Resident #16's care. CNA G said nail care was performed as needed during shower time. CNA H said Resident #16 bathes in the afternoon. CNA H said staff do look over of the residents and if there were any issues, they report the concerns to the nurse. CNA H said Resident #16 was a two-person assist during showers. CNA H said she had been off for the last couple of days and did not know if evening staff had checked on Resident #16's nails.</p> <p>Resident #17:</p> <p>Review of Resident #17's Admission Record dated 09/20/2024, revealed a [AGE] year-old male, with initial admitted [DATE] and readmitted [DATE]. Resident #17's diagnoses included: tracheostomy status (surgical procedure that creates an opening in the neck and into the windpipe to help a person breathe), gastrostomy status (a feeding tube that delivers nutrition to your stomach), and anxiety disorder (feeling of worry, nervousness, or unease, typically about an imminent event or something with an uncertain outcome).</p> <p>Review of Resident #17's quarterly MDS dated [DATE], revealed a BIMS score of 14 indicating resident was cognitively intact. Section GG - Functional Abilities and Goals revealed Resident #17 required substantial/maximal assistance with toileting hygiene, personal hygiene and bathing. Resident #17 was dependent for oral hygiene, dressing, and transfers.</p> <p>Review of Resident #17's care plan dated 09/20/2024, revealed Resident #17 had an ADL self-care performance deficit. Part of the interventions included: Bathing: the resident is totally dependent on staff to provide bath x1 assist. The resident requires x1 staff participation with personal hygiene.</p> <p>(continued on next page)</p>		

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an observation and interview on 09/20/2024 at 1:10 p.m., Resident #17 was observed lying in bed. Resident #17's fingernails were long with jagged edges (not filed). Resident #17 said (through text message feature on cell phone) that it had been weeks since he had his nails trimmed or filed. Resident #17 said he did not like the length of the nails and that he could scratch and injure himself. Resident #17 said staff help him with nail care but was not sure when they were supposed to provide it.</p> <p>During observation and interview on 09/20/2024 at 1:18 p.m., the ADON entered Resident #17's room and observed his fingernails. The ADON said nail care should be done as needed by CNAs. The ADON said Resident #17's fingernails were long and had jagged edges that could cause him to scratch himself. Resident #17 communicated to ADON that he wanted his nails cut. The ADON said there was a risk Resident #17 could scratch himself and cause a skin tear. The ADON said she will address the issue immediately and have nail care done.</p> <p>During an interview on 09/20/2024 at 3:05 p.m., the Regional Compliance Nurse (RCN) said the purpose of resident nail care was to prevent residents from scratching themselves. The RCN said it was the responsibility of CNAs to check and perform nail care during showers. The RCN said nursing also had a responsibility if they notice nail care was needed or assist CNAs if alerted. The RCN said the risk of failing to perform nail care were skin tears and infection.</p> <p>During an interview on 09/20/2024 at 3:15 p.m., the Administrator said it was the responsibility of the CNAs, Med Aides and nurses to ensure good nail care for residents who were dependent on staff assistance. The Administrator said the risk of poor nail care were residents scratching themselves and poor hygiene.</p> <p>Record review of facility policy titled Nail Care dated 2003, reflected in part Nail management is the regular care of the toenails and fingernails to promote cleanliness, and skin integrity of tissues, to prevent infection, and injury from scratching by fingernails . Goals: Nail care will be performed regularly and safely. The resident will be free from abnormal nail conditions. The resident will be free from infection.</p>		