STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 676345	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/14/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Bel Air at Teravista	4105 Teravista Club Drive Round Rock, TX 78665

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)
F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 30057 Based on observation, interview and record review the facility failed to ensure the residents' had the right to a safe, clean, comfortable and homelike environment, which included but not limited to receiving treatment and supports for daily living safety for 6 residents (Residents #9, #29, #40, #57, #61 and #68) of 20 residents reviewed for resident rights. The facility failed to ensure resident room water temperature was maintained at a comfortable warm temperature which was at least 100 degrees F. This failure could place residents at risk for living in an uncomfortable, and unhomelike environment which could cause a diminished quality of life. The findings include: 1. Record review of Resident #9's clinical record reflected Resident #9 was [AGE] year-old male who was admitted to the facility on [DATE]. Resident #9 had diagnoses which included Parkinson's (disorder of central nervous system affects movement)and muscle weakness. Record review of Resident #9's MDS quarterly assessment, completed 2/16/24, documented a BIMS score of 12, which indicated the resident was moderately impaired. Resident #9 required set-up and clean up assistance needed for shower and bathing self and personal hygiene. Record review of Resident #9's care plan completed 7/25/23 reflected, Problem: Self-care deficit - Extensive assistance x1-2 required with bed mobility, bathing, hygiene, dressing R/T debility. Goal: Will be odor free, dressed and out of bed daily over the next 90 day. Status: Active (Current). Intervention: Bathe/shower resident. 2. Record review of Resident #21's clinical record reflected Resident #21 was a [AGE] year-old female who was admitted to the facility on [DATE]. Resident #21 had diagnoses which included schizoaffective disorder (mental health condition including schizophrenia and mood disorder), major depressive disorder(persistent depression) and muscle weakness. Record review of Resident #21's MDS quarterly assessment, completed 3/13/24, documented a BIMS score of 14, which indicated the resident was cognitively intact. Resident #21 required set-up and clean up assistance needed for shower and bathing self and personal hygiene. (continued on next page)

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: 676345	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/14/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Bel Air at Teravista	4105 Teravista Club Drive Round Rock, TX 78665

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)
F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Record review of Resident #21's care plan, completed 3/07/24, reflected, Problem: set-up and clean up assistance needed for shower and bathing self and personal hygiene. Goal: will maintain a sense of dignity by being clean, dry, odor free and well-groomed over 90 days. Intervention: assist with showers three times a week and as needed. 3. Record review of Resident #29's clinical record reflected Resident #29 was a [AGE] year-old female who was admitted to the facility on [DATE]. Resident #29 had diagnoses which included heart failure and morbid obesity (overweight). Record review of Resident #29's MDS quarterly assessment, completed 2/19/24, documented a BIMS score of 14, which indicated the resident was cognitively intact. Resident #29 required set-up and clean up assistance needed for shower and bathing self and personal hygiene. Record review of Resident #29's care plan, completed 2/22/24, reflected, Problem: Self-care deficit - Extensive to total assistance x1-2 required with bed mobility, bathing, hygiene, dressing and grooming, wheelchair mobility related to debility Goal: Will be odor free, dressed and out of bed daily over the next 90 day. Intervention: Bathe/shower resident. Hoyer Lift x2 person with transfers. 4. Record review of Resident #57's clinical record reflected Resident #57 was an [AGE] year-old male who was admitted to the facility on [DATE]. Resident #57 had diagnoses which included Parkinsonism (disorder of central nervous system affecting movement), blindness in one eye and muscle weakness. Record review of Resident #57's MDS quarterly assessment, completed 2/9/24, documented a BIMS score of 11, which indicated the resident had moderately impaired cognition. Resident #57 required set-up and clean up assistance needed for shower and bathing self and personal hygiene. Record review of Resident #57's care plan, completed 11/23/23, reflected, Problem: set-up and clean up assistance needed for shower and bathing self and personal hygiene. Goal: will maintain a sense of dignity by being clean, dry, odor free and well-groomed over 90 days. Intervention: assist with showers three times a week and as needed. 5. Record review of Resident #61's clinical record reflected Resident #61 was a [AGE] year-old male who was admitted to the facility on [DATE]. Resident #61 had diagnoses which included mild cognitive impairment and muscle weakness. Record review of Resident #61's MDS quarterly assessment, completed 1/10/24, documented a BIMS score of 13, which indicated the resident was cognitively intact. Resident #61 required limited to extensive assistance required for shower and bathing self and personal hygiene. Record review of Resident #61's care plan, completed 2/14/24, reflected, Problem: limited to extensive assistance required for shower and bathing self and personal hygiene. Goal: will maintain a sense of dignity by being clean, dry, odor free and well-groomed over 90 days. Intervention: assist with showers three times a week and as needed. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 676345	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/14/2024
NAME OF PROVIDER OR SUPPLIER Bel Air at Teravista		STREET ADDRESS, CITY, STATE, ZIP CODE 4105 Teravista Club Drive Round Rock, TX 78665	

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)
F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	6. Record review of Resident #68's clinical record reflected Resident #68 was a [AGE] year-old female who was admitted to the facility on [DATE]. Resident #68 had diagnoses which included delusional disorder (unable to determine real from imagined), rheumatoid arthritis (chronic inflammation of small joints) and muscle weakness. Record review of Resident #68's MDS quarterly assessment, completed 2/8/24, documented a BIMS score of 14, which indicated the resident was cognitively intact. Resident #68 was set-up to limited assistance needed for shower and bathing self and personal hygiene. Record review of Resident #68's care plan, completed 3/12/24, reflected, Problem: set-up to limited assistance needed for shower and bathing self and personal hygiene. Goal: will maintain a sense of dignity by being clean, dry, odor free and well-groomed over 90 days. Intervention: assist with showers three times a week and as needed. Observations on 03/12/24 at 10:00 AM, accompanied by the Maintenance Supervisor, revealed hand sinks in resident rooms had temperatures below 100 degrees F. Room for Resident # 09 76.7 degrees F Room for Resident # 40 83.9 degrees F Room for Resident # 57 90.4 degrees F Room for Resident # 61 84.0 degrees F Room for Resident # 68 85.9 degrees F During an interview on 03/12/2024 at 10:00 AM with Resident #61 revealed the resident voiced he did not have warm or hot water when he used his sink and shower. Resident #61 stated since the freeze in January, he was without hot water for a while. Resident #61 stated some days the water was too cold for showers. Resident #61 stated he complained to staff and refused baths due to water being too cold. During an interview on 03/12/2024 at 11:00 AM, Resident #68 stated water was too cold to shower or wash her face. Resident #68 stated she had an appointment with the doctor but had to go without a shower because it was too cold and she felt angry and ashamed. During an interview on 03/12/2024 at 11:15 AM, Resident #57 stated the water was too cold for showers. Resident #57 stated the aides had to let the water run a long time before showers and there were times the water did not heat up. During an interview and observation on 03/13/24 at 10:36 AM revealed the water temperature in Resident #9's room was taken with a thermometer and noted to be 89.2 degrees Fahrenheit after running the shower for 7 minutes. Resident #9 said the water in his bathroom was cold at times and due to that he had to take a cold shower sometimes. Resident #9 said he would get upset about having to take a shower with cold water, as it was uncomfortable. Resident #9 said he reported it to someone and they said they were working on it, but they never did get it fixed. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 676345	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/14/2024
NAME OF PROVIDER OR SUPPLIER Bel Air at Teravista		STREET ADDRESS, CITY, STATE, ZIP CODE 4105 Teravista Club Drive Round Rock, TX 78665	

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)
F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During an observation and interview on 03/13/24 at 11:47 AM revealed the water in resident room [ROOM NUMBER] was left on for 12 minutes, while the DON was present, the water temperature was 86.0 degrees Fahrenheit. The DON asked what the temperature should be. Interview on 03/13/2024 at 11:00 AM with the Maintenance Supervisor revealed the facility had complaints of the water being cold. The Maintenance Supervisor stated in January there was a winter freeze and the pump went out so the facility lost hot water in half the building. Since then, the water took longer to get warm on the 300 hall. The Maintenance Supervisor stated the facility only had 2 water heaters for 300 & 400 hall. The other reason the water was cold in the mornings was because the pipes were in the attic, so when the weather was cold outside, it affected the water temperature. During an interview on 03/13/24 at 11:52 AM, Resident #29 said the water in her shower was cold so she would not take a shower. Resident #29 said last week the was cold as well but she took her shower any ways. Resident #29 said the last time she took a shower was Saturday 03/09/2024 and today was Wednesday 03/13/2024 and she had not showered due to the water being cold. Resident #29 said they would let the water run for a while and it would still not get hot. Resident #29 said not taking a shower made her feel dirty and uncomfortable. Resident #29 said she was not sure if the Administrator or maintenance knew about the water being cold. During an interview on 03/13/24 at 12:00 PM, Resident #21 stated there was no hot water for morning showers. Resident #21 stated it was too cold at times and she had to allow the water to run for 20 minutes or more to heat up. Resident #21 stated there were times it did not get hot enough for a comfortable shower. During an interview on 03/13/24 at 12:20 PM, CNA A said she showered residents at the facility. CNA A said some of the residents complained the water was cold. CNA A said the water would come out kind of cold so they would have to let the water run for about 45 minutes and up to an hour before it got hot enough to shower the residents. CNA A said she had not had to stop a shower due to the water getting cold while showering a resident. CNA A said some of the resident's complained the water felt lukewarm. CNA A said the Maintenance Supervisor was aware and he told them he was working on the water temperature adjustments. During an interview on 03/14/24 at 09:58 AM, CNA H said last week she showered some residents and the water took a long time to get hot. CNA H said she usually had to run the water for about 30 minutes before it got warm enough to shower the residents. CNA H said it would take a long time to get the residents showered because she had to first run the hot water for a while before she got the resident into the shower. CNA H said each resident had their own shower in their room. CNA H said during the showers some of the residents would say to turn the water warmer but she would tell them that was as hot as it was going to get. CNA H said she told the maintenance staff before but they said they were working on it or had already worked on it. During an interview on 03/14/24 at 12:00 PM, the Administrator said during a freeze the pipes busted the filters on the water heaters and hot water would not get to some rooms. The Administrator said for whatever reason the water took a while to get hot and was not sure what was going on. The Administrator said they told staff to report if the water was not hot. The Administrator said she understood about the water temperatures and the residents not wanting to shower. The Administrator said they were still working on the issue and they had the plant operations manager checking it out. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 676345	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/14/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Bel Air at Teravista	4105 Teravista Club Drive Round Rock, TX 78665

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)
F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Record review of the facility's policy titled; Resident Rights revised December 2016 reflected in part: Federal and state laws guarantee certain basic rights to all residents of this facility. These rights include the residents right to a dignified existence, the right to voice grievances to the facility, the right to have the facility respond to grievances. Record review of the facility's policy titled; Environmental Temperature dated January 2016 stated in part all water supplied to patient use areas must be maintained between 100-110 degrees F.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 676345	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/14/2024
NAME OF PROVIDER OR SUPPLIER Bel Air at Teravista		STREET ADDRESS, CITY, STATE, ZIP CODE 4105 Teravista Club Drive Round Rock, TX 78665	

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)
F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. 48593 Based on observation, interview and record review, the facility failed to store, prepare, distribute, and serve food in accordance with professional standards for food safety in the facility's only kitchen. 1. The facility failed to ensure food items in the facility's only dry storage were dated and sealed appropriately. 2. The facility failed to ensure food items in the facility's only walk in freezer were dated and sealed appropriately. 3. The facility failed to ensure staff wore proper hair or beard coverings. These failures could place residents at risk for food-borne illness, and food contamination. Findings include: Observations of the facility's kitchen's only dry storage on 03/12/24 at 08:51 AM revealed the following items were not sealed or dated: - in the freezer a box of fish fillet was opened and undated - in the dry storage was one container of thick and easy was opened and undated - in the dry storage was one bag of grits was opened and undated, and not in a sealed bag. During an observation of lunch being plated on 03/12/24 at 11:40 AM revealed Cook D did not have his beard cover properly covering his beard while checking food temperatures and plating lunch. Cook D had the beard cover only covering his chin. Cook D had facial hair on the top portion of his cheeks and his upper lip that were uncovered by the beard cover. Interview with the Dietary Manager (DM) on 03/14/24 at 09:34 AM revealed she was not aware there was food in the freezer that was opened and undated. When this was brought to her attention the DM removed the unlabeled box of fish from the freezer as she was unsure of exactly when it was opened. The DM stated she believed the fish was opened on Friday the 8th of March. The DM stated all food and items that were opened were to be dated with an opened date and if the package could not be sealed the item should be placed in a resealable bag/container and labeled if not visible through the container or bag. The DM stated all staff in the kitchen needed to have a hair net or hair restraint. The DM stated if staff had any facial hair, then they had to wear a beard cover. The DM stated the beard cover needed to cover the entire area of facial hair. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 676345	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/14/2024
NAME OF PROVIDER OR SUPPLIER Bel Air at Teravista		STREET ADDRESS, CITY, STATE, ZIP CODE 4105 Teravista Club Drive Round Rock, TX 78665	

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)
F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Interview with Cook D on 03/14/24 at 01:30 PM stated he thought all he had to have covered was his chin where his goatee was and did not think he had to have the cover over his stubble because it was short. Cook D stated staff must wear hair covers and beard covers in the kitchen because it was part of the facility's policy. When asked why the facility would want the staff to have their hair and beards covered Cook D stated, he isn't sure why. Cook D stated he did not believe by not covering hair and beards was an infection control issue. Interview with the Lead NSD on 03/14/24 at 02:10 PM, the Lead NSD stated all facial hair needed to be covered fully, then demonstrated with his hands from ear to ear across the face covering both cheeks and mouth. The Lead NSD stated he instructed Cook D to cover his beard on multiple occasions, but the cook kept adjusting the beard covering to only cover his chin. The Lead NSD stated in his opinion Cook D did not have his facial hair properly covered.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 676345	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/14/2024
NAME OF PROVIDER OR SUPPLIER Bel Air at Teravista		STREET ADDRESS, CITY, STATE, ZIP CODE 4105 Teravista Club Drive Round Rock, TX 78665	

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)
F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45411 Based on observation, interview and record review the facility failed to 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 2 of 4 residents (Resident # 6 and Resident #75) reviewed for infection control. - LVN B failed to don gloves while assisting Resident #75 with a PICC dressing change. - RN C failed to maintain a sterile field while performing a PICC dressing change for Resident #75. - LVN E failed to perform hand hygiene after changing her gloves failed to change her gloves after they became contaminated and failed to maintain a sterile field during a catheter change for Resident #6. - CNA F failed to change her gloves after they became contaminated while performing perineal care for Resident #6. These failures could place residents at risk for cross contamination and the spread of infection. The findings include: Resident #6 Record review of Resident #6's face sheet, dated 3/13/24, reflected a [AGE] year-old female who was admitted to the facility on [DATE]. Resident #6 had a diagnosis which included obstructive and reflux uropathy (disorder of the urinary tract due to blocked urinary flow). Record review of Resident #6's physician orders reflected: Change foley catheter as needed for urinary tract infection, crustation or blockage (order date 9/8/23) Change foley catheter monthly on the 15th of each month (order date 11/12/23) Record review of Resident #6's Care Plan, effective date 9/7/23, reflected: Problem: Resident has foley catheter and is at risk for increased UTIs; Foley catheter size 16 french/10cc; change monthly and as needed; Resident fixates on foley catheter being changed frequently. Educated on risk for infection from frequent changing. Goal: Foley catheter will remain patent and resident will not develop increased incidence of UTIs over the next 90 days. Interventions: Change foley catheter, tubing and bag per order. Ensure leg strap or other method to secure catheter is in place unless contraindicated. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 676345	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/14/2024
NAME OF PROVIDER OR SUPPLIER Bel Air at Teravista		STREET ADDRESS, CITY, STATE, ZIP CODE 4105 Teravista Club Drive Round Rock, TX 78665	

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)
F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Observation on 3/13/24 at 4:30 PM of Resident #6's catheter change with LVN E and CNA F revealed: Supplies (two sterile catheter kits, two sterile catheters) gathered and brought into the room by LVN E and placed on rolling table at the bedside. LVN E and CNA F both washed their hands in Resident #6's bathroom and donned gloves. CNA F emptied the urine from the catheter bag into the urinal then emptied the urinal in the bathroom, removed gloves, washed hands and donned clean gloves. CNA F performed perineal care on Resident #6 but did not remove her gloves when she completed the care. LVN E stated because she was right-handed she and CNA F would have to switch sides of the bed and while moving the rolling table, the two sealed catheters fell on the floor. LVN E picked the catheters up and placed them back on the table then removed her gloves, used hand sanitizer and donned clean gloves. LVN E opened one catheter kit, removed her gloves, opened and donned sterile gloves then opened one of the catheters that fell on the floor and removed the catheter from the package. LVN E set up the sterile supplies from the catheter kit. LVN E asked CNA F to hold the resident's legs open. LVN E then realized she had not removed the old catheter yet. While wearing the sterile gloves, she removed the old catheter and discarded it in the trash. LVN E asked CNA F to open the second catheter kit, which CNA F did using the same soiled gloves. LVN E removed the soiled gloves and donned a second set of sterile gloves without using hand sanitizer. LVN E completed the catheter insertion process. LVN E did not remove her gloves before she removed the old catheter securing the device from the resident's leg and placed the new catheter securing the device. In an interview on 3/13/24 at 5:00 PM, LVN E stated the catheter change with Resident #6 was horrible because she was very nervous. She stated she broke the sterile field several times. She stated she did not change her gloves or wash her hands when she should have and that could lead to cross contamination and possible infection for the resident. She stated she did catheter changes often and she was embarrassed about how bad it went. 3/13/24 at 5:25 PM attempted to locate CNA F for an interview and she was unavailable. Record review of the facility policy titled Indwelling Catheter - Male and Female (Insertion and Removal Of), dated March 2019, reflected, in part: Procedure: Wash your hands. Lift sterile tray from plastic cover (DO NOT CONTAMINATE), and place on dry working surface. Open sterile wrap. If catheter is packaged separately, open and place on sterile field. Put on sterile gloves. Resident #75 Record review of Resident #75's face sheet, dated 3/13/24, reflected a [AGE] year-old female who was admitted to the facility on [DATE]. Resident #75 had diagnoses which included sepsis due to enterococcus (serious condition caused by bacteria in the blood) and infection/inflammatory reaction due to other cardia and vascular devices, implants and grafts (infection at pacemaker insertion site). Record review of Resident #75's physician orders reflected: PICC dressing change - change PICC line dressing using the dressing change kit with a bio-patch, initial and date each change one time weekly (order date 3/7/24) PICC dressing change - change PICC line dressing using the dressing change kit with a bio-patch, initial and date each change as needed by shift (order date 3/12/24) (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 676345	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/14/2024
NAME OF PROVIDER OR SUPPLIER Bel Air at Teravista		STREET ADDRESS, CITY, STATE, ZIP CODE 4105 Teravista Club Drive Round Rock, TX 78665	

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)
F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Record review of Resident #75's Care Plan, effective date 2/8/24, reflected: Problem: Resident is receiving IV therapy Goal: Resident will receive adequate nutrients and fluids while minimizing risk of intravenous infusions over next 90 days. Interventions: Change tubing and site dressing as ordered. Observation on 3/12/24 at 1:43 PM of Resident #75's PICC dressing change with RN C revealed RN C washed her hands in Resident #75's bathroom, donned gloves, opened the sterile dressing change kit and began removing the soiled dressing from the resident's arm. It appeared the top layer of the bio-patch wrapped around the line after becoming dislodged from the bio-patch due being saturated with blood. LVN B entered the room with a sealed suture kit which contained scissors and opened the kit without gloves, then with bare hands, ran her fingers across the scissors' blades before reaching over Resident #75 and clipped the piece of bio-patch tangled around the line. RN C was then able to remove the remaining dressing. RN C entered the resident's restroom and removed the soiled gloves and washed her hands. RN C returned to the bedside and donned sterile gloves and opened a chlorhexidine swab and cleaned the insertion site which was saturated with blood. This caused both of RN C's hands to become visibly soiled with blood. RN C reached into the sterile dressing change kit to remove the bio-patch package and opened the bio-patch with soiled gloves and placed it on the PICC insertion site, then placed a clean window dressing on the site. RN C removed soiled gloves, washed hands, signed and dated the dressing. In an interview on 3/12/24 at 2:05 PM, RN C stated the PICC dressing change with Resident #75 was very messy. She stated she felt it could have gone better but because the insertion site had been oozing blood and the dressing was saturated and tangled, it was a difficult dressing change. She stated she did not think about reaching into the sterile kit to grab the bio-patch with soiled gloves she just did it, and she realized afterward it broke the sterile field. RN C stated normally PICC dressing changes were not as messy as that one, so they were easier to do and that one was hard to keep sterile. She stated that there was a risk for cross contamination when the sterile field was broken which could result in an infection at the resident's PICC line insertion site. In an interview on 3/14/24 at 10:30 AM, the Nurse Practitioner stated infection control, when doing procedures such as catheter changes or PICC dressing changes was standard practice, it was not a facility-to-facility thing, sterile technique was taught in nursing school. She stated catheter changes were done using aseptic technique with sterile gloves and there should not be variance to the process. She stated PICC dressing changes should be done the same way and sterile procedure was the same everywhere. She stated she had never watched them do either in the facility and did not know their exact policy/procedure but stated it should not be anything outside the norm as far as technique. She stated that when staff performed procedures by correctly using basic hand hygiene and sterile or aseptic technique it was one of the best ways to help decrease infections in the facility. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 676345	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/14/2024
NAME OF PROVIDER OR SUPPLIER Bel Air at Teravista		STREET ADDRESS, CITY, STATE, ZIP CODE 4105 Teravista Club Drive Round Rock, TX 78665	

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)
F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	In an interview on 3/14/24 at 2:25 PM, the DON stated his expectation was the staff always performed hand sanitizing prior to a procedure and depending on the procedure it was done between steps, like with wound care. He stated for a PICC dressing change the nurse should wear a mask, clean their hands prior to the procedure, offer the resident a mask or have them turn their head away from the site, don regular gloves and remove old dressing, clean hands, don sterile gloves, clean the site with chlorhexidine, place bio-patch, place dressing, sign and date the dressing, remove gloves, wash hands, and document the dressing change in the chart. The DON stated opening everything within the sterile field would be the best way to do things regarding the bio-patch being in a package within the dressing change kit. He stated that it was very important to follow sterile technique when handling a PICC line at all because of the infection risks involved with a catheter that fed straight into the heart. He stated the catheter change issues were nerves and he spoke to the nurse after and went over what went wrong. The DON stated that hand hygiene was important when performing catheter care or a catheter change to help reduce the risk of infection since a resident who had a catheter was already at a higher risk for developing a UTI. In an interview on 3/14/24 at 3:20 PM with LVN B, she stated she did not put gloves when she opened the kit and removed the scissors to cut the bio-patch for RN C. She stated the reason she ran her fingers over the blades of the scissors was to remove the plastic cover on the tip of the blades. She stated she should have worn gloves when she opened the kit and removed the scissors but she did not anticipate having to help when she entered the room and acted quickly because RN C was holding the resident's arm up with one hand and holding the PICC catheter in place with the other hand. She stated that by not wearing gloves she could have contaminated Resident #75's PICC line insertion site since it was uncovered and that could have led to infection. In an interview on 3/14/24 at 3:38 PM, the ADON stated she spoke with both RN C and LVN E and she believed nerves was the cause of all the mistakes made but it did not negate the fact that the mistakes were made. She stated education needed to happen for all staff regarding infection control practices during catheter changes and PICC dressing changes but also for general purpose infection control procedures. Record review of the facility policy titled Care of Peripherally Inserted Central Catheter (PICC), dated 07/2014, reflected, in part: Purpose: To provide standards for the safe maintenance of a PICC line in order to reduce the risk of infection or dislodging . Procedure: Wash hands thoroughly. Assemble supplies. Carefully remove used dressing and discard. Rewash hands. Open sterile dressing change kit. Apply sterile gloves. Use an antimicrobial solution swab to cleanse skin around catheter site and surrounding area. Allow to dry on skin. Apply percutaneous site antimicrobial barrier dressing (bio-patch). Universal securement device before applying transparent dressing over site in manner not to occlude flow.