

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 676347	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/06/2026
NAME OF PROVIDER OR SUPPLIER Amarillo Center for Skilled Care		STREET ADDRESS, CITY, STATE, ZIP CODE 6641 W Amarillo Blvd Amarillo, TX 79106	

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 - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>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 1 (CNA A) of 4 staff observed for infection control. -CNA A did not perform hand hygiene properly while performing incontinent care. This deficient practice has the potential to place residents at risk for infections, tissue breakdown, and feelings of isolation related to poor hygiene. Findings include: During an observation of incontinent care on 2/05/2026 at 12:13 PM CNA A performed hand hygiene then assisted to roll the resident on her side. CNA A used wipes to clean the resident's left buttocks area, use wipes to clean the resident's right buttocks area, and used wipes to clean the residents' rectal area. CNA A then placed a clean draw sheet and a new brief under the resident. CNA A removed her gloves, washed her hands, placed new gloves and rolled the resident to her back. CNA A then secured the new brief. During an interview on 2/05/2026 at 12:35 PM CNA A stated when I moved from the dirty to the clean area, I should have washed my hands. I was dirty after I wiped her. I probable cross-contaminated. CNA A reported a problem with no performing hand-hygiene properly was it could cause poop. CNA A reported she had been trained in hand-hygiene by the former DON. During a group interview on 2/06/2026 at 10:17 AM with the Corp RN and DON, the Corp RN reported she expected staff to perform hand hygiene before they begin incontinent care, when they move from any dirty to clean portion of the care, and when they complete the incontinent care. The Corp RN reported this was done to prevent infection and if a staff member does not complete proper hand hygiene, then they will cause cross contamination with their care. The DON reported he agreed with everything the Corp RN said but he would like to add he expects staff to use ABHR before entering the resident room. Record review of the facility provided training titled Hand Hygiene provided to staff on 12/02/2025 revealed CNA A was trained on the following: Hand Hygiene You may use alcohol-based hand cleaner or soap and water for the following:-upon and after coming into contact with a resident's intact skin.-after coming into contact with a resident's mucous membranes and body fluids or secretions.-after removing gloves or aprons. Record review of the facility provided policy titled Perineal Care effective 05/11/2022, revealed the following: Important Points - Always perform hand hygiene before and after glove use.</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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