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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION                         | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>676363 | (X2) MULTIPLE CONSTRUCTION<br>A. Building<br>B. Wing                                    | (X3) DATE SURVEY COMPLETED<br><br>03/28/2024 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Remarkable Healthcare of Prestonwood |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>4501 Plano Parkway<br>Carrollton, TX 75010 |  |

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

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| (X4) ID PREFIX TAG   | SUMMARY STATEMENT OF DEFICIENCIES<br>(Each deficiency must be preceded by full regulatory or LSC identifying information)  |
| <p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>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.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 49427</p> <p>Based on observation, interview, and record review the facility failed to provide housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable environment for one (Resident #1) of eight resident rooms reviewed for homelike environment.</p> <p>The facility failed to clean Resident #1's bathroom for three days.</p> <p>The deficient practice placed residents at risk of negative psychosocial impacts, infection, illness, and room not feeling homelike.</p> <p>Findings included:</p> <p>Record review of Resident #1's Optional State Assessment MDS dated [DATE] revealed she was a [AGE] year-old female an initial admitted [DATE] and readmitted to the facility on [DATE] with diagnoses of severe obesity, cellulitis (bacterial infection) of abdominal wall, type 2 diabetes (difficulty managing blood sugar levels), major depressive disorder (mood disorder causing persistent feelings of sadness and loss of interest in activities) and a BIMS score of 14 (cognitively intact).</p> <p>Record review of Resident #1's care plan revealed Resident #1 was to be encouraged to sit on the toilet to evacuate bowels if possible.</p> <p>Observation on 03/26/2024 at 3:43 PM of Resident #1 revealed she was sitting up in bed wearing a night gown, watching television, with her call light within reach.</p> <p>Interview on 03/26/2024 at 3:45 PM with Resident #1 revealed housekeeping came and swept and mopped the floor of her main room but did not go into her bathroom. Resident #1 stated that housekeeping had missed cleaning her bathroom in the past and she was not sure why housekeeping did not regularly clean her bathroom. Resident #1 stated she was frequently incontinent of urine and mostly used the bathroom for bowel movements every 2 or 3 days and used baby powder afterwards. Resident #1 stated she usually could move herself from the bed to the wheelchair but sometimes she needed assistance. Resident #1 stated when housekeeping did not clean her bathroom multiple days in a row it increased her depression because she felt forgotten and self-conscious that housekeeping did not want to look in the bathroom because she was obese. Resident #1 stated she tried to tell housekeepers the bathroom needed to be cleaned but there was a communication barrier with housekeepers only speaking Spanish.</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.

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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
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| <p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>                     | <p>Observation on 03/26/2024 at 4:29 PM of Resident #1's bathroom revealed a white powder like substance on the floor around the perimeter of the toilet bowl and 4 gloves on the floor by the trash can.</p> <p>Interview on 03/27/2024 at 12:15 PM with Resident #1 revealed housekeeping had swept and mopped the main area of resident's room and did not go into resident's bathroom.</p> <p>Observation on 03/27/2024 at 12:16 PM of Resident #1's bathroom revealed a white powder like substance on the floor around the perimeter of the toilet bowl and 4 gloves on the floor by the trash can.</p> <p>Observation on 03/28/2024 at 8:52 AM of Resident #1's bathroom revealed a white powder like substance on the floor around the perimeter of the toilet bowl and 4 gloves on the floor by the trash can.</p> <p>Interview on 03/28/2024 at 8:57 AM of MA D and CNA E revealed CNA E told a housekeeper on 03/26/2024 that Resident #1's bathroom needed to be cleaned, was not sure of the housekeepers name, and was not aware that it still had not been done. MA D and CNA E stated the impact to resident was infection risk and a negative impact to the resident's psychosocial health.</p> <p>Interview and observation on 03/28/2024 at 9:15 AM revealed the POA and Housekeeper A were cleaning Resident #1's bathroom. The POA stated resident rooms were cleaned once a day and it was important for the resident's mental health and reduced infection risk. The POA stated it was unacceptable that the resident's bathroom was not cleaned for at least 2 days in a row and had not been able to speak with the housekeeper responsible for resident's room. Housekeeper A stated bathrooms not cleaned regularly resulted in resident rooms not feeling homelike and could negatively impact the resident's mental health and increase risk of infection. The POA stated he was responsible for overseeing housekeeping.</p> <p>Interview on 03/28/2024 at 9:48 AM with ADON C revealed resident rooms were supposed to be cleaned once a day and was not aware of any resident bathroom that was not cleaned for 3 days and the risk to the resident included an environment that was not homelike and increased infection risk.</p> <p>Review of the facility's Housekeeping Services Policy titled Housekeeping Services H5MAPL0897 dated January 2016, reflected housekeepers were to use disinfectant to sanitize and clean all surfaces that may be touched by the resident . bathroom fixtures including handrails, sink, and toilet . etc .</p> |   |  |

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| <p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>                    | <p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 49427</p> <p>Based on observations, interviews, and record review, the facility failed to store, prepare, distribute, and serve food in accordance with professional standards for food service safety for one of one kitchen reviewed for kitchen sanitation.</p> <p>On [DATE] Cook F failed to log food temperatures for the dinner service.</p> <p>On [DATE] 2 loaves of bread, one bag of hot dogs, and 6 hamburger buns were not labeled with a received or opened date.</p> <p>These failures could place residents at risk for food-borne illness and negatively impact the health and nutrition of residents.</p> <p>Findings included:</p> <p>1. Observation on [DATE] at 11:40 AM of the food temperature log titled Trayline Temperature Log revealed no food temperatures were written for the [DATE] dinner service.</p> <p>Interview on [DATE] at 11:43 AM with the Dietary Manager revealed the cook was responsible for logging food temperatures before residents were served. The Dietary Manager stated Cook F did not log the food temperatures for dinner service. The Dietary Manager stated Cook F was a new employee and was still learning. The Dietary Manager stated the expectation was for food temperatures be logged for every meal and showed if food temperatures are being monitored by staff. The Dietary Manager stated the risk to residents would be foodborne illness due to being served food that was possibly held at unsafe food temperatures or was not cooked to safe food temperatures.</p> <p>Record review of menu titled [NAME] Foodservice revealed on [DATE] the dinner menu was sausage links, chocolate chip sheet pan pancakes, hashbrown casserole, strawberries and bananas, margarine, syrup, salt and pepper, milk and water.</p> <p>Record review of food policy titled Food Preparation and Service H5MaPL0333 dated 2001 and revised [DATE] revealed The temperature of foods held in steam tables will be monitored by food service staff.</p> <p>2. Observation on [DATE] at 11:41 AM of the prep table revealed 1 loaf of white sandwich bread, 1 loaf of Italian sandwich bread, a bag of hamburger buns with 6 buns, and a bag hot dog buns with 5 buns had been opened and were unlabeled with a received or opened date. Observation of the alternative menu, undated, revealed for lunch and dinner hamburger on bun, deli sandwich with white or wheat bread, or grilled cheese.</p> <p>(continued on next page)</p> |   |  |

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| <p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>                    | <p>Interview on [DATE] at 11:44 AM with the Dietary Manager revealed he was responsible for labeling and dating food and did not label the bread products because he was not sure if bread needed to be labeled. The Dietary Manager stated he labeled other items he opened, and it was facility policy to label opened food items with an open date. The Dietary Manager stated that undated and labeled bread products could cause food borne illness from expired food or could be stale.</p> <p>Record review of food policy dated 2001 and revised [DATE] revealed Other opened containers must be dated and sealed . during storage.</p> <p>Review of the Food and Drug Administration Food Code, dated 2022, reflected, XXX,d+[DATE].11 Food Storage. (B) .refrigerated, ready-to eat time/temperature control for safety food prepared and packaged by a food processing plant shall be clearly marked, at the time the original container is opened in a food establishment and if the food is held for more than 24 hours, to indicate the date or day by which the food shall be consumed on the premises, sold, or discarded, based on the temperature and time combinations specified in (A) of this section and: (1) The day the original container is opened in the food establishment shall be counted as Day 1; and (2) The day or date marked by the food establishment may not exceed a manufacturer's use-by date if the manufacturer determined the use-by date based on food safety</p> |   |  |

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| <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><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 42971</p> <p>Based on observation, interview and record review, the facility failed to maintain an infection control program designed to prevent the development and transmission of infection for one (Resident #2) of five residents observed for infection control.</p> <p>The facility failed to ensure:</p> <p>LVN G donned the gown when she entered Resident#2's isolation room to provide resident care.</p> <p>This failure could place the residents at risk for infection.</p> <p>Findings include:</p> <p>Record review of Resident #2's Quarterly MDS dated [DATE] reflected Resident #2 was a [AGE] year-old male readmitted to the facility on [DATE] with diagnoses included pressure ulcer of sacral ( the portion of your spine between the lower back and tailbone) region, and cellulitis ( a bacterial infection involving the inner layers of the skin) of left lower limb. Resident #2 required extensive assistance of at least two people with ADLs. He was totally dependent, 2 persons assist with transfers, toileting hygiene, and dressing. assessment revealed BIMS of 15 indicating the resident was cognitively intact.</p> <p>Record review of Resident #2's physician's order dated 03/26/24 reflected contact isolation precautions for MDRO (multidrug-resistant Organism). The order was dated 03/19/24.</p> <p>Observation on 03/25/24 at 2:43 PM revealed LVN G had on a PPE mask ad gloves, and she did not have a gown on when entering Resident #2's room to administer to Resident #2 his IV medication. She hanged the resident's urine bag to the bed side, and she provided water to the resident.</p> <p>Interview on 03/25/24 at 2:55 PM with LVN G revealed facility staff should be wearing full PPE when entering a resident room who was on contact isolation precautions. She stated full PPE included a gown, gloves, and face mask. LVN G stated she was busy and she forgot to wear the gown. She stated the risk would be spread of infection.</p> <p>In an interview on 03/27/24 at 11:06 AM the DON stated staff should have worn the full PPE including a gown when entering Resident #2's room. She stated Resident #2 was on contact isolation precautions due to his infected wound. She stated it was important to wear proper PPE when going into the resident room on isolation precautions so not to contaminate.</p> <p>Review of facility's staff Inservice for PPE use dated 03/22/24 reflected LVN G was in-serviced by the DON along with other facility staff.</p> <p>(continued on next page)</p> |   |  |

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| F 0880<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few                            | Record review of the facility's policy titled, Isolation Categories of Transmission - Based Precautions, revised December 2009, reflected, .Contact Precautions . d. Gown: 1- In addition to wearing a gown as outlined under Standard Precautions, wear a gown (clean, nonsterile) for all interactions that may involve contact with the resident or potentially contaminated items in the residents' environment . |   |  |