STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	676376	A. Building B. Wing	11/07/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Silver Spring	1690 N. Treadway Blvd. Abilene, TX 79601

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(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 - Few	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** 44722 Based on observation, interview, and record review, the facility failed to provide housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior for 1 of 4 (Resident #13) Resident's rooms observed for environmental conditions. The facility failed to ensure that Resident # 13's blinds were free from dust. The facility's failure placed the residents at risk for diminished quality of life and discomfort. The findings included: Record review of Resident #13's face sheet dated 11/07/2024 revealed a [AGE] year-old female admitted on [DATE] with most recent admission on 09/23/2024 with the following diagnoses: Encephalopathy (central nervous system diseases located in brain), Hypothyroidism, Type 2 Diabetes, Hypertension, Heart failure and anxiety. Record review of Resident #13's Quarterly MDS assessment dated [DATE] revealed: Section C- Cognitive Patterns Resident #13 had a BIMS of 13, meaning she was cognitively intact. Record review of Resident #13's care plan dated revealed Resident #13 had oxygen therapy prn related to her Congestive Heart Failure. During an observation and interview on 11/06/24 at 2:51 PM Resident #13 stated she wished that her blinds were cleaned and did not have dust on them. Resident #13 stated the dust on the blinds irritated her allergies. The blinds were observed to have a layer of dust on them. During an interview on 11/07/24 at 1:44 PM the HK DM stated her expectation was resident's rooms were to have been dusted at least every other day; she stated there should not have been dust on the blinds. The HK DM stated the housekeepers were responsible to ensure that blinds were cleaned daily and ultimately it was the HK manager 's responsibility. The HK DM stated the effect on residents could have been Resident's allergies being agitated by breathing in the dust. The HK DM stated what led to the failure was staff getting in a hurry and skipping steps. (continued on next page)

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

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F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 11/07/2024 at 1:55 PM the ADMN stated his expectation was that housekeeping clean residents' room daily. The ADMN stated there should not have been dust on the blinds. The ADMN stated it was the responsibility of the housekeeper and housekeeper manager to ensure that blinds were being cleaned. The ADMN stated dust on blinds could have caused residents' allergies to be agitated by dust in the room. The ADMN sated lack of supervision of the housekeeping staff, by the housekeeping supervisor, led to the failure. Record review of facility form tilted 5- step Daily Room Cleaning revealed: Horizontal surfaces- disinfected Using a solution of properly diluted germicide, sanitize all horizontal surfaces. As you enter the room, work clockwise around the room hitting all surfaces. Use your high duster to dust hard to reach areas, such as the tops of closets, high lights, and ceilings areas as needed. Tabletops, headboards, windowsills.

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F 0638 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Assure that each resident's assessment is updated at least once every 3 months. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45732 Based on interview and record review the facility failed to assess a resident using the quarterly review instrument specified by the State and approved by CMS not less frequently than once every 3 months for 3 of 18 Residents (Resident #1, Resident #3, and Resident #6) reviewed for assessments. The facility failed to complete a quarterly assessment for Resident #1, #3, and #6 every 3 months. This failure could place residents at risk for not getting an accurate assessment and could result in lack of care. Findings include: Resident #1 Review of Resident #1's electronic face sheet revealed a [AGE] year-old female admitted on [DATE] with diagnoses to include: Urinary Tract Infection, Bladder dysfunction, and Depression. Review of Resident #1's last completed MDS assessment dated [DATE] revealed a BIMS score of 09 which indicated moderate cognitive impairment. Further review of Resident #1's MDS tracking record revealed the last completed MDS was completed on 07-11-2024. The next MDS listed was a quarterly dated 10-31-2024 that was in progress as of 11/07/2024. Resident #3 Review of Resident #3's electronic face sheet revealed a [AGE] year-old male admitted [DATE] with diagnoses to include: Bipolar Disorder, Anxiety, and Dementia. Review of Resident #3's last completed MDS assessment dated [DATE] revealed a BIMS score of 11 which indicated moderate cognitive impairment. Further review of Resident #3's MDS tracking record revealed the last completed MDS was completed 06-22-2024. The next MDS listed was a quarterly dated 9-22-2024 that was in progress as of 11/07/2024. Resident #6 Review of Resident #6's electronic face sheet revealed a [AGE] year-old female admitted to the facility on [DATE] with diagnoses to include: Dementia, Depression, and heart failure. Review of Resident #6's last completed MDS assessment dated [DATE] revealed with a BIMS score of 10 which indicated moderate cognitive impairment. Further review of Resident #6's MDS tracking record revealed the last completed MDS was an annual completed 07-05-2024. The next MDS listed was a quarterly dated 10-05-2024 that was in progress as of 11/07/24. (continued on next page)

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F 0638 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During an interview on 11/07/24 at 10:54 AM, the ADMN stated MDS assessments were to be completed annually and quarterly. He stated he was unsure as to the timeframe requirement for submission. He stated his expectation was for MDS assessments to be completed and submitted within the required time frame. He stated he was unaware that the facility was behind on MDS assessment completions and submissions, and he was not sure as to what caused the failure. He stated this failure did not directly affect the residents but did affect the facility with reimbursement. During an interview on 11/07/24 at 11:03 AM, the DON stated she was not aware that MDS assessments were not being completed and submitted within a timely manner. She stated that it was the MDS Coordinator's responsibility to monitor MDS completions and submissions. The DON stated it was not her responsibility to ensure the completion of MDS assessments in a timely manner. During an interview on 11/07/24 at 02:09 PM, the MDS Coordinator stated that MDS assessments should have been completed and submitted within 14 days of their due date. She stated they should have been done annually and quarterly. She stated she was responsible for ensuring they are completed in a timely manner. She stated the facility had a flood at the beginning of the year and that was her reasoning for being behind. MDS nurse stated this failure did not directly impact the residents. Review of facility policy titled, Resident Assessment Instrument, revised September 2010, revealed in part: . Policy Interpretation and Implementation: 1. The Assessment Coordinator is responsible for ensuring that the Interdisciplinary Assessment Team conduct a timely resident assessments and reviews according to the following schedule: a. Within fourteen days of resident's admission to the facility; b. Where there has been a significant change in the resident's condition; c. At least quarterly; and d. Once every twelve months .

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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs. 44558 Based on observation, interview, and record review, the facility failed to ensure medications were stored in locked compartments and only authorized personnel were permitted to have access to the keys for 1 cart (medication cart Hall 500) of 3 medication carts reviewed for storage. The facility failed to ensure medication cart Hall 500 was locked and secured when unattended. These failures could place all residents at risk of harm or decline in health due to lack of , medications/biologicals or misappropriation of medications, or drug diversions. Findings included: During an observation on 11/05/2024 at 11:24 AM the medication cart was unlocked and not secured and left in the middle of the 500 hallway. RN A was in a resident's room with resident's door closed. The medication cart was not within eyesight of the nurse and narcotics were under one lock, instead of two. The unlocked medication cart contained prescription and OTC medications that included eye medications, stool softeners, antipsychotics, Insulins, Blood Pressure Medications, Narcotics, antibiotics, diuretics, lidocaine cream, and nasal sprays. One resident and one visitor were observed to have walked past the unlocked medication cart while it was unattended. During an interview on 11/05/2024 at 11:24 AM RN A stated she was responsible for this medication cart and there were 8 residents' medications on the cart. RN A stated that she knew better and did not know why she left the medication cart unlocked. RN A stated someone could access the cart and take medications that were not prescribed for them. RN A stated this could have caused harmful side effects such as allergic reaction for the residents. RN A stated she had been trained on locking the medication cart when not in use. During an interview on 11/07/24 at 02:05 PM the DON stated medications carts should be locked when not in use, unattended and not in line of sight. The DON stated she believed the nurse being distracted led to this failure. The DON stated nurses are trained upon hire and with routine education on security of medication carts. The DON stated possible harm to residents would be if a resident accessed the medication cart and took a medication that was not prescribed for them. The DON stated if a resident took a medication not prescribed for them there could have been adverse side effects. The DON stated locked medication carts were monitored by the two ADON's, herself and the ADMN. Review of facility's policy titled Security of Medication Cart dated Revised April 2007: Policy statement The medication cart shall be secured during medication passes. 1. The nurse must secure the medication cart during the medication pass to prevent unauthorized entry. (continued on next page)

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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	2. The medication cart should be parked in the doorway of the resident's room during the medication pass. The cart doors and drawers should be facing the resident's room. 3. When it is not possible to park the medication cart in the doorway, the cart should be parking in the hallway against the wall with doors and drawers facing the wall. Medication carts must be securely locked at all times when out of the nurse's view. 4. When the medication cart is not being used, it must be locked and parked at the nurses' station or inside the medication room.

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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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44722 Based on observations, interviews, and record reviews the facility failed to properly store, prepare, distribute, and serve food in accordance with professional standards for food service safety for 1 of 1 kitchen reviewed. The facility failed to ensure that spoiled food items were disposed of properly. These failures could place residents that eat out of the kitchen at risk for food borne illnesses. The findings included: During observation on [DATE] at 10:00 AM in the kitchen: Refrigerator 1) 2 cucumbers with a white substance on them 2) An unopened clear bag of broccoli that contained broccoli that had turned brown. 3) An unopened clear bag of lettuce that had turned brown. 4) A box that contained red bell peppers, 3 of the red bell peppers had black spots and soft spots on them. 5) A box that contained yellow bell peppers, 2 of the yellow bell peppers had black spots and soft spots on them. During an interview on [DATE] at 11:06 AM the DM stated her expectation was when food appeared to have spoiled it needed to be thrown out. The DM stated all kitchen staff were responsible to throw out food that was spoiled or expired, but she was ultimately responsible to ensure food had been discarded when it had spoiled. The DM stated that if residents were to receive spoiled food it could have caused them to become sick. The DM stated what led to failure was there had been some staff turnover and staff calling in and she had been working extra hours to cover shifts. During an interview on [DATE] at 1:13 PM the ADMN stated his expectation was that food that was spoiled or expired should be discarded. The ADMN stated the DM was responsible to ensure that spoiled food was discarded. The ADMN stated if residents received food that was spoiled it could cause food borne illness. The ADMN stated lack of oversight by the DM led to the failure of spoiled items not being discarded. Record review of facility policy titled, Receiving dated ,d+[DATE] revealed: Safe food handling procedures for time and temperature control will be in the transportation, delivery, and subsequent storage of all food items.

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44728 Based on observations, interviews and record reviews, 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 3 (CNA-E and LVN-F) staff observed during incontinent care and wound care. The facility failed to ensure that staff (CNA-E) performed proper peri-care (incontinent care) using improper hand hygiene for Resident #33. The facility failed to ensure that staff (LVN-F) performed proper wound care for Resident #33. These failures placed residents of the facility at risk of infections from incontinent care and wound care. Findings included: Record Review of Resident #33's Face Sheet dated 11/06/2024 revealed a [AGE] year-old male admitted on [DATE] and his original admission on 05/01/2024. Review of Resident #33's diagnoses revealed: Type 2 Diabetes, multiple Pressure Ulcer of unspecified stages, and Muscle Weakness. Record review of Resident # 33's MDS assessment dated [DATE] revealed, Section C- Cognitive Behavior a BIMS score of 08 (moderately impaired cognition). Section H-Bladder and Bowel, Indwelling catheter, and always incontinent. During observation and interview on 11/06/2024 at 10:04 AM, CNA-E had not changed her gloves or perform hand hygiene from dirty to clean during the peri care of Resident #33. CNA E was observed to touch the clean linens and to reposition the resident while wearing her soiled gloves. CNA E stated she was supposed to have done hand hygiene between dirty and clean gloves as well as not touching clean linens or the resident before taking her dirty gloves off. CNA-E stated there could have possibly been cross contamination between residents with the possibility of infections. Record Review of CNA-E's Perineal Care training dated 09/11/2024 revealed: CNA-E's performance Criteria was completed and met. During observation on 11/06/2024 at 10:41 AM, while having clean gloves on, LVN-F removed her unclean pen and unclean scissors from her scrub pant pockets and proceeded with performing wound care with dirty gloves for Resident #33. During an interview on 11/07/2024 at 2:17 PM, LVN-F stated she should have washed her hands and put on new gloves after she touched the pen and scissors from her pant pockets. She stated it could have caused crossed contamination between residents. LVN-F stated she should have had those items cleaned with other supplies needed for her wound care. Record Review of LVN-F's Wound Care Competency dated 09/09/2024 revealed: LVN-F's performance Criteria was completed and met. (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 11/07/2024 at 2:20 PM the DON stated the wound care staff should not have retrieved her pen and scissors out of her pocket. The DON stated in doing so, her clean gloves became contaminated prior to dressing the wound which could have been caused the wound to have been infected. The DON also stated, she monitored the staff and observed during rounds. She stated the negative impact for residents could have possibly led to infection or bacteria with distraction and nervousness being what led to the failure. The DON stated her expectations were for staff to have washed their hands between treatments when changing their contaminated gloves between procedures. She stated staff should not touch clean linen or touch resident with contaminated gloves . Record review of the policy titled Perineal Care dated 12/2011 revealed: Purpose: The purposes of this procedure are to provide cleanliness and comfort to the resident, to prevent infections and skin irritation, and to observe the resident skin condition. Precedure : .12. Remove gloves and discard into designated container. Wah and dry your hands thoroughly. 13. Put on clean gloves and place new brief and secure in place 18. Remove gloves, and 19. Wash and dry your hands thoroughly. Record review of the policy titled Wound Care dated with 12/2011 revealed: Purpose: The purpose of this procedure is to provide guidelines for the care of wounds to promote healing .6. Put on gloves. 7. Use no-touch technique 14. Be certain all clean items are on clean field