STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	676409	A. Building B. Wing	02/28/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Brazos of Waco	2430 Market Place Drive Waco, TX 76711

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 0623 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide timely notification to the resident, and if applicable to the resident representative and ombudsman, before transfer or discharge, including appeal rights. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44700 Based on interview and record review, the facility failed to inform the Responsible Party of a decision to transfer a resident to another facility for one (Resident #9) of one resident reviewed for notification of changes, in that: The facility failed to ensure Resident #9's Responsible Party was involved in the decision to transfer her to another facility. This failure placed residents at risk of not having their preferred responsible party represent them in medical and care decisions. Findings included: Review of Resident #9's face sheet reflected a [AGE] year-old female admitted to the facility on [DATE] with diagnoses including: Intellectual Disability, Bipolar Disorder (mood swing disorder), General Anxiety Disorder, Muscle Wasting and Atrophy, Mood Disorder, History of Falls, Type 2 Diabetes (blood sugar regulation disorder), and Hypertension (high blood pressure). Resident #9's face sheet further revealed she had a legal guardian as her RP. Review of Resident #9's admission MDS assessment dated [DATE] reflected a BIMS of 6 suggesting severe cognitive impairment. Review of Resident #9's undated Care Plan reflected the problem Baseline Care Plan with goal: #8 Discharge plans will be identified. Resident does not have any plans to discharge and Approach: Complete discharge evaluation and plan. Provide to resident and legal guardian. Review of Resident #9's progress note dated 2/13/2024 at 4:34 pm written by SW reflected Resident referral sent to [other NF] following guardian's approval. Social Worker to follow up on referral. No other needs or referrals at this time. Review of progress note dated 2/19/2024 at 6:52 pm reflected Resident discharged to [other NF] with all belongings at 5:15 pm [other NF] transportation. Report called to LVN at [other NF]. Further review of progress notes reflected no entries related to the notification of Resident #9's RP that a referral was accepted, or that RP gave approval for discharge. (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

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F 0623 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 2/27/2024 at 11:00 am Resident #9's RP stated the facility SW had contacted him on 2/13/2024 and stated Resident #9 was having behaviors, so he had given the SW permission to send out referral packets to other NF but that the facility needed to check back with him before transferring her out. He stated a week later he received a call from the other NF regarding signing some papers for Resident #9. He stated he did not know Resident #9 had been moved and no one called him to get approval. He stated he did not give the approval to move [Resident #9] and he never had the chance to make that decision. They just moved her. During an interview on 2/27/2024 at 11:12 am, the SW stated Resident #9 was having a lot of behaviors, so she had reached out to the RP and the RP agreed to a referral to another NF. She sent the referral out to the other NF on 2/13/2024 and then she was out sick after that. She stated the Admission Coordinator picked up on the referral but did not know if the RP was contacted once the referral wa accepted. She stated she did not return to work until 2/19/2024. During an interview on 2/27/2024 at 11:20 am, ADMC stated the other NF contacted her via text on 2/14/2024 and let her know Resident #9 had been accepted for admission. She stated she texted their NF group chat that Resident #9 had been accepted but could not move until 2/19/2024. She stated she had not notified the RP that Resident #9 was accepted as she assumed the SW was in communication with the other NF. She stated she had notified the SW that Resident #9 had been accepted and SW sent discharge orders. During another interview on 2/27/2024 at 11:28 am, the SW stated she assumed since it was put in the group chat that Resident #9 had been accepted that someone had a conversation with the RP. She stated usually it was her responsibility to notify the RPs if referrals had been accepted and get approval from the RPs to transfer residents, but she was out sick and assumed someone else had taken care of it. During an interview on 2/27/2024 at 12:10 pm, the AD stated their facility SW initiated the whole discharge/transfer conversation with the RP for Resident #9. The AD stated Resident #9's RP had given approval for the referral and the referral had been accepted by the other NF; then the transfer was arranged for Monday 2/19/2024. She stated their facility SW was working under the assumption that the RP had been notified since a date and pick up time had been arranged and because the RP had given approval for the referral to be sent over to the other NF. Review of Facility policy Resident Rights dated 11/1/2017 revealed Policy: 1. The facility staff will promote a quality of life for patients/residents that support independent expression, choice, and decision making, consistent with applicable law and regulation. Further revealed Procedures: 18. Facility staff encourages the patient/resident to make choices that are significant to him/her.

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F 0809 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure meals and snacks are served at times in accordance with resident's needs, preferences, and requests. Suitable and nourishing alternative meals and snacks must be provided for residents who want to eat at non-traditional times or outside of scheduled meal times. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46708 Based on observation, interview, and record review, the facility failed to ensure that each resident received, and the facility provided at least three meals daily, at regular times comparable to normal mealtimes in the community for five (Resident #1, Resident #2, Resident #3, Resident #4, and Resident #5) out of five residents reviewed for timely meals, in that: Resident #1 did not get his lunch tray on time, and he was hungry. Resident #2 sometimes did not get breakfast before she left for dialysis. Resident #3 felt unimportant and hungry when he did not get his meals on time. Resident #4 received her meal late. Resident #5 felt lossy when she did not get her meals on time. The failures placed residents at risk of unplanned weight loss, altered nutritional status, decreased feelings of self-worth. Residents had a diminished quality of life because getting their meals late made 1 (one) resident feel unimportant, 2 (two) residents feel hungry, and 1 (one) resident feel lossy. Findings included: Review of Resident #1's undated face sheet reflected a [AGE] year-old male with current admission to facility on 12/02/2023 and last admitted to the facility on [DATE] with diagnoses including spastic hemiplegia (a type of cerebral palsy that causes muscle tightness and involuntary contractions in the limbs and extremities on one side of the body) affecting left nondominant side, personal history of traumatic brain injury, cognitive communication deficit, other specified disorders of brain, muscle wasting and atrophy, and muscle weakness. Review of Resident #1's annual MDS assessment, dated 12/12/2023, reflected a BIMS of 14, indicating no cognitive impairment. Resident #1 required substantial/maximal assistance with eating, helper lifts or holds trunk or limbs and provides more than half the effort. Review of Resident #1's quarterly care plan, dated 12/14/23, reflected he was at risk for malnutrition and/or dehydration related to: Personal history of traumatic brain injury, depression, vitamin D deficiency, provide diet as ordered by physician: house finger foods diet. Review of Resident #2's undated face sheet reflected a [AGE] year-old female with current admission to facility on 08/09/2022 and last admitted to the facility on [DATE] with diagnoses including hypotension (low blood pressure), Type 2 diabetes mellitus (inadequate control of blood levels of glucose), end stage renal disease , and genetic related intellectual disabilities. (continued on next page)

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F 0809 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Review of Resident #2's annual MDS assessment, dated 12/18/2023, reflected a BIMS of 15, indicating no cognitive impairment. Review of Resident #2's quarterly care plan, dated 08/17/2022 revealed Resident #2 is at risk for malnutrition and/or dehydration related to: end stage renal disease with dialysis, hyperkalemia ; non-compliant to diet and fluid restrictions; morbid obesity. Provide resident with Renal, CCHO diet, large portions with 1200 cc fluid restriction while honoring food and beverage preferences as feasible. Review of Resident #3's undated face sheet reflected a [AGE] year-old male with current admission to facility on 08/19/2021 and last admitted to the facility on [DATE] with diagnoses including cerebral infarction (disruption of blood flow to the brain), difficulty in walking, abnormalities of gait and mobility, muscle wasting and atrophy, multiple sites, need for assistance with personal care, limitation of activities due to disability, long term (current) drug therapy, congestive heart failure, hemiplegia (paralysis on one side of the body) and hemiparesis (weakness or the inability to move on one side of the body). Review of Resident #3's annual MDS assessment, dated 01/05/2024, reflected a BIMS of 15, indicating no cognitive impairment. Review of Resident #4's undated face sheet reflected a [AGE] year-old female with current admission to facility on 12/14/2023 with diagnoses including end stage renal disease, obesity, diabetes mellitus, dependence on renal dialysis, unsteadiness on feet, chronic kidney disease and congestive heart failure . Review of Resident #4's quarterly care plan, dated 12/19/2023 revealed the resident was at risk for malnutrition and/or dehydration related to end stage renal disease; dependence on renal dialysis; diabetes mellitus due to underlying condition with diabetic chronic kidney disease. Review of Resident #5's undated face sheet reflected an [AGE] year-old female with current admission to facility on 09/23/2022 and last admitted to the facility on [DATE] with diagnoses including dementia, abnormalities of gait and mobility, generalized anxiety disorder, lack of coordination, migraine, and cerebral infarction (disruption of blood flow to the brain). Review of Resident #5's quarterly care plan, dated 08/17/2022 revealed Resident #5 was at risk for malnutrition and/or dehydration related to unspecified dementia, mild protein-calorie malnutrition, hyperlipidemia. She has had family members pass away recently and has reported an intentional weight loss to the speech therapist. Observation on 2/28/2024 at 2:50 PM of the posted Meal Service Times in the dining room revealed the following: Breakfast - 7:30 AM Lunch - 12:00 PM Dinner - 5:00 PM (continued on next page)

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F 0809 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Observation on 02/28/24 at 1:00 PM revealed 6 residents in the dining room and no lunch trays served. Observation on 02/28/24 at 1:15 PM revealed lunch meal trays being delivered on the 300 hall. No other hallways received trays. Observation on 02/29/2024 at 7:48 PM revealed no breakfast trays in the dining room or any of the hallways. Observation on 02/29/2024 at 8:05 AM revealed Resident #3 did not have his breakfast tray. Observation on 02/29/2024 at 8:24 AM revealed Resident #4 did not have her breakfast tray. Interview on 02/28/24 with RA C at 1:51 PM revealed the facility had been late serving meals for a couple of months. The meals were late, and the residents were agitated and upset. RA C revealed that Resident #1 got upset about the food being late and she had witnessed him hit the wall with his fist and had witnessed him start cussing when he did not have his tray. Interview on 02/28/2024 with the ADC at 12:45 PM revealed she has had residents complain that the food was served late. Interview on 02/29/2034 with 3:06 pm MA B revealed meals are always late, most of the times an hour late. She revealed that the residents didn't really like that their food comes out so late, and they were really upset about it. Interview and observation on 02/28/24 at 1:00 PM with Resident #1 revealed he was sitting in the dining room, and he had no lunch tray. The surveyor overhead him asking a staff member in the dining room if she could get him a lunch tray. When the surveyor asked if he asked for a lunch tray he said yes. He said he was starving and very hungry. He said he must wait for food all the time. Interview on 02/29/2024 at 8:34 AM Resident #2 said the staff always brought her meals late and the meals were always cold. She said she had to be ready to go to dialysis at 9:00 AM and sometimes she has gone without eating until she gets back from dialysis then dinner is late. She said she has gone all day without eating until dinner . When asked how this makes her feel she said was is the normal routine and she is used to it. Interview on 02/29/2023 at 8:05 AM with Resident #3 revealed, when asked when his meals were served, breakfast was around 9:00 - 9:30 AM, lunch is 1:00 - 1:30 PM, and dinner was served around 6:00 - 6:30 PM. When asked how this made him feel, he said he gets hungry, and it made him feel like he was not very important. Interview on 02/29/2024 at 3:18 PM with Resident #5 revealed, when asked when her meals are served, she said breakfast was usually at 9:00 AM, lunch could be at 1:00 PM, and dinner could be 6:00 PM. When asked how she felt about the meals being served late she gave the thumbs down gesture and said it had been going on for about 2 years and she has spoken about it in resident council meetings and people had been vocal about it. She said it made her feel lousy because by the time they get their meals, it was late, and the food was cold. She said she felt this had fully been discussed with the Administrator. (continued on next page)

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F 0809 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Interview on 02/29/2024 with the Administrator at 4:57 PM who revealed, when told that residents and staff had made statements that meals are served late and that the surveyor observed that meals are served after the posted mealtimes, the Administrator said she did not believe meals had been served late. Facility Nutrition Policies and Procedures dated 06/2023 reflects serve meals at the times specified/posted.

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F 0810 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide special eating equipment and utensils for residents who need them and appropriate assistance. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46708 Based on observation, interview, and record review the facility failed to provide special eating equipment and utensils for residents who need them and appropriate assistance to ensure that the resident can use the assistive devices when consuming meals and snacks for 4 (four) residents (Residents #1, #6, #7, and 8) of five residents reviewed. The facility failed to provide Resident #1 with finger foods. The facility failed to provide Resident #6 with a built-up fork, built- up spoon, a right-angled fork, a right-angled spoon, and a two handled cup. (Built up utensils are designed with molded plastic handles to assist individuals with limited or weakened grasping strength. They are non-slip utensils to allow maximum control with minimum effort during mealtimes.) The facility failed to provide Resident #7 with a built-up fork and a built-up spoon. The facility failed to provide Resident #8 with a weighted spoon and a weighted fork. (Weighted utensils provide weight to help stabilize hand and arm movements for those who experience tremors or shakes when eating.) This failure put residents at risk for decreased fluid intake, dehydration, and decreased quality of life. Findings included: Review of Resident #1's undated face sheet reflected a [AGE] year-old male with current admission to facility on 12/02/2023 and last admitted to the facility on [DATE] with diagnoses including spastic hemiplegia (a type of cerebral palsy that causes muscle tightness and involuntary contractions in the limbs and extremities on one side of the body) affecting left nondominant side, personal history of traumatic brain injury, cognitive communication deficit, other specified disorders of brain, muscle wasting and atrophy, and muscle weakness. Review of Resident #1's annual MDS assessment, dated 12/12/2023, reflected a BIMS of 14, indicating no cognitive impairment. Resident #1 required substantial/maximal assistance with eating, helper lifts or holds trunk or limbs and provides more than half the effort. Review of Resident #1's quarterly care plan, dated 12/14/23, reflected he was at risk for malnutrition and/or dehydration related to: Personal history of traumatic brain injury, depression, vitamin D deficiency, provide diet as ordered by physician: house finger foods diet. Review of Resident #6's undated face sheet reflected an [AGE] year-old female with admission to facility on 01/30/2022 and last admitted to the facility on [DATE] with diagnoses including cerebral infarction (disruption of blood flow to the brain), lack of coordination, speech and language deficits, abnormalities of gait and mobility, and cognitive communication deficits. (continued on next page)

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F 0810 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Review of Resident #6's annual MDS assessment, dated 02/02/2024, reflected a BIMS of 3, indicating severe cognitive impairment . Review of Resident #7's undated face sheet reflected a [AGE] year-old female with admission to facility on 05/25/2018 and last admitted on [DATE] with diagnoses including acute pyelonephritis (a bacterial infection causing inflammation of the kidneys) osteomyelitis (an inflammation of swelling of bone tissue that is usually the result of an infection) of vertebra, sacral (located below the lumbar spine and above the tailbone) and sacrococcygeal (pertaining to both the sacrum and coccyx (the tailbone) region and speech and language deficits. Review of Resident #7's annual MDS assessment, dated 01/20/2024, reflected a BIMS of 14, indicating no cognitive impairment. Resident #7 required set up care for eating. Review of Resident #7's quarterly care plan, dated 09/13/2022, reflected she was at risk for malnutrition and/or dehydration related to multiple sclerosis; inadequate oral intake; unspecified and protein-calorie malnutrition . Review of Resident #8's undated face sheet reflected a [AGE] year-old male with admission to facility on 7/15/202 and last admitted to the facility on [DATE] with diagnoses including Metabolic encephalopathy (a problem in the brain), acute respiratory disease, memory deficit following other cerebrovascular disease, cognitive social or emotional deficit following other cerebrovascular disease, Dry eye syndrome (a condition that affect the blood flow and the blood vessels in the brain) generalized anxiety disorder, and muscle wasting and atrophy. Review of Resident #8's annual MDS assessment, dated 07/22/2022, reflected a BIMS of 3, indicating severe cognitive impairment. Resident required subversion, oversight, encouragement or cueing with feeding and a one-person physical assist. Review of Resident #8's quarterly care plan, dated 02/06/2024 eating deficit at admission: ability to use utensils- weighted- to get food to mouth and swallow food requires resident has an order for large portions, supervision/touch assistance. Review and observation on 02/28/2024 at 8:50 AM of Resident #1's breakfast food tray ticket revealed finger food. Resident #1's breakfast food ticket listed cereal of choice, scrambled egg, sausage links , juice of choice, beverage of choice and coffee. The surveyor observed Resident #1's food tray contained scrambled eggs, bacon, and juice. The surveyor observed scrambled eggs spilled and scattered on the dining table and floor . Review and observation on 02/28/2024 at 8:30 AM of Resident #6's breakfast food tray ticket revealed a built-up fork, build-up spoon, right-angled fork (to assist with ease of eating), right-angled spoon and two handled cup. No built-up fork, build-up spoon, right-angled fork, right-angled spoon and two handled cup were observed for Resident #6 . Review and observation on 02/28/2024 at 1:30 PM of Resident #6's lunch food tray ticket revealed a built-up fork, build-up spoon, right-angled fork, right-angled spoon and two handled cup. No built-up fork, build-up spoon, right-angled fork, right-angled spoon and two handled cup were observed for Resident #6. The surveyor made an attempt to speak with Resident #6, but she did not respond to surveyor . (continued on next page)

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F 0810 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Review, observation, and interview on 02/28/2024 at 1:36 PM of Resident #7's lunch food tray ticket revealed a built-up fork, build-up spoon. No built-up fork or build-up spoon were observed for Resident #6 . The Surveyor observed Resident #7 eating the broccoli with her hands. When the surveyor asked Resident #7 if she usually had a fork or a spoon that made it easier for her to eat, she said she did, but she did not know where they were. Review, observation, and interview on 02/28/2024 at 8:40 AM of Resident #8's breakfast food tray ticket revealed a weighted spoon and weighted fork. No weighted spoon and weighted fork were observed for Resident #8. The surveyor observed Resident #8 alone in his room. The surveyor observed scrambled eggs spilled and scattered on the table where Resident #8's tray was placed, and scattered on the floor. The surveyor made an attempt to speak with Resident #8, but he did not respond to surveyor about questions concerning utensils but said he enjoyed the food. Review, observation, and interview on 02/28/2024 at 12:39 AM of Resident #8's lunch food tray ticket revealed a weighted spoon and weighted fork. No weighted spoon and weighted fork were observed for Resident #8. The surveyor observed Resident #8 alone in his room. The surveyor made an attempt to speak with Resident #8, but he did not respond to the surveyor about questions concerning utensils but said he liked the food very much. Interview on 02/29/2024 with the DON at 1:07 PM revealed that it would be problem for residents if they did not have the adaptive utensils listed on their tray tickets when they ate. Residents requiring those utensils would not be able to eat very well and might not get enough adequate nutrition. When asked if she felt that scrambled eggs were a finger food, she said no, and it could be a dignity issue to the resident to eat scrambled eggs with their hands because scrambled eggs can't be eaten with fingers. Interview on 02/29/2024 with the AD at 4:57 PM revealed meal tickets are supposed to show what is on the residents' tray and it was the responsibility of the kitchen to make sure that residents have the adaptive equipment that was listed on the residents' tray tickets. If residents did not have adaptive devices to eat, it could be difficult for them to eat. When asked if she thought eggs were a finger food, she said, it depended on how dense the eggs were cooked. Review of the facility Nutrition Policies and Procedures dated 06/20/2023 revealed check each tray for accuracy to ensure the diet order and tray ticket is followed.

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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 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** 44700 Based on observation, interview, and record review, the facility failed to establish and 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 two (2) of 2 residents (Resident #10 and Resident #11) reviewed for blood sugar checks. LVN A failed to use a clean gauze to wipe Resident #10's and Resident #11's fingers after the blood sample was taken for a blood glucose check. LVN A failed to properly clean Resident #11's skin surface before administering insulin. This failure could result in the spread of diseases to residents which could result in decreased quality of life, illness, and hospitalization . Findings include: Review of Resident #'10's face sheet dated 2/28/2024 reflected a [AGE] year-old male admitted to the facility on [DATE] with diagnoses that included: Traumatic Brain Injury, Sepsis (systemic infection), Dysphagia (difficulty swallowing), Type 2 Diabetes (blood sugar disorder), Hypertension (high blood pressure) and Cerebrovascular Disease. Review of Resident #10's quarterly MDS dated [DATE] reflected a BIMS of 14 suggesting resident was cognitively intact. Review of Resident #11's face sheet dated 2/28/2024 reflected an [AGE] year-old female admitted on [DATE] with diagnoses that included: Type 2 Diabetes, Hypertension, Angina pectoris (chest pain), Dementia (progressive memory loss disease), Hypothyroidism, Dysphagia, Cognitive Communication Deficit and Muscle Wasting and Atrophy. Review of Resident #11's annual MDS dated [DATE] reflected a BIMs of 13 suggesting resident was cognitively intact. During an observation on 2/28/2024 at 11:45 am, revealed LVN A performed a blood sugar check on Resident #10 by wiping his finger with an alcohol pad, performing the finger prick, collecting the blood drop sample and then re-used the alcohol pad to apply to his finger after the drop of blood was collected. During an observation on 2/28/2024 at 11:52 am, revealed LVN A performed a blood sugar check on Resident #11 by cleaning the resident's finger with an alcohol pad, performing the finger prick, collecting the blood drop sample and then re-used the alcohol pad to apply to her finger after the drop of blood was collected. Additionally, on 2/28/2024 at 12:03 pm, LVN A was observed prepping the abdominal skin area for the insulin injection by wiping the skin with an alcohol prep pad in a back-and-forth motion across the site to be used. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	676409	A. Building B. Wing	02/28/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Brazos of Waco	2430 Market Place Drive Waco, TX 76711

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	During an interview on 2/28/2024 at 12:05 pm, LVN A stated she had been a nurse a long time and had received training on how to check a resident's blood sugar and how to administer insulin injections. She stated she had been trained to clean injection sites using an alcohol prep pad in a circular motion from inside the circle to out but had been using the back and forth wiping motions for years and that was how I typically clean the fingers or administration site. LVN A stated she had been trained to use a clean gauze to put on the resident's finger after the blood sample was collected, but she often reused the alcohol pad on a resident's finger when she was finished collecting the blood sample for the glucose check. LVN A stated not cleaning the administration sites properly or reusing the alcohol pad can cause a risk of infections to residents. During an interview on 2/28/2024 at 12:40 pm, the DON stated proper cleaning of an injection site was done in a circular pattern from inside out and that a back-and-forth motion would not meet her expectations. She stated it was okay for nursing staff to dry a finger with a gauze pad, but it was not acceptable to reuse an alcohol pad or reuse a gauze pad on a resident's finger. She stated improperly cleaning an injection site or reusing an alcohol prep pad would be an infection control issue. During an interview on 2/29/2024 at 4:30 pm, the Clinical Services Director provided a blood glucose monitoring procedure and informed the investigator that this is the procedure we follow when performing blood sugar checks. She clarified they did not have their own procedure and followed the textbook provided procedure. Record review of Lippincott's undated blood glucose Monitoring Procedure, pages 78 and 79 revealed: clean the puncture site with an alcohol pad and allow it to dry completely. After collecting the blood sample, apply firm pressure to the puncture site to stop the bleeding. Review further revealed Complications: False results from improper collection may lead to inappropriate treatment or lack of treatment. Record Review of facility policy Medication Management dated May 5, 2023, stated: #13 The authorized staff member administers medications according to accepted standards of practice and in compliance with regulatory requirements. Record review of facility policy Infection Prevention and Control Policies and Procedures dated 5/15/2023, reflected: Purpose: To establish a facility wide program that incorporates a system for preventing, identifying, reporting, investigating, and controlling infections and communicable disease. The program covers all residents, staff, consultants, students .volunteers, visitors, and other individuals by providing services under a contractual agreement and is based on the individual facility assessment following accepted national standards.