

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  676461	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  09/25/2024
NAME OF PROVIDER OR SUPPLIER  Country View Living		STREET ADDRESS, CITY, STATE, ZIP CODE  701 Butler Blvd. Dimmitt, TX 79027	

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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48161</b></p> <p>Based on interviews and record review, it was determined the facility failed to ensure that in accordance with accepted professional standards and practices, the facility must maintain medical records on each resident that are complete, accurately documented, and readily accessible for 2 of 15 residents reviewed for clinical records (Resident #18 And Resident #20) in that:</p> <ol style="list-style-type: none"> <li>1. The facility failed to ensure Resident #18's oxygen therapy was documented in her care plan.</li> <li>2. The facility failed to ensure the correct interventions were documented in Resident #20's care plan relating to his hydration and cardiovascular health.</li> </ol> <p>The facility's failure placed residents requiring care at risk for incorrect or omitted treatment, duplicated treatments, poor self-esteem and self-worth, and a failure to ensure continuity of care.</p> <p>Findings included:</p> <p>Record review of Resident #18's face sheet dated 09/24/24 reflected a [AGE] year-old female admitted to the facility on [DATE] with diagnoses that included but not limited to Alzheimer's disease, personal history of Covid 19, chronic obstructive pulmonary disease and hypertensive heart disease with heart failure.</p> <p>Record review of Resident #18's Annual MDS assessment dated [DATE] reflected Resident #18 had a BIMS score of 00 out of 15 indicating she had severe cognitive impairment. The MDS Assessment revealed she received oxygen therapy.</p> <p>Record review of Resident #18's revised care plan dated 08/30/2024 did not have any documentation related to oxygen therapy.</p> <p>Record review of Resident #18's active physician orders revealed resident may use oxygen @ 2 liters per nasal canula as needed for shortness of breath.</p> <p>Record review of Resident #20's face sheet dated 09/24/2024 reflected a [AGE] year-old male admitted to the facility on [DATE] had diagnoses that included but not limited to type 2 diabetes, mellitus without complications, chronic kidney disease and congestive heart failure.</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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Record review of Resident #20's quarterly MDS assessment dated [DATE] revealed Resident #20 had a BIMS score of 15 out of 15 indicating his cognition was intact.</p> <p>Record review of Resident #20's care plan dated 08/02/2024 revealed Resident #20 had cardiovascular status related to hyperlipidemia with interventions of fluid restrictions of 1.5 liters each day-date initiated on 05/03/2024.</p> <p>Record review of Resident #20's physician orders dated 05/03/2024 revealed an order for fluid restriction 1.5 liters each day discontinued on 09/06/2024.</p> <p>In an interview and observation on 09/24/2024 at 8:42 AM, Resident #20 stated he liked to drink milk, and he was able to have milk and juice in his personal refrigerator. Observation of Resident #20's personal refrigerator revealed several cartons of milk and juice in refrigerator.</p> <p>In an observation on 09/24/2024 at 2:40 PM, Resident #18 was sleeping in her bed, oxygen tank in room, Resident #18 was not utilizing the oxygen.</p> <p>In an interview on 09/25/2024 at 9:07 AM, RN B was looking at Resident #20's active orders and could not find any orders for fluid restriction. RN B found the discontinued orders for fluid restriction dated 09/06/2024. RN B stated the MDSC was responsible for ensuring accuracy of records and stated a possible negative outcome for not having accurate records could cause a resident's care not to be effective.</p> <p>In an interview on 09/25/2024 at 9:39 AM, the MDSC stated she and the DON were responsible for ensuring resident records were accurate. The MDSC stated she was not sure how she missed putting the information for oxygen therapy in Resident #18's care plan. The MDSC stated a possible negative outcome for not having accurate records could impact a resident's quality of care.</p> <p>In an interview on 09/25/2024 at 9:51 AM, the DON stated she was responsible for monitoring accuracy of documentation. The DON stated a possible negative outcome for not having accurate records could cause residents to be at risk for something bad to happen.</p> <p>Record review of Charting and Documentation policy revised on July 2017 revealed the following:</p> <p>.All services provided to the resident, progress toward the care plan goals, or any changes in the resident's medical, physical, functional or psychosocial condition, shall be documented in the resident's medical record. The medical record should facilitate communication between the interdisciplinary team regarding the resident's condition and response to care .</p> <p>.Documentation in the medical record will be objective (not opinionated or speculative), complete, and accurate .</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>31882</p> <p>Based on observation, , and record review, the facility failed to store, prepare, and serve food under sanitary conditions in 1of 1 kitchen when they failed to:</p> <p>A. Ensure staff wore a hair restraint while working in the kitchen.</p> <p>B. Ensure stored food was properlycontained and sealed to air after use.</p> <p>These failures placed all residents who ate food served by the kitchen at risk of cross contamination and food-borne illness.</p> <p>Findings included:</p> <p>In an observation on 9/23/24 at 9:20 am the following items in the freezer were observed unsecured and open to air.</p> <ol style="list-style-type: none"> <li>1. a box of frozen churro sticks,</li> <li>2. a brown bag of frozen french fries, not in the original box,</li> <li>3. a box of frozen cobbler crust dough sheets,</li> <li>4. a box of frozen fried eggs</li> </ol> <p>An observation on 9/24/24 at 11:00 am revealed the same issues in the freezer with no corrections.</p> <p>An observation on 9/25/24 at 1:20 pm revealed FS A was in the cleaning preparation area cleaning the steam table with no hairnet covering her hair. FS A stated she had just forgotten to put it on her hair.She stated she had been trained to wear her hair net at all times in the kitchen. She stated the consequences of her not having a hair net on could cause food borne illness to the residents.</p> <p>In an observation and interview on 9/25/24 at 1:30 pm the Food Service Supervisor (FSS) stated she did observe the FS A without a hairnet on at the same time this writer did. She stated she had trained kitchen staff on the use of hairnets and expected all staff to wear hairnets at all times in the kitchen. Observations of the freezer with the FSS revealed the same boxes of frozed foods were still unsecured and open to air. The FSS stated she expected all staff to secure and store all foods properly and stated all staff had been trained on how to store foods. She stated cross contamination and food borne illness could be a consequence of not securing foods in the freezer.</p> <p>Record review of the facility's policy titled 'Food Safety' dated April, 2021, documented opened packaged food or leftover food is to be tightly wrapped and / or covered in clean air tight containers, labeled dated and stored properly.</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>Record review of the facility policy titled 'Dietary Services Personnel Guidelines' dated March 2021 documented hair must be covered with a hairnet at all times.</p>