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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 676346 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | (X3) DATE SURVEY COMPLETED 03/12/2020 |
| NAME OF PROVIDER OF SUPPLIER SENIOR CARE OF EDINBURG | | STREET ADDRESS, CITY, STATE, ZIP 4503 S SUGAR RD EDINBURG, TX 78539 | |
| 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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| F 0756 Level of harm - Minimal harm or potential for actual harm Residents Affected - Some | <p>Ensure a licensed pharmacist perform a monthly drug regimen review, including the medical chart, following irregularity reporting guidelines in developed policies and procedures.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on record review and interview, the facility failed to ensure any drug regimen irregularities reported by the Pharmacist Consultant were acted upon, for one Resident (R#95) of 32 residents whose medications were reviewed, in that: The facility's Pharmacist Consultant recommended a GDR for R#95's use of [MEDICATION NAME] (antipsychotic medication). The facility did not obtain a detailed rationale from R#95's Physician for declining the recommendation. This failure could place residents receiving psychoactive medications at risk for adverse drug consequences. The findings were: Record review of R#95's Admission Record revealed R#95 was a [AGE] year-old female who was admitted to the facility on [DATE]. R#95's [DIAGNOSES REDACTED]. Record review of R#95's Physician Orders, dated 03/12/20, revealed orders for: -[MEDICATION NAME] tablet, 5 mg ([MEDICATION NAME]). Give one tablet by mouth at bedtime for delusional disorder. Start date was 12/13/19. -Behavior Monitoring for delusions: Document number of times resident has exhibited the behavior during shift. Start date was 10/23/19. -Behavior monitoring for restlessness: Document number of times resident has exhibited the behavior during shift. Start date was 11/21/19. Record review of R#95's quarterly MDS assessment, dated 03/03/20, revealed R#95: -was cognitively intact, -exhibited no behavioral symptoms, -exhibited no delusions (conceptions or beliefs that are firmly held, contrary to reality), and -received anti-psychotic and anti-depressant medications. Record review of R#95's care plan revealed: - (R#95) uses [MEDICAL CONDITION] medications r/t behavior management of delusions, restlessness. Interventions included: - Administer [MEDICAL CONDITION] medications as ordered by physician. Monitor for side effects and effectiveness Q-shift. Date initiated was 11/22/19. -Consult with pharmacy, MD to consider dosage reduction when clinically appropriate at least quarterly. Date initiated was 11/22/19. Record review of the MARS for R#95, dated from 03/01/20 to 03/31/20, revealed: -[MEDICATION NAME] ([MEDICATION NAME]) 5 mg tablet was administered from 03/01/20 to 03/11/20. -Behavior monitoring for delusions and restlessness episodes were zero (none) from 03/01/20 to 03/11/20. Record review of Pharmacist Consultations revealed a recommendation letter titled, Consultation Report, dated 12/05/19, for R#95. The letter was addressed to R#95's Physician: (R#95) has a [DIAGNOSES REDACTED]. Please attempt a gradual dose reduction (GDR) to [MEDICATION NAME] 2.5 mg po HS with the end goal of discontinuation, while concurrently monitoring for emergence of target symptoms. Physician's Response: I decline the recommendation(s) above, and do not wish to implement any changes due to the reasons below: Patient needs this medicine. The Consultation Report dated 12/05/19 was signed by R#95's physician and was not dated. In an interview on 03/12/20 at 2:02 p.m., the DON said she informed R#95's Physician that he needed to give a more complete rationale for declining the Pharmacist Consultant's recommendations. The DON said the rationale R#95's Physician provided was not a complete rationale for declining the GDR the Pharmacist Consultant had recommended. In an interview on 03/10/20 at 11:44 a.m., R#95 said she would like to leave the facility and go live with her family member. Record review of the facility's undated, [MEDICAL CONDITION] Drug Use Policy revealed: With the assistance of the prescribing physician and pharmacy consultant reviews, the facility will make an effort to prevent residents from the use of unnecessary drugs. Unnecessary drugs are drugs that are used: Without adequate indications for its use. Gradual dose reduction recommendations from the pharmacy consultant will also be presented to the prescribing physician in an effort to avoid use of unnecessary drugs. Review of the website at www.drugs.com revealed: Risk of death is increased in elderly patients with dementia-related [MEDICAL CONDITION] treated with antipsychotic drugs. Although the causes of death in clinical trials were varied, most of the deaths appeared to be either cardiovascular (e.g., heart failure, sudden death) or infectious (e.g., pneumonia) in nature. [MEDICATION NAME] is not approved for the treatment of [REDACTED].</p> | | |
| F 0758 Level of harm - Minimal harm or potential for actual harm Residents Affected - Some | <p>Implement gradual dose reductions(GDR) and non-pharmacological interventions, unless contraindicated, prior to initiating or instead of continuing psychotropic medication; and PRN orders for psychotropic medications are only used when the medication is necessary and PRN use is limited.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on interview and record review, the facility failed to ensure residents who used [MEDICAL CONDITION] drugs received gradual dose reductions, unless clinically contraindicated, in an effort to discontinue these drugs, for one Resident (R#95) of five residents reviewed for [MEDICAL CONDITION] medications. The facility did not ensure R#95 received a gradual dose reduction for the use of [MEDICATION NAME] (antipsychotic medication). This failure could affect all residents on [MEDICAL CONDITION] medications by placing them at risk of decline in physical and psychosocial health. Findings include: Record review of R#95's Admission Record revealed R#95 was a [AGE] year-old female who was admitted to the facility on [DATE]. R#95's [DIAGNOSES REDACTED]. Record review of R#95's Physician Orders, dated 03/12/20, revealed orders for: -[MEDICATION NAME] tablet, 5 mg ([MEDICATION NAME]). Give one tablet by mouth at bedtime for delusional disorder. Start date was 12/13/19. -Behavior Monitoring for delusions: Document number of times resident has exhibited the behavior during shift. Start date was 10/23/19. -Behavior monitoring for restlessness: Document number of times resident has exhibited the behavior during shift. Start date was 11/21/19. Record review of R#95's quarterly MDS assessment, dated 03/03/20, revealed R#95: -was cognitively intact, -exhibited no behavioral symptoms, -exhibited no delusions (conceptions or beliefs that are firmly held, contrary to reality), and -received anti-psychotic and anti-depressant medications. Record review of R#95's care plan revealed: - (R#95) uses [MEDICAL CONDITION] medications r/t behavior management of delusions, restlessness. Interventions included: - Administer [MEDICAL CONDITION] medications as ordered by physician. Monitor for side effects and effectiveness Q-shift. Date initiated was 11/22/19. -Consult with pharmacy, MD to consider dosage reduction when clinically appropriate at least quarterly. Date initiated was 11/22/19. Record review of the MARS for R#95, dated from 03/01/20 to 03/31/20, revealed: -[MEDICATION NAME] ([MEDICATION NAME]) 5 mg tablet was administered from 03/01/20 to 03/11/20. -Behavior monitoring for delusions and restlessness episodes were zero (none) from 03/01/20 to 03/11/20. Record review of Pharmacist Consultations revealed a recommendation letter titled, Consultation Report, dated 12/05/19, for R#95. The letter was addressed to R#95's Physician: (R#95) has a [DIAGNOSES REDACTED]. Please attempt a gradual dose reduction (GDR) to [MEDICATION NAME] 2.5 mg po HS with the end goal of discontinuation, while concurrently monitoring for emergence of target symptoms. Physician's Response: I decline the recommendation(s) above, and do not wish to implement any changes due to the reasons below: Patient needs this medicine. The Consultation Report dated 12/05/19 was signed by R#95's physician and was not dated. In an interview on 03/12/20 at 2:02 p.m., the DON said she informed R#95's Physician that he needed to give a</p> | | |
| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | | TITLE | (X6) DATE |

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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| F 0758 Level of harm - Minimal harm or potential for actual harm Residents Affected - Some | <p>(continued... from page 1)</p> <p>more complete rationale for declining the Pharmacist Consultant's recommendations. The DON said the rationale R#95's Physician provided was not a complete rationale for declining the GDR the Pharmacist Consultant had recommended. In an interview on 03/10/20 at 11:44 a.m., R#95 said she would like to leave the facility and go live with her family member. Record review of the facility's undated, [MEDICAL CONDITION] Drug Use Policy revealed: With the assistance of the prescribing physician and pharmacy consultant reviews, the facility will make an effort to prevent residents from the use of unnecessary drugs. Unnecessary drugs are drugs that are used: Without adequate indications for its use, Gradual dose reduction recommendations from the pharmacy consultant will also be presented to the prescribing physician in an effort to avoid use of unnecessary drugs. Review of the website at www.drugs.com revealed: Risk of death is increased in elderly patients with dementia-related [MEDICAL CONDITION] treated with antipsychotic drugs. Although the causes of death in clinical trials were varied, most of the deaths appeared to be either cardiovascular (e.g., heart failure, sudden death) or infectious (e.g., pneumonia) in nature. [MEDICATION NAME] is not approved for the treatment of [REDACTED].</p> | | |
| F 0806 Level of harm - Minimal harm or potential for actual harm Residents Affected - Some | <p>Ensure each resident receives and the facility provides food that accommodates resident allergies, intolerances, and preferences, as well as appealing options.</p> <p>Based on observation, interview, and record review, the facility failed to provide appealing options of similar nutritive value to residents who choose not to eat food that is initially served or who request a different meal choice, for one meal (lunch meal) of two meal services observed. The facility did not provide a nutritionally similar substitute lunch meal for residents. This failure could place residents who eat food prepared in the kitchen at risk for not having their nutritional needs met. Findings included: Observation of the noon meal prepared and served on 03/09/20 at 11:45 a.m. revealed the weekly menu did not include a substitute or alternative meal of similar nutritional value. Review of the menu dated 03/09/20 revealed the noon meal consisted of posole stew with hominy, corn tortillas, collard greens, carrot cake with cream frosting and coffee or hot tea. There was no indication of any substitutes items on the menu. In an interview on 03/10/20 at 10:48 a.m., the Dietary Manager said there was no alternative menu but they always had hamburgers and egg/bean tacos available as substitutes. In an interview on 03/10/20 at 11:45 a.m., the Dietary Manager said the menu titled, Always Available Menu was posted on each cart that carried the meal trays to the resident rooms, but was not posted anywhere else. The Dietary Manager said, if a resident requested an item other than those on the Always Available Menu, staff tried to provide the requested item if possible. Record review of the Always Available Menu that were posted on the meal carts revealed: -Over Easy Eggs -Salad w/Ranch -Grilled Cheese Sandwich with Chips -Refried Beans -Quesadillas -Soup -Peanut Butter Sandwich -Salsa In an interview on 03/11/20 at 1:20 p.m., the facility's Dietitian said she approved the Always Available Menu in January 2020. The Dietitian said an alternate or substitute menu was not developed, posted or offered to residents due to a management decision. Record review of the facility policy titled Menus, revised on September 2017, revealed: A menu substitution log will be maintained on file.</p> | | |
| F 0812 Level of harm - Minimal harm or potential for actual harm Residents Affected - Some | <p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>Based on observation, interview, and record review, the facility failed to store, prepare, and serve food under sanitary conditions, in one of one kitchen. Facility staff served meal plates covered with visibly wet dome plate covers. This failure could affect all residents who were provided meals from the facility kitchen, placing them at risk for food-borne illnesses and a diminished meal experience. Findings included: In an interview on 03/09/20 at 1:34 a.m., R#55's RP said, on a regular basis, meal plates brought into R#55's room appeared visibly wet. R#55's RP said the plate covers would be dripping with water when they were placed on R#55's overbed table and sometimes the water would drip into the food on the plate, on the table, or on the floor. Observation of the preparation and serving of the noon meal on 03/09/20 revealed metal dome covers used to cover the meal plates were stacked next to the food steam table. The dome covers for the plates were observed to be visibly wet with moisture droplets. The facility Cook was observed serving food onto plates and using the wet metal dome covers to cover each meal plate served. In an interview on 03/09/20 at 12:20 p.m., the Dietary Manager said the metal dome covers for plates were wet because they were not left out long enough to air dry after they came out of the dishwasher. The Dietary Manager said she could see the metal domes were still wet, with droplets of water, inside and out. The Dietary Manager said she would hand towel dry every metal dome plate cover for the remaining plates served for the noon meal and would address the issue with staff. In an interview on 03/10/20 at 11:53 p.m., the Dietary Manager said she called the dishwasher maintenance yesterday and repairs were made to correct the dishing drying process. Record review of the facility policy titled, Warewashing, revised in September 2017, indicated: All dishware will be air dried and properly stored.</p> | | |
| F 0880 Level of harm - Minimal harm or potential for actual harm Residents Affected - Some | <p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on observation, record review, and interview, 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 three Residents (R#40, R#102, and R#82), in that: 1) Medication Aide (MA) G did not use gloves while administering a nasal medication ([MEDICATION NAME] Propionate) to R#40 during medication pass. MA G used hand sanitizer but did not wash his hands with soap and water after the administration. 2) The facility did not provide adequate containers for the disposal of trash and used PPE in isolation rooms. These failures could place residents who at risk for infection. The findings were: 1) Record review of R#40's Admission Record, dated 03/11/20, revealed R#40 was an [AGE] year-old female who was admitted to the facility on [DATE]. R#40's [DIAGNOSES REDACTED]. Record review of R#40's Care plan, revised 04/01/19, revealed R#40 had an ADL self-care performance deficit r/t dementia and muscle weakness. Goal was for R#40 to maintain current level of function through review date. Record review of R#40's Minimum Data Set (MDS) assessment, dated 12/23/19, revealed R#40: -was able to hear adequately, -had clear speech, -was usually able to make self understood and was usually able to understand others, -had severely impaired cognition, -required extensive assistance from staff for bed mobility, transfers, dressing, toilet use, and personal hygiene, and -required limited assistance with eating. Record review of R#40's Medication Review Report revealed R#40 was to receive [MEDICATION NAME] Propionate Suspension 50 mcg/act (actuation) pump in both nostrils one time a day for nasal allergies [REDACTED]. #40's nostrils, without donning gloves. MA G then proceeded to use hand sanitizer on his hands after administration of the nasal spray and walked back to his medication cart in the hall in front of R#40's room. MA G did not wash his hands with soap and water after coming into contact with R#40's mucous membranes. In an interview on 03/11/20 at 9:04 a.m., MA G said he did not realize he had not worn gloves while administering R#40's [MEDICATION NAME]. MA G said he was supposed to wear gloves when he was giving nasal medications. MA G said he had been nervous and had forgotten to put on his gloves when he gave R#40's nasal medication. In an interview on 03/11/20 at 3:04 p.m., the Director of Nurses (DON) said staff were supposed to used gloves when administering nasal medications to help prevent any infections. The DON said staff were given regular trainings in infection control. The DON said she did not know why staff would not be using gloves to administer nasal medications. Record review of the facility's policy titled, Pharmscript: Medication Administration General Guidelines, revealed: Medications are administered as prescribed in accordance with good nursing principles and practices and only by person legally authorized to do so. Procedures: Preparation- .2. Handwashing and Hand Sanitization: The person administering medications adheres to good hand hygiene, which includes washing hands thoroughly: a. before beginning a medication pass, b. prior to handling any medication, c. after coming into direct contact with a resident, d. before and after administration of ophthalmic, topical, vaginal, rectal and [MEDICATION NAME] preparations 3. Examination gloves are worn when necessary. 4. Hand sanitization is done with an approved sanitizer: a. between handwashing, when returning to the medication cart or preparation area (assuming hands have not touched a resident or potentially contaminated surface). 2) Observation on 03/09/20 at 2:53 p.m. revealed R#102 was an isolation patient. Staff confirmed R#102 was on contact isolation due to Left Foot wound infection with ESBL(Extended Spectrum Beta-Lactamases). When surveyor was removing his PPE, which included the yellow disposable gown, gloves, and mask, surveyor observed R#102's room had a very small trash can where staff, family, and any visitors to this room had to dispose of their PPE. Surveyor removed his</p> | | |

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| F 0880 Level of harm - Minimal harm or potential for actual harm Residents Affected - Some | <p>(continued... from page 2)</p> <p>PPE and placed it inside of the small trash can with no lid that was inside of the resident's bathroom. The trashcan was so small that the PPE removed by the surveyor was not able to adequately fit into the trash can without the soiled trash sticking out of the trash can. Observation on 03/09/20 at 3:00 p.m. revealed R#82 was on contact isolation due [MEDICAL CONDITION] of an open wound to the right buttocks. R#82's room only had two small trash cans for staff and family to dispose of any PPE that they removed. The trash cans were not covered and could be overfilled with one use by a family or staff. In an interview on 03/09/20 at 3:33 p.m., CNA H said the facility used trash cans that did not have covers in the isolation rooms. CNA H said this was what she had been instructed to do when caring for any isolation residents. In an interview on 03/09/20 at 3:37 p.m., the DON said the facility's policy was that there was no need to use any enclosed container for any isolation resident room. The DON said this was due to a policy change about two years ago. The DON said the facility's policy was to immediately place any contaminated trash and linen inside of a red bag take it to the biohazard room. The DON said that, after any family left a resident's room, the CNAs were supposed to go into the room and immediately remove any trash from the trash cans. The DON said the families were supposed to let the staff know when they were entering and leaving the residents' rooms. In an interview on 03/09/20 at 3:46 p.m., LVN I said there were no enclosed containers used inside of any isolation resident rooms and that CNAs were supposed to remove any soiled linen and trash from the room immediately after they remove their PPE and throw it away into the small trash cans. In an interview on 03/12/20 at 1:26 p.m., Maintenance Supervisor J said all of the small trash cans inside both isolation rooms and all of the resident rooms were seven quarts in size. Maintenance Supervisor J said these small cans were the only size used in all of the residents' rooms. Record review of the facility's Infection Control Policy and Procedure policy, revised May 2012, revealed, Environmental Infection Control: Medical Waste Segregating and Separating, revealed: Policy Statement: Medical waste generated by this facility will be segregated from general waste in accordance with current federal and state guidelines. Policy Interpretation and Implementation: 1. Medical waste may not be discarded with general trash. 2. General trash that is placed in containers with medical waste will be handled as regulated medical waste. 3. Designated individuals will be responsible for separating (to the extent practical) medical waste generated by this facility into the following groups: a. Sharps (e.g., needles, scalpels, glassware, and syringes); b. Other regulated medical waste (e.g., blood-soaked bandages, tubing, gauze pads, swabs, etc.); and c. Other items per state-specific regulations. 4. Everyone who generates or handles medical waste will be responsible for discarding into appropriate receptacles. 5. Medical waste will be discarded into designated containers (e.g., red bag or container marked with the 'biohazard symbol').</p> | | |