

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>675822</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>03/05/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>SENIOR CARE BELTLINE</b>		STREET ADDRESS, CITY, STATE, ZIP <b>106 N BELTLINE RD GARLAND, TX 75040</b>	
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 0657  <b>Level of harm</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Few	<b>Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals.</b> **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review, the facility failed to review and revise the person-centered, comprehensive care plan for one (Resident #39) of 15 residents reviewed for revised care plans. The facility failed to review and revise Resident #39's care plan to reflect he was receiving [MEDICAL TREATMENT] treatment. This failure could place residents at risk of receiving inadequate interventions not individualized to their care needs. Findings included: Resident #39's MDS quarterly assessment dated [DATE] reflected he was an [AGE] year-old male admitted to the facility on [DATE]. His active [DIAGNOSES REDACTED]. Review of Resident #39's MDS Significant change in status assessment dated [DATE] revealed the resident was receiving [MEDICAL TREATMENT] services. Review of the care plan for Resident #39 dated 01/30/19 revealed no documentation of [MEDICAL TREATMENT] treatment. Interview on 03/05/20 at 10:37 a.m. with CNA A revealed Resident #39 attended [MEDICAL TREATMENT] Monday, Wednesday and Friday of every week. Interview with the MDS coordinator on 03/05/20 at 11:03 a.m. revealed Resident #39's care plan should have reflected he was receiving [MEDICAL TREATMENT]. She reviewed the care plan and stated she did not see [MEDICAL TREATMENT] reflected. She stated he started receiving [MEDICAL TREATMENT] 11/11/19. She stated she was not sure why it was not documented in his care plan. She stated she was responsible for updating the care plan. She stated the care plans were discussed weekly and they were to be updated as changes occurred. An interview with the DON on 03/05/20 at 11:43 a.m. revealed he expected care plans to be revised within 24 hours of changes occurring. He stated [MEDICAL TREATMENT] services should be documented in resident care plans. He stated he could not think of a reason it would not be documented in the resident's care plan. He stated he was not sure why it was not documented in Resident #39's care plan that he was receiving [MEDICAL TREATMENT] services, but it should have been. He stated he was aware that Resident #39 received [MEDICAL TREATMENT] but was not aware it was not in his care plan. An interview with the DON on 03/05/20 at 1:13 p.m. revealed the facility did not have a policy regarding care plan revisions.		
F 0812  <b>Level of harm</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Many	<b>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</b> Based on observation, interview and record review, the facility failed to store and prepare food in accordance with professional standards for food safety in the facility's only kitchen. 1.The facility failed to maintain the cleanliness of cooking utensils and containers. 2.The facility failed to ensure the dry pantry was clean and free of debris and dirt. These failures could place residents at risk for food contamination and foodborne illness. Findings included: 1. Observation on 03/03/20 at 9:15 AM of the dishwashing area revealed the following: -clear square container, with clean cooking utensils had white, flaky residue on the inside of the container on a silver shelf. -brown sticky substance on a clear lid, which was placed in a clear square container. Interview on 03/03/20 at 9:17 AM with Cook B, revealed the cooking utensils in the clear square container were clean. 2. Observation of the dry pantry on 03/03/20 at 9:25 AM revealed the following: -dried, tan, brown, white and black substance on the floor in the right corner of the pantry, near a shelf; as well as behind 3 additional shelves in the dry pantry. -large pieces of a brown and beige dried substance on a black rack that was storing bread. Interview with Dietary Manager C on 03/03/20 at 9:40 AM revealed there was a daily cleaning schedule for the dry pantry storage that each kitchen staff must follow. He stated the cleaning schedules included, sweeping and mopping, and wiping down shelves. Dietary Manager C stated all staff were to check the pantry floors and shelves in the pantry and ensure all items were dated and sealed properly. The Food and Drug Administration Food Code dated 2017 reflected, 4-601.11 Equipment, Food-Contact Surfaces, Nonfood-Contact Surfaces, and Utensils. (A) equipment food-contact surfaces and utensils shall be clean to sight and touch. (b) the food-contact surfaces of cooking equipment and pans shall be kept free of encrusted grease deposits and other soil accumulations. (c) non-food-contact surfaces of equipment shall be kept free of an accumulation of dust, dirt, food residue, and other debris Review of facility's Dining Services Policy and Procedure Manual, revised September 2017 reflected: 1. The Dining Services Director will ensure that the kitchen is maintained in a clean and sanitary manner, including floors, walls, ceilings, lighting, and ventilation .2. The Dining Services Director will ensure that all employees are knowledgeable in the proper procedures for cleaning and sanitizing of all food service equipment and surfaces .3. All food contact surfaces will be cleaned and sanitized after each use .4. The Dining Services Director will ensure that a routine cleaning schedule is in place for all cooking equipment, food storage areas, and surfaces. According to the facility's Food Storage: Dry Goods, revised September 2017 reflected, All dry goods will be appropriately stored in accordance with the FDA Food Code . 4. The Dining Services Director or designee regularly inspects the dry storage area to ensure it is well lit, well ventilated and not subject to sewage or wastewater back flow or contamination by condensation, leakage, rodents or vermin .6. Storage areas will be neat, arranged for easy identification, and date marked as appropriate .		
F 0842  <b>Level of harm</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Few	<b>Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards.</b> **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure physician's orders for the resident's immediate care were obtained for one residents (Residents #117) of 18 residents with a [DIAGNOSES REDACTED]. The facility admitted Resident #117 with a [DIAGNOSES REDACTED]. Findings included: Record review of Resident #117's Face Sheet, dated 10/18/19, revealed Resident #117 was a [AGE] year-old male who was admitted to the facility on [DATE]. Resident #117's [DIAGNOSES REDACTED]. Record review of Resident #117's Care Plan for Diabetes Mellitus, dated 10/19/19, revealed the care plan's goal was to manage Resident #117's symptoms by administering hypoglycemic medications as ordered. Record review of Resident # 117's revealed admission Physician's Orders revealed treatment order for hyperglycemic episodes; however, no treatment order for hypoglycemic episodes. Record review of Resident #117's Medication Administration Record, [REDACTED]. Record Review of Resident #117's Nurse's Notes dated 02/10/20, at 11:36 A.M., reflected the PA visited Resident #117 and gave a new physician's order for [MEDICATION NAME] every 15 minutes as needed for [DIAGNOSES REDACTED]. Interview with the DON on 03/04/20, at 3:10 P.M. revealed he expected the charge nurses to obtain a physician's order with parameters for residents with a [DIAGNOSES REDACTED]. DON stated he was not aware there was no physician's order for treatment of [REDACTED]. DON stated nurses will be trained on obtaining a physician's orders for treatment of [REDACTED].		
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 0842  <b>Level of harm</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Few  F 0880  <b>Level of harm</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Few	(continued... from page 1)  <b>Provide and implement an infection prevention and control program.</b>  Based on observation, interview and record review, the facility failed to maintain an infection control program designed to provide a safe, sanitary and comfortable environment and to prevent the development and transmission of communicable diseases and infection for one (Resident #129) of four residents observed for infection control. CNA A failed to perform hand hygiene during incontinence care for Resident #129. This failure could place residents at risk for contracting urinary tract infections and cross contamination. Findings included: Observation of incontinence care for Resident #129 on 03/04/20, at 2:20 P.M., revealed CNA A entered Resident #129's room holding a clear garbage bag with clean linen and incontinence supplies. CNA A performed hand hygiene; donned gloves; unfastened Resident #129's disposable brief; and wiped Resident #129's front perineal area from back to front. Feces was observed on CNA A's gloves; however, CNA A continued wiping Resident #129's front perineal area. CNA A then assisted Resident #129 with repositioning on her right side without removing her soiled gloves and performing hand hygiene. A large amount of feces was observed on Resident #129's buttocks. CNA A cleaned the back of Resident #129's perineal area with disposable wipes. CNA A did not remove her soiled gloves or perform any type of hand hygiene. Wearing her soiled gloves, CNA A got a clean brief and continued with incontinence care. CNA A touched Resident # 129 left thigh, lower, clean incontinent pad and clean sheets without removing her gloves or performing hand hygiene. After repositioning Resident # 129, CNA A removed her soiled gloves and performed hand hygiene. CNA tied and removed disposable garbage bag from Resident # 129. Interview with CNA A on 03/04/20 at 3:00 P.M. revealed CNA A acknowledged she did not remove her soiled gloves or perform hand hygiene after her gloves became soiled with feces and she continued wiping Resident #129's front perineal area. She stated she normally changed gloves and performed hand hygiene, but she forgot. CNA A stated she only washed her hands at the beginning and the end of the incontinence care procedure. Interview with the DON on 03/04/20 at 3:10 P.M. revealed he expected the staff to follow the infection control policy, including changing gloves and performing hand hygiene prior to, during and after incontinence care to prevent infection. Facility's Hand Washing Policy reflects no date of initiation or revision. Hand Washing Policy reflects the team member will verbalize and recognize that hands must be washed with soap and water: 1. visibly soiled 2. at least between a minimum of three residents If hands are not soiled, apply a sufficient quantity of antiseptic solution on all surfaces of fingers and hands and continue rubbing until hands are dry.		

