STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	675128	A. BUILDING _____ B. WING _____	03/12/2020

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
MIDWESTERN HEALTHCARE CENTER	601 MIDWESTERN PKWY WICHITA FALLS, TX 76302

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 0607 **Level of harm** - Potential for minimal harm **Residents Affected** - Many	**Develop and implement policies and procedures to prevent abuse, neglect, and theft.** Intakes: TX 812, TX 016, TX 691, TX 823, TX 867, TX 751, TX 040 Based on interviews and record review the facility failed to implement its policies and procedures to prohibit and prevent abuse, neglect and exploitation of residents and misappropriation of resident property for 2 of 5 staff members (CNA A, and B,) reviewed for preemployment screening, by failing to ensure: A. Reference checks for CNA A were conducted prior to her hire date. B. Employee Misconduct Registry check and reference checks were complete for CNA B was conducted prior to her hire date. This failure could place residents at risk of being abused, neglected, or exploited, by staff members with a history of abuse or neglect, who were not identified, prior to being hired, by the facility. Findings Include: Review of the facility's Abuse Prohibition Policy, dated revised 11/2017, revealed the following: (in part) Screening: The facility's abuse prevention program includes the following components: screening, training, prevention,identification,investigation, protection and reporting/response. Pre-employment screening will be completed on all employees, to include criminal history check, reference check and professional licensure, certification or registry check as applicable. Facility monitoring: Assure all employees have in their personnel file: criminal background checks, reference checks, Employee Misconduct Registry verified (Texas). Review of the facility's, undated, document titled Personnel File Checklist revealed 2 Professional reference checks were required to be completed and documented on the form. Review of Personnel Records, on 02/28/2020, revealed CNA A's hire date was 08/29/2019, but there was only one personal reference check was documented and did not document the name of the person giving the reference. The Personnel File Check list was not in the file. Review of Personnel Records, on 02/28/2020, revealed CNA B's hire date was 1/23/2020, but there was no documentation of Employee Misconduct Registry verification was in the file. Two reference checks in her file, were incomplete and had no documentation of who provided the references. In an interview on 02/28/2020 at 9:45 AM with the facility's Administrator , she revealed that employees should not start work until two reference checks were documented, the Employee Misconduct Registry and criminal background check performed. She stated it was the Business Office Manager's responsibility to complete these checks and place them in the personnel file of each employee before they were allowed to work. She stated the missing documentation was a failure on the facilities part. In an interview on 02/28/2020 at 10:45 AM, with the Business Office Manager, she revealed she was responsible for ensuring all pre-employment screening was complete, prior to hiring an employee. She stated that she knew that 2 reference checks and the Employee Misconduct Registry should be checked before hire and all documentation should be completed and placed in the employee file. She stated she would go by the facility approved document titled Employee File Checklist in the future.
F 0644 **Level of harm** - Minimal harm or potential for actual harm **Residents Affected** - Few	**Coordinate assessments with the pre-admission screening and resident review program; and referring for services as needed.** **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure all Pre-Admission Screening and Resident Review (PASARR) Level I Screening residents diagnosed with [REDACTED].#26) reviewed for PASARR and assessment. This failure could place residents at risk of not receiving needed care and services. Findings included: Review of Resident #26's face sheet, dated December 5, 2019, revealed a [AGE] year-old male, who was admitted to the facility on [DATE]. The resident [DIAGNOSES REDACTED]. Review of the MDS assessment, revised 01/24/20, revealed Resident #26, under (Section A1500), had no mental illness; (Section I - Active Diagnoses), Psychiatric/Mood Disorder [DIAGNOSES REDACTED].#26 was negative for mental illness, intellectual disability, and developmental disability conditions. There was no record that a PASARR Level II Screening was conducted. Review of Resident #26's physician's orders [REDACTED]. In an interview on 0[DATE] at 4:00 PM, the MDS Coordinator said she was responsible for the PASARR's. The MDS Coordinator was not aware of the error and she is aware a 1012 must be completed for updates. A 1012 was completed on 0[DATE]. Review of the facility's policy for PASRR Policy and Procedure, dated 10/12/17, revealed the following (in part): (The parent company) uses the most current version of PASRR Rules, TAC Title 40, Part 1 Chapter 19, Sub-chapter BB as they pertain to PASRR Level 1, Level 2(PE), Specialized Services and PCSP meetings.
F 0688 **Level of harm** - Minimal harm or potential for actual harm **Residents Affected** - Few	**Provide appropriate care for a resident to maintain and/or improve range of motion (ROM), limited ROM and/or mobility, unless a decline is for a medical reason.** **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to ensure residents with limited range of motion received appropriate treatment and services to increase range of motion and/or prevent further decrease in range of motion for one of one resident (Resident #49) reviewed for restorative care. The facility failed to provide restroative therapy to Resident # 49 per the physician's orders [REDACTED]. The findings included: Resident #49's face sheet, not dated, reflected he was a [AGE] year-old male admitted to the facility of 09/24/2019. His active [DIAGNOSES REDACTED]. He was totally dependent on two staff for bed mobility and dressing, and one staff for personal hygiene. He required total dependence for bathing. He had a range of motion impairment to his left side, both upper and lower extremities following a stroke. He used a wheelchair for mobility with required assistance for transfers. Review of Resident #49's order summary report dated 01/30/2020, revealed a physician's orders [REDACTED]. Finger (all joints) and wrist extension: 2 reps of 10. Forearm supination/pronation2 reps of 10 QD. Resident # 49's care plan, copy not dated, documented the resident would remain free of complications related to immobility, including contractures, thrombus formation, skin break-down, fall related injury throughout the next review date. Lt Wrist/Hand/Finger Splint; Wear 7 days a week, on before breakfast, off after dinner OR as tolerated. Finger (all joints)and wrist extension: 2 reps of 10. Forearm: supination/pronation 2 reps of 10 QD. Observation and interview on 03/09/2020 at 12:21PM revealed Resident # 49 was eating in his room and said that he ate good. Resident did not have a brace on his left wrist/hand, but was dressed and ready for the day. The forget to put it on me a lot. Resident # 49 was speaking about the brace for his left arm/wrist. Observation and interview on 0[DATE]20 at 11:05 AM revealed he did not have a brace on his left wrist/hand. He said, they don't put it on me. He again was referencing his left wrist/arm brace. Review of Resident #49's task treatment log, performed normally by CNA's, dated 0[DATE] revealed resident didn't have his task signed off for splint application until 1:23 PM. CNA was unavailable for interview. In an interview on 03/12/20 at 10:03 AM, the resident's family visitor stated, When I visit my nephew he is in good condition. I have no complaints, he stays clean, and no problems are reported about his money missing. I haven't noticed him wearing a brace on his arm though when I made visits before. Resident # 49 and his aunt voiced concerns regarding his contractures to his left hand worsening if he continues to not wear his splint consistently. In an interview on 0[DATE] at 10:12 AM, the DON stated, Our restorative aide is responsible for putting splints on and all of our aides are trained for restorative

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 0688 **Level of harm -** Minimal harm or potential for actual harm **Residents Affected -** Few	(continued... from page 1) care. Review of the facility's policy and procedure regarding contracture management programs, not dated, revealed the following (in part): Nursing Responsibilities: 2. The resident will be seen by Restorative Nursing indefinitely to manage splinting. The Restorative Nursing Program will not be discontinued unless the resident discharged from the facility or is reevaluated by therapy due to a decline in ROM or significant change in condition and the treatment plan for the splinting must be revised at that time. This includes a resident's refusal or request to discontinue splinting. Resident #49 has a physician's orders [REDACTED].
F 0732 **Level of harm -** Potential for minimal harm **Residents Affected -** Many	**Post nurse staffing information every day.** Based on observation, interview, and record review the facility, the facility failed to post the number of staff and actual hours worked by the licensed and unlicensed nursing staff directly responsible for resident care per shift on a daily basis. The daily nursing staffing information was not posted in a public area. The facility's failure could affect the residents and/or visitors at the facility who may desire to know how many nursing staff were present and on duty and actual hours worked per each shift daily. The findings included: Observation on 03/12/20 at 10:00 AM revealed the staffing was not posted in a public area. Interview and Record Review on 03/12/20 at 10:08 AM with DON and Administrator revealed that neither had knowledge of a requirement for having staffing posted in a public area with actual hours worked per each shift. The DON presented a form with a date in September 2019 and asked if this is what would need to be posted and stated, We will take care of this immediately.
F 0812 **Level of harm -** Minimal harm or potential for actual harm **Residents Affected -** Many	**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** Based on observation, interview and record review, the facility failed to store, prepare, distribute and serve food in accordance with professional standards for food service safety, by failing to ensure: A. bulk food storage bins were clean; B. an open package of luncheon meat was resealed; C. the walk-in refrigerator floor was free from water; D. the 3 compartment sink was maintained and free from leaking; E. the staff were trained to use the 3 compartment sink and the sanitizing chemical, and documented the measured levels; F. cake was covered until served; G. 9 of 11 dietary employees had safe food handling training. The facility's failure could place the residents at risk for foodborne illness and compromised health status. The findings included: Observations on [DATE] at 8:47 AM, during the initial tour of dietary department, revealed the following: - the bulk storage bins containing food thickener, flour, and granulated sugar had soiled/gritty exterior lid surfaces; dark colored particles were inside the bins containing the thickener and sugar; - the walk in refrigerator had an open package of turkey lunch meat with the contents exposed to the air, and 2 wet blankets, saturated with water, on the floor at the bottom of the shelf unit on the right hand side; - the pot and pan washing area had a 3 compartment sink, with only the second compartment being used and filled with soap water. In an interview on [DATE] at 8:57 AM, Cook A stated the 3 compartment sink was used for washing pans. She stated only 2 of 3 compartments were able to be used at that time, as the first compartment sink leaked. She stated it had been a recent problem. Cook A stated she was using the second sink compartment to wash the pans, and rinsed the pans in the third compartment, then inverted the pans on a rack to dry. She stated she did not sanitize the pans in the dish machine. Cook A had not used the third compartment sink for water with sanitizer, and was not sure where the sanitizer test strips were kept. Observation on [DATE] at 9:02 AM revealed the Dietary Supervisor entered the pot and pan washing area and showed Cook A how to fill the third compartment sink with sanitizer water from the wall mounted sanitizer solution button and hose. No daily water temperature and sanitizer level forms for the 3 compartment sink were observed in the pot and pan washing area or elsewhere in the kitchen. In an interview on [DATE] at 9:05 AM, the Dietary Supervisor stated the first compartment sink in the pot and pan area had a leak in the drain pipe beneath the sink and the facility Maintenance Director was unable to repair it. He stated the Corporate Maintenance Director would come to the facility and repair the sink drain. The Dietary Supervisor stated he had test strips to check the ammonium chloride sanitizer level and had inserviced the dietary staff regarding the use of the 3 compartment sink. Observation on [DATE] at 11:40 AM revealed individual servings of cake were placed on small dessert plates on meal trays on a stainless steel counter and a metal cart near the door to the dining room. The cake servings were uncovered and exposed to the open air. An electric fan was mounted on the wall and was circulating the air directed at the counter and cart containing the uncovered cake. In an interview on [DATE] at 8:47 AM, the Dietary Manager stated he had removed the wet blankets from the floor of the walk-in refrigerator the prior day. He stated condensation water dripped onto the floor when the door to the walk-in refrigerator was not kept completely closed. Review of the facility's policy and procedure for pot and pan washing, not dated, revealed the following (in part): Pot and Pan Washing 1. There should be a 3 compartment sink in your pot and pan area - Sink 1 wash; Sink 2 rinse; Sink 3 sanitize. 2. If there are only 2 compartments in your sink, follow directions for using the the wash and rinse sinks, and then run the pots and pans in your dish machine to sanitize. 5. Directions for the sanitizer compartment (Sink 3) - Water should feel cool; use the button in the back of the sink and it will be the correct temperature; fill the sink to the fill line. 7. Take the test strip and dip it into the sanitizing sink (Sink 3); hold it there for at least 10 seconds. Match the color to the color strip; it should match the color between 200 and 400 ppm. Observation on [DATE] at 9:30 AM revealed no safe food handling training certificates for the dietary employees were on the premises in the dietary department. In an interview on [DATE] at 9:50 AM, the facility's Human Resources Director stated she had copies of Lifetime food handler training cards for 3 dietary employees. She stated the Dietary Supervisor had the other dietary employees' safe food handling training certificates in the dietary department office. In an interview on [DATE] at 10:08 AM, the Dietary Supervisor stated he did not have copies of any safe food handling training certificates for the dietary staff. In an interview on [DATE] at 10:10 AM, the facility's Registered Dietician Consultant stated she did not know that Lifetime food handler cards were no longer valid. She stated there had been several new dietary staff hired during the past few months, and they still had time to complete a safe food handling training course. Review of the facility's dietary employee list with hire dates and safe food handling training certificates revealed the following: Cook A - hired [DATE]; no safe food handling training; Cook B - hired [DATE]; Lifetime county health department food handler card; Cook C - hired [DATE]; no safe food handling training; Kitchen Aide D - hired [DATE]; no safe food handling training; Kitchen Aide E - hired [DATE]; Lifetime county health department food handler card; Kitchen Aide F - hired [DATE]; Lifetime county health department food handler card; Kitchen Aide G - hired [DATE]; no safe food handling training; Kitchen Aide H - hired [DATE]; no safe food handling training; Kitchen Aide I - hired [DATE]; no safe food handling training; (9 of 11 dietary employees did not meet the requirement for completing safe food handling training.) (The Texas Food Establishment Rules, dated [DATE] TAC - Texas Administrative Code - Section 228 specified (in part): Section 228.33 Certified Food Protection Manager and Food Handler Requirements.(d) Except in a temporary food establishment and the certified food manager, all food employees shall successfully complete an accredited food handler training course, within 60 days of employment. (e) The food establishment shall maintain on premises a certificate of completion of the food handler training course for each food employee. The requirement to complete a food handler training course shall be effective [DATE].) In a telephone interview on [DATE] at 2:47 PM, personnel from the local County Health Department verified that previously issued Lifetime food handler cards expired on [DATE] and were now null and void.