STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	676464	A. BUILDING _____ B. WING _____	**08/18/2020**

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
LAS BRISAS REHABILITATION AND WELLNESS SUITES	**3421 W STORY RD IRVING, TX 75038**

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 0689 **Level of harm -** Minimal harm or potential for actual harm **Residents Affected -** Few	**Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.** **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure each resident received adequate supervision and assistive devices to prevent accidents for one (Resident #1) of one resident reviewed for accidents/supervision. The facility failed to ensure Resident #1 was from accidents. Resident #1 sustained second-[MEDICAL CONDITION] her right and left thighs when she spilled hot coffee on herself. This failure placed residents at risk of injuries, pain, and psychological harm. Findings included: Review of Resident #1's face sheet, dated 08/06/20, revealed the resident was a [AGE] year-old female admitted to the facility on [DATE] with [DIAGNOSES REDACTED]. Review of Resident #1's MDS, dated [DATE], revealed the resident had a BIMS score of 15, indicating the resident was cognitively intact. The resident required extensive assistance of two persons in bed mobility, locomotion, dressing, toilet use, personal hygiene, and was totally dependent on staff transfers. Review of Resident #1's care plan, dated 08/03/20, revealed the resident had blisters to bilateral inner thighs related to hot beverage spill and silverdine was to be applied as ordered by the physician. The care plan also revealed the resident needed assistance with Activities of Daily Living and staff were to ensure lids were on cups for all drinks and hot drinks were monitored for temperature. In an interview on 08/12/20 at 11:10 AM with the Administrator and the DON revealed the facility investigated the incident and revealed the resident had reached for her coffee cup, accidentally knocked the lid off and spilled the coffee onto her lap which went through the blanket and down between her thighs, causing second-degree burns. The resident called for help and the resident was immediately attended to. The physician was notified immediately. Resident #1 had involuntary movement due to her [MEDICAL CONDITION]. Resident #1 used her own specialized cup to drink coffee. The facility wanted to respect her wish for independence and implemented measures to keep her safe yet independent. Staff knew not to give the resident Styrofoam cups as she would hold the cups too hard. Due to her [MEDICAL CONDITION], the resident was desensitized to the pain. The Administrator stated the resident told him she did not feel burnt. The Administrator stated the coffee temperature remained consistent and was made the same each day. He stated he had a cup of coffee every day without variation in how it was brewed or dispensed since July 1st and could be sipped without burning the mouth. Coffee temperatures ranged usually around 175 Fahrenheit (F). When the kitchen staff brought the pump dispenser to the front of the nurse's station, there was always a staff member around to monitor the residents who were able to dispense the coffee for themselves. Residents would be observed by nursing staff for any signs of tremors or changes of condition that would not allow the resident to dispense the coffee themselves. If the resident was determined unable to dispense coffee themselves, the resident would be assessed by therapy and other measures would be put in place to ensure the resident was safe. Nursing staff would then dispense the coffee themselves before giving the residents the coffee in their rooms. In an observation and interview on 08/12/20 at 12:09 PM Resident #1 stated on Saturday morning, 08/01/20, she asked for her coffee as usual. She stated each morning she would request coffee to be placed in her specialty cup, which looked like an insulated water pitcher with a secured lid and straw that she obtained for herself. The resident stated she had never spilled coffee on herself before and said it was her mistake that the coffee spilled on her lap. Resident #1 stated she typically would let the coffee sit for an hour or so before she would start drinking it. Resident #1 stated on the day of the incident she reached out for her specialty cup and knocked it over onto her lap while she was sitting in her bed. The resident stated she called for help and staff immediately responded. Resident #1 stated the staff were doing everything they could to treat the burn(s) and her skin was healing well. Resident #1 stated she was not in any pain at the moment. The resident showed the specialty cup to the surveyor, which appeared to be an insulated water pitcher with a straw with coffee stains. In an interview on 08/12/20 at 12:47 PM the Wound Nurse stated she observed Resident #1's skin on Monday (08/03/20) morning and saw the resident [MEDICAL CONDITION] were red with raised blisters on both the left and right inner thigh, appearing to be a second-degree burn. The Wound Nurse stated Resident #1's right thigh burn was raised more than the left thigh. The Wound Nurse stated she assessed Resident #1 and the resident told her the injured skin felt tender but did not indicate there was severe pain from the burns. The Wound Nurse stated the physician ordered silverdine [MEDICATION NAME] (topical antibiotic) to apply on [MEDICAL CONDITION] the Wound Nurse stated, per the physician, the wound should heal by next week. In an observation on 08/18/20 at 4:44 PM, with the Wound Nurse and Nurse Manager, revealed Resident #1's burn wound to her right proximal medical thigh measured 0.3 cm x 0.3 cm x 0.1 cm with surface area of 0.09 cm. There was light serous exudate noted and 20% slough and 80% granulated tissue. Observation of Resident #1's burn wound to her left proximal medical thigh and measured 0.4 cm x 0.4 cm with a surface area of 0.16 cm. There was a dry blister and several scabs. In an interview on 08/13/20 at 8:45 AM Kitchen Aide A stated after the coffee was brewed in the kitchen, it was poured into a pump dispenser and taken to the front of the nurse's station where residents and staff could dispense the coffee into Styrofoam cups with lids. Kitchen Aide A stated he was not aware of Resident #1's specialty cup as it was only his responsibility to dispense the coffee to the pump dispenser and ensure the pump dispensers were clean. Kitchen Aide A stated by the time the coffee made it to the front, it would have dropped to about 168 F. He stated the kitchen tried to keep the coffee temperature at about 170 F to 175 F by the time the coffee was dispensed into the pump dispenser. In an interview on 08/13/20 at 8:50 AM with CNA B revealed she was one of the CNAs that tended to Resident #1. CNA B had observed the burn herself, which appeared very red. CNA B stated she was not the one who gave her the coffee the day of the incident, but she knew not to give Resident #1 a regular Styrofoam cup because of her tremors. Usually her coffee was given in the resident's own cup or a cappuccino-like cup with a more secured lid. CNA B stated a majority of residents could dispense the coffee themselves but residents like Resident #1 needed help getting coffee. In an observation on 08/13/20 at 9:00 AM, with the Administrator, revealed the temperatures were taken of two coffee dispensers in front of the nurse's station. The first coffee dispenser had a temperature of 168 F and the second coffee dispenser had a temperature of 175 F. In an interview on 08/13/20 at 11:28 AM CNA C stated a majority of the residents were able to dispense the coffee themselves. She stated if a resident was not able to dispense coffee themselves she would dispense the coffee for the resident into a Styrofoam cup with a lid before taking it to the resident. She stated the coffee temperature was taken in the kitchen before it was brought to the front of the nurse's station. CNA B stated there was always someone supervising the residents when they dispensed their own coffee since the coffee station was right in front of the nurse's station and close to the entrance where there was always someone available screening temperatures of staff members. CNA B stated if there was a resident whom she observed was having trouble dispensing the coffee she would intervene, send the resident to their room and bring the coffee to them herself and be sure to notify the nurse. In an interview on 08/13/20 at 2:14 PM with the Wound Doctor revealed she would have expected second [MEDICAL CONDITION] a liquid, that was 170 degrees Fahrenheit to 175 degrees Fahrenheit, that came into contact with skin. The Wound Doctor stated Resident #1's had second-[MEDICAL CONDITION] her inner thighs from the coffee spills. The left inner thigh had

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 0689 **Level of harm -** Minimal harm or potential for actual harm **Residents Affected -** Few	(continued... from page 1) almost entirely healed and expected the burn to heal completely by the next Monday (08/17/20). In an interview on 08/13/20 at 2:30 PM with the Rehabilitation Director revealed Resident #1 had not expressed any issues with using drinking cups, which was why the resident was not assessed for use of a specialized cup. The Rehabilitation Director stated they were aware the resident had her own cup she used and stated the incident on 08/01/20 was the first time the resident had spilled coffee on herself. The Rehabilitation Director revealed nursing staff would let the Rehabilitation Department know if there was a resident who needed to be assessed for special cups and the Rehabilitation Director also did their own assessments to see if residents would benefit from different tools. She stated Resident #1 was assessed for her tremors and was offered weighted utensils but the resident did not like the weighted utensils. The Rehabilitation Director stated it was decided finger foods would be best for Resident #1, which the resident liked. Review of the facility's Weekly Coffee Temps, for the weeks of 08/03/20, 08/09/20, 08/10/20, and 08/14/20, revealed the temperature of the coffee after it was brewed at a range from 163 F to 184 F in the kitchen. On 08/01/20 (Monday) the temperature of the brewed coffee brewed, when in the kitchen, was 184 F. When the coffee was poured into the pump dispenser it was checked again and the documented temperature was 180 F. There was no documented evidence of what the temperature of the coffee was when it was placed at the front where the coffee was served. Review of the facility's Nutrition Policies and Procedures, dated 10/02/2017, revealed, .Hot beverages should be consumed at temperatures between 155 (degrees) F (Fahrenheit) and 175 (degrees) F (Fahrenheit) .Storing coffee at temperatures between 175 (degrees) F (Fahrenheit) and 190 (degrees) F (Fahrenheit) will maintain the fresh brewed flavor for a limited period of time .When serving hot beverages to patients/residents with behavior or medical conditions that put them at risk for spills: A. Evaluate the patient's/resident's ability to manage hot beverages independently. B. Provide assistance and/or supervision as needed. C. Consider providing a lid for the coffee cup or a travel mug. .Patients/resident who may be at greater risk may include, but are not limited to, those with: Tremors .