STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	455416	A. BUILDING _____ B. WING _____	03/12/2020

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
THE OAKS AT WHITE SETTLEMENT	8001 WESTERN HILLS BLVD FORT WORTH, TX 76108

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 0695 **Level of harm** - Potential for minimal harm **Residents Affected** - Some	**Provide safe and appropriate respiratory care for a resident when needed.** **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review, the facility failed to ensure that residents who need respiratory care were provided such care, consistent with professional standards of practice for two (Resident #1 and Resident #2) of three residents reviewed for [MED]gen. 1. The facility failed to ensure Resident #1's [MED]gen humidifier was dated per the facility's policy. 2. The facility failed to ensure Resident #2's [MED]gen humidifier was dated per the facility's policy. This failure could affect residents by placing them at risk for inadequate care and decline in health status. Findings included: 1. Review of Resident #1's Admission Record, dated 03/12/20, reflected she was an [AGE] year-old female admitted to the facility on [DATE] with [DIAGNOSES REDACTED]. Review of Resident #1's March 2020 Medication Review Report reflected change [MED]gen tubing, nasal cannula, [MED]gen humidifier bottle every Sunday and PRN related to shortness of breath. Observation on 03/12/20 at 9:18 a.m. revealed Resident #1 lying in bed. Resident #1's [MED]gen concentrator was present and in use. Resident #1's [MED]gen humidifier bottle was not dated. Interview on 03/12/20 at 9:18 a.m. with Resident #1 revealed she received [MED]gen because she had [MEDICAL CONDITION] and wore her [MED]gen at all times. 2. Review of Resident #2's Admission Record, dated 03/12/20, revealed she was a [AGE] year-old female admitted to the facility on [DATE] with [DIAGNOSES REDACTED]. Review of Resident #2's March 2020 Medication Review Report reflected change [MED]gen tubing, nasal cannula, [MED]gen humidifier bottle every Sunday and PRN. Observation on 03/12/20 at 9:25 a.m. revealed Resident #2 lying in bed. Resident #2's [MED]gen concentrator was present and in use. Resident #2's [MED]gen humidifier bottle was not dated. Interview on 03/12/20 at 9:25 a.m. with Resident #2 revealed she had to wear her [MED]gen at all times because she had [MEDICAL CONDITIONS], and stage IV [MEDICAL CONDITION]. Interview on 03/12/20 at 11:56 a.m. with LVN A revealed he confirmed that Resident #1 and Resident #2's humidifiers were not dated. LVN A stated the resident's [MED]gen humidifier had to be dated because after one week, the humidifier bottle needed to be changed to prevent bacteria. LVN A stated any nurse on any shift could change and date residents' humidifiers. LVN A stated he was new to that side of the hall and was still getting to know the residents. Interview on 03/12/20 at 2:14 p.m. with the DON revealed residents' [MED]gen humidifiers should be dated so they are not left to grow any type of bacteria. She stated this was in the physician orders [REDACTED]. She stated the charge nurses who changed the humidifiers were responsible for dating the humidifier bottle. Review of the facility's Oxygen Administration policy, revised February 2010, reflected .Humidification 1 .Label bottle with date .
F 0880 **Level of harm** - Minimal harm or potential for actual harm **Residents Affected** - Some	**Provide and implement an infection prevention and control program.** **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review, the facility failed to 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 (Resident #1, Resident #3, and Resident #4) of four residents reviewed for infection control. The facility failed to ensure Resident #1, Resident #3, and Resident #4's nebulizer mask were covered while not in use. This failure placed residents at risk for cross contamination and/or spread of infection. Findings included: 1. Review of Resident #1's Admission Record, dated 03/12/20, reflected she was an [AGE] year-old female admitted to the facility on [DATE] with [DIAGNOSES REDACTED]. Review of Resident #1's March 2020 Medication Review Report reflected the following: -[MEDICATION NAME]-[MEDICATION NAME] Solution 0.5-2.5 (#3) mg/3ml 3 ml inhale orally every 4 hours as needed for wheezing or sob inhale orally for 15 min; - [MEDICATION NAME]-[MEDICATION NAME] Solution 0.5-2.5 (#3) mg/3ml 3 ml inhale orally two times a day for wheezing or sob inhale orally for 15 min Observation on 0/12/20 at 11:22 a.m. revealed Resident #1's nebulizer mask sitting on her night stand uncovered. Interview on 03/12/20 at 11:22 a.m. with LVN D revealed Resident #1's nebulizer mask was supposed to be in a bag so the mask could stay clean and prevent infections. 2. Review of Resident #3's Admission Record, dated 03/12/20, revealed he was a [AGE] year-old male readmitted to the facility on [DATE] with [DIAGNOSES REDACTED]. Observation on 03/12/20 at 9:40 a.m. revealed Resident #3's nebulizer mask sitting on a green ice cooler uncovered. Interview on 03/12/20 at 9:46 a.m. with LVN C revealed the nebulizer mask was supposed to be in the bag to preserve the mask and prevent infection control. LVN C stated the nebulizer was not in the bag because there was not a nebulizing machine in the room. 3. Review of Resident #4's Admission Record, dated 03/12/20, revealed she was a [AGE] year-old female admitted to the facility on [DATE] with [DIAGNOSES REDACTED]. Review of Resident #4's March 2020 Medication Review Report reflected the following: -[MEDICATION NAME]-[MEDICATION NAME] Solution 0.5-2.5 (3) mg/3ml 1 vial inhale orally every 4 hours as needed for [MEDICAL CONDITION]; -[MEDICATION NAME]-[MEDICATION NAME] Solution 0.5-2.5 (3) mg/3ml 1 vial inhale orally three times a day for [MEDICAL CONDITION] Observation on 03/12/20 at 10:12 a.m. revealed Resident #4's nebulizer mask sitting on her table uncovered. Interview on 03/12/20 at 10:16 a.m. with LVN B revealed the nebulizer mask should have been in a bag because of infection control. LVN B stated she did not know why the nebulizer mask was not in a bag. Interview on 03/12/20 at 2:14 p.m. with the DON revealed if a nebulizer mask were not in use they were supposed to be bagged for infection control issues. Review of the facility's Oxygen Administration policy reflected .Completion of Procedure .2. When [MED]gen not in use, store [MED]gen tubing and nasal cannula or mask in small plastic bag .

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.