STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	675440	A. BUILDING _____ B. WING _____	03/05/2020

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
SOUTH DALLAS NURSING & REHABILITATION	3808 S CENTRAL EXPWY DALLAS, TX 75215

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 -** 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 observation, interview, and record review, the facility failed to ensure residents received appropriate supervision and assistance devices to prevent accidents for one (Resident #1) of 72 residents reviewed for incidents and accidents. The facility failed to ensure Resident #1 received adequate supervision during smoking to ensure he was free from injury. Resident #1 [MEDICAL CONDITION] three fingers with necrotic tissue and pain to his third finger. This failure placed residents at risk for serious harm or bodily injury. Findings included: Review of Resident #1's MDS assessment dated , 01/26/20, revealed the resident was a [AGE] year-old male who admitted to the facility on [DATE]. The resident's [DIAGNOSES REDACTED]. He had moderate cognition. Review of Resident #1's care plan dated 11/19/19 revealed he was a smoker. The long-term goal for Resident #1 was that the resident would not suffer injury from unsafe smoking practices. The interventions for the resident were to instruct resident about smoking risks and hazards and about smoking cessation aids that were available, instruct resident about the facility policy on smoking: locations, times, safety concerns, monitor oral hygiene, notify charge nurse immediately if it was suspected resident had violated facility smoking policy, and observe clothing and skin for signs of [MEDICAL CONDITION]. There was no evidence of intervention regarding smoking or clothing protection. Observation of the smoking patio area on 03/05/20 at 4:34 PM revealed Resident #1 was being supervised while smoking and had visible black marks on his thumb and index finger. The ash on Resident #1's cigarette was long and CNA A had to inform the Resident to ash his cigarette at least twice. Resident #1 was not wearing an apron during the smoke break. Review of Resident #1's smoking safety screen dated August 2019 and November 2019 revealed he was a modified independent smoker due to burning fingers while smoking, sneaking cigarettes when he feels others are not watching, and keeps a lighter in his possession. Review of Resident #1's skin assessment completed by LVN A dated 01/04/20 revealed he [MEDICAL CONDITION] both thumbs and right index finger due to cigarette smoking. Review of Resident #1's physician orders, MAR, and TAR dated 1/1/20 to 3/31/20 revealed no documentation of Resident #1'[MEDICAL CONDITION] his fingers being monitored or treated. Review of Resident #1's nurse's note dated 01/06/20 revealed both thumbs and right index finger were burnt from cigarette smoking. The notes indicated Resident #1 smoked cigarette butts and he was educated by nursing staff not to smoke the butts of cigarettes. According to the note written by LVN A , the ADON and SW were notified . Observation and Interview on 03/05/20 at 5:44 PM with Resident #1 revealed he had dark black marks on both of his thumbs and left index finger. Resident #1 stated he burned his hand badly two days ago while smoking his cigarette to the butt. He stated he informed staff, the nurse evaluated his hand, and told him he should not have burned himself. Resident #1 pulled a cigarette and lighter out of his pocket at that time and burn holes were noted to his sleeves and the front of his jacket. Interview on 03/06/20 at 5:57 PM with Resident #1 revealed his fingers were numb and he could not feel his fingers due to the burns. Resident #1 stated he knew his fingers would get burnt from smoking cigarette butts. He stated [MEDICAL CONDITION] ever been treated. He stated he had [MEDICAL CONDITION] months and continued to burn himself every time he smoked. He stated staff knew about [MEDICAL CONDITION] never intervened when he smoked cigarettes to the butt. Resident #1 stated staff did not always supervise him while smoking. Resident #1 stated staff walked away when they saw him smoking by himself. Resident #1 stated he currently had a cigarette and lighter on his person. Resident #1 stated he received a cigarette from his roommate. He stated staff knew he had a cigarette and a lighter. Resident #1 stated the holes in his jacket were [MEDICAL CONDITION] staff had never assessed his clothes [MEDICAL CONDITION] smoking. Resident #1 stated the facility has not provided treatment. Observation and Interview on 3/07/20 at 4:14PM revealed Resident #1 had [MEDICAL CONDITION] his shirt. He stated he does not wear an apron during smoking break. Resident stated he does not have any new burns. Observation and Interview on 3/06/20 6:55PM with DON revealed she did not know if Resident #1 smoked unsupervised. She stated Resident #1 should not have cigarettes or lighters in his room. She stated, I cannot tell you if he has cigarettes or lighters in his room. She stated Resident #1 did not have any skin issues. She stated he likes to pick in the ash tray with his thumb and index finger. The DON assessed Resident #1's hands. She squeezed on the resident's index finger and he said it hurt. The DON grabbed a wipe and cleaned residents fingers and stated he [MEDICAL CONDITION] his fingers. She stated this is the first time she has seen them and told resident wound care will l see him. She informed Resident #1 there were calluses under his burn and he will get medication to treat burns. The DON stated she will put in orders for wound care and pain medication for Resident #1. She stated skin assessments were completed weekly and is completing a skin assessment for Resident #1 now. She stated residents were not checked [MEDICAL CONDITION] they smoke. Interview on 3/05/20 at 7:57 PM with LVN A revealed residents need to be supervised during smoking and wear an apron so they do not burn themselves. She stated Resident #1 was non-complaint. She stated Resident #1 had not burned his fingers since 2019 and a skin assessment was completed for the burns. She stated the resident did not have any recent burns. Interview on 3/05/20 at 8:15PM with LVN B revealed independent and supervised smokers were not allowed to keep cigarettes and lighters in their room. LVN B stated Resident #1 burned his fingers months ago. She stated skin assessments are completed daily during the 6:00AM to 2:00PM shift. She stated she had never completed a skin assessment for Resident #1 because she works 2:00PM to 10:00PM. She stated supervised residents need to be monitored to prevent injury, fire, and some residents have dementia. She stated when a resident burned themselves the physician, ADM, ADON, DON were notified and a skin assessment was completed. She stated skin assessments were completed weekly . Interview on 3/05/20 at 8:46PM with the ADON revealed independent and dependent smokers were not allowed to keep their cigarettes or lighters in their possession. She stated supervised smokers were monitored and wore aprons for safety because residents could get burns. The ADON stated there had not been any residents including Resident #1 who had recently burned themselves while smoking. She stated skin assessments were completed any time there was a skin issue. Interview on 03/06/20 at 9:33 AM with the SW revealed she completed residents' smoking assessments with assistance of the nurses. She stated the smoking assessments were completed quarterly and determined the resident's safety during smoking. She stated there were three types of smokers: independent, modified independent, and supervised. She stated independent smokers were not allowed to keep their cigarettes or lighters in their possession unless the resident signed out of the facility on pass. She stated modified independent smokers were residents that the IDT team thought might be unsafe smoking alone due to level of orientation, mental health, and psych meds. She stated only supervised residents were required to wear an apron. The SW stated Resident #1 was supervised while smoking and [MEDICAL CONDITION] his hands prior to being admitted to the facility. There was no evidence suggesting Resident #1 arrived at facility [MEDICAL CONDITION] his fingers. She stated Resident #1 does not need to wear an apron while smoking. She stated there had been no residents recently who had burn due to cigarettes. She stated residents to not have any cigarettes or lighters. She stated she confiscates cigarettes and lighters from residents. Interview on 3/06/20 at 10:30AM with the DON revealed there were independent, modified independent, and supervised smokers. She stated no residents were

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 -** Actual harm **Residents Affected -** Few	(continued... from page 1) allowed to keep their cigarettes or lighters. She stated there is a resident smoking list located in the smoke box kept at the nurse's station and reception area. She stated the SW completed and nursing assisted with the smoking assessments. She stated the smoking assessments were completed quarterly or when there were changes with the residents; the IDT team would discuss. She stated modified independent smokers were to be supervised and do not have to wear aprons. She stated supervised smokers have to be monitored and sometimes have to wear an apron based on disability and mental health. She stated if a modified [MEDICAL CONDITION] then there has to be re-evaluated by a smoking assessment, a skin assessment is completed, and physician is notified. She stated the smoking assessment would be updated and the resident would be recommended to wear an apron. She stated if a [MEDICAL CONDITION] hands all you can do is educate them and consult the wound doctor. The DON stated there has not been any resident with burns. She stated an in-service was completed and staff was informed to supervise residents while smoking. She stated residents were aware of the smoking policy because it is signed at admission . The DON stated she was not aware of Resident #1 burning himself in January 2020. Observation and Interview on 3/08/20 at 1:22PM Resident #1 was observed during a supervised smoke break using a cigarette holder. He was not wearing an apron and there was ash on his pants. Resident #1 stated he was not provided an apron to wear while smoking. Interview on 03/06/20 at 11:07AM with ADM revealed there were independent, modified independent, and supervised smokers at the facility. She stated residents were not allowed to have cigarettes or lighters and are kept in the smoke box at the nurse's station. She stated CNAs are informed of the different types of smokers by referring to the smoking list and asking department heads. She stated independent smokers can sign out to smoke outside of the facility but have to turn in their cigarettes and lighters when they return. She stated modified independent smokers can only smoke in the patio area, do not have to wear aprons, and have to be supervised. She stated supervised smokers have to wear aprons and were supervised. The ADM stated she had not been made aware of any recent incidents of residents burning themselves while smoking. She stated if a resident who was a modified independent smoker burned themselves then they were changed to supervised smoking. She stated I have tried to put aprons on residents but they cuss and say no . She stated Resident #1 was not offered an apron. She stated smoking assessments were completed quarterly. She stated the importance of a smoking assessment was to make sure residents were safe smoking, could complete all the task associated with smoking, and aprons were worn to keep residents from burning themselves. She stated residents were supervised while smoking and monitored after to see if anything else was going on. She stated residents signed the smoking policy when completing the admission paperwork. She stated the DON completed a smoking in-service with staff. She stated staff were informed to be more aware of residents on the patio smoking. She stated she did not know residents had cigarettes and lighters in their possession. She stated Over half the census are smokers, residents are informed of smoking rules, and I don't have time to search everyone's room for cigarettes or lighters. Interview on 3/9/20 at 6:43PM with LVN A revealed she wrote a note on 1/04/20 and completed a skin assessment on 1/4/20 regarding [MEDICAL CONDITION] Resident #1's fingers. She stated [MEDICAL CONDITION] his fingers were scabbed over and light brown. She stated the resident informed her [MEDICAL CONDITION] from smoking. She informed Resident #1 not to burn himself again. LVN A stated she informed the SW and ADON about [MEDICAL CONDITION] fingers. She stated she told the SW because she completed the smoking assessments. LVN A stated she did not order wound care because there was nothing to treat. Record review of Resident #1's smoking safety assessment dated [DATE] revealed he has to be supervised during smoke breaks and wear smoking gloves or use a cigarette holder to prevent further injury. Record review of Resident #1's skin assessment dated [DATE] revealed he has dark callus to right first finger, right second finger, and left first finger. He has discomfort to right second finger with pain 3/10. Record review of Resident #1's physician orders [REDACTED]. Record review of Resident #1's wound care evaluation dated 3/09/20 revealed he has wounds on right first finger, right second finger, and left first finger. There is thick black necrotic tissue on all wounds and Resident #1 refused debridement. The wounds dressing treatment plan is skin prep applied once daily for 30 days. Observation and Interview on 3/09/20 at 7:52PM revealed Resident #1 had [MEDICAL CONDITION] pants. He stated he did not wear an apron today during the smoke breaks. He stated he has no new burns. Review of the facility's Smoking Policy dated 7/01/18 revealed the nursing staff will evaluate residents to determine their individual ability to smoke safely. The facility has designated smoking times and staff will be available to distribute smoking materials and supervise the residents if indicated by their smoking assessment. Residents are prohibited from keeping smoking paraphernalia in their possession. The residents are to keep cigarettes and lighters in smoke box kept at the nurse's station. There is a list of smokers that have been evaluated in the smoke box. Assist all residents to the designated smoking area. Smoking material will not be distributed to the resident until they are in the designated smoking area. Smoking aprons and other assistant devices used for safety are to be placed in the designated smoking boxes.