STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	675933	A. BUILDING _____ B. WING _____	05/04/2020

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
TREASURE HILLS HEALTHCARE AND REHABILITATION CENTE	2204 PEASE ST HARLINGEN, TX 78550

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 0656 **Level of harm** - Minimal harm or potential for actual harm **Residents Affected** - Some	**Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.** **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to develop and implement a comprehensive person-centered care plan for each resident that included measurable objectives and time frames to meet a resident's medical, nursing, and mental and psychosocial needs, for two Residents (R#1 and R#3) of five residents reviewed for care plans, in that: 1) R#1's care plan did not adequately or accurately address R#1's peripheral IV site. R#1's care plan did not address interventions for assessment, monitoring, and care for R#1's peripheral IV site, to prevent complications. 2) The facility did not develop a care plan that addressed R#3's refusal of insulin. These failures could place residents at risk for not having their needs met. The findings were: 1) Record review of R#1's MDS assessment, dated 01/17/20, revealed R#1 was able to make herself understood and was able to understand others. Record review of R#1's medical [DIAGNOSES REDACTED]. R#1's [DIAGNOSES REDACTED]. Record review of R#1's Physician Orders, dated 04/26/20, revealed an order to: Administer [MEDICATION NAME] in D5W solution 400mg/200ml. Use 400mg IV every 12 hours for E. Coli to Urine for seven days. There was no order to assess R#1's peripheral IV site or to flush the peripheral IV site before or after administration of the IV antibiotic. Observation on 04/27/20 at 11:27 a.m., accompanied by the Operations Manager and the DON, revealed R#1 was in a wheelchair with an IV pole, in Hall A. The IV fluids hanging from the pole were connected via tubing to R#1's left upper extremity. Further observation revealed the IV bag contained [MEDICATION NAME] 400 milligrams in 200 milliliters of [MEDICATION NAME] five with water. The IV bag was labeled as started by LVN A on 04/27/20 at 8:59 a.m. The dial-a-meter was set at 200 and tubing was connected to R#1's Left antecubital space. The IV tubing was not labeled with a date and time. The dressing to the peripheral IV site was dated 04/27/20, but there was no documentation of the time the IV was initiated or the gauge of the IV. Further observation revealed the chamber leading from the IV fluids to the IV tubing was not releasing antibiotic. All locks were open to allow antibiotic to be delivered. R#1 straightened her arm to assess if the peripheral IV was positional, but the IV failed to start. At this time, the DON said R#1's peripheral IV was not functioning properly. During an interview on 04/27/20 at 11:29 a.m., the DON said the antibiotic for R#1's UTI had been initiated at 8:59 a.m., for over two hours. The dial-a-meter was set at 200 and the medications should have been administered by 10:00 a.m. The DON confirmed the peripheral IV had been started on 04/27/20 that the time and gauge of the IV catheter was not documented on the dressing. The DON said the nurse was to monitor the IV fluids to ensure infusion. The DON said the peripheral IV needed to be restarted and that she would restart the IV. The DON stated LVN A was unavailable at this time to interview due to being on break. The DON said medications could be administered up to an hour before or after the scheduled time, giving a two-hour window. The DON confirmed this antibiotic was over the two-hour window. Record review of R#1's progress notes, dated 04/27/20 at 3:11 p.m., revealed R#1's IV antibiotic was connected but had trouble infusing due to IV being positional, so the antibiotic did not infuse as expected. R#1's progress notes indicated a new IV catheter was reinserted. R#1's progress notes did not document what time the peripheral IV was initiated, if aseptic technique was utilized, or type of dressing applied if any. R#1's progress notes did not document if the catheter was flushed with normal saline and what time the initial IV was removed, if the catheter was intact, and the type of dressing applied. R#1's progress notes did not document when the second IV was started, the size of the catheter, if aseptic technique was utilized, if the catheter was flushed with normal saline, and if a dressing was applied. In an interview on 04/27/20, R#1 said the IV medication should have been disconnected already and that she wanted the IV tubing moved. Record review of R#1's MAR, dated 04/28/20, revealed on 04/27/20 there was not an order to flush R#1's peripheral IV site before or after administration of the IV antibiotic. Record review of R#1's MAR, dated 04/28/20, revealed on 04/27/20 IV antibiotic was administered at 8:00 a.m. and 8:00 p.m. Record review of a Physician's order, dated 04/28/20, revealed an order to flush R#1's peripheral IV site before and after administration of the IV antibiotic. Record review of R#1's TAR, dated 04/28/20, revealed R#1 was an [AGE] year-old female who was admitted on [DATE]. The TAR did not indicate an order to assess R#1's peripheral IV site. Record review of R#1 care plan dated 04/28/20 revealed: Focus: (R#1) is on [MEDICATION NAME] antibiotic therapy related to Urine E. Coli infection. Goal: Will be free from any discomfort or adverse side effects of antibiotic therapy through the review date. Interventions: Administer medication as ordered . Any antibiotic may cause nausea, diarrhea, vomiting, anorexia and hypersensitivity/allergic reactions. Monitor every shift for adverse reactions. Observe for possible side effects every shift. R#1's care plan did not address interventions for assessment, monitoring, and care for R#1's peripheral IV site, to prevent complications. During an interview on 04/29/20 at 1:07 p.m., the DON said that R#1's IV was care planned. The DON did not provide evidence that R#1's IV was care planned. 2) Record review of R#3's face sheet, dated 04/29/20, revealed R#3 was a [AGE] year-old male. Record review of R#3's medical [DIAGNOSES REDACTED]. R#3's [DIAGNOSES REDACTED]. Record review of R#3's Physician Orders, dated 03/26/20, revealed R#3 was to be administered Insulin Regular Human Solution 100units/ml, injected per sliding scale. Record review of R#3's MDS assessment, dated 04/02/20, revealed R#3 had moderately impaired cognitive status. Record review of R#3's Comprehensive MDS assessment, dated 04/08/20, revealed R#3 was able to make himself understood and was able to understand others. Record review of R#3's Nursing Note, dated 04/20/20 at 5:31 p.m., revealed R#3 refused his sliding scale of insulin. Record review of R#3's Nurses note, dated 04/26/20 at 10:20 p.m., revealed R#3's blood sugar reading was 548 and R#3 refused insulin administration. Record review of R#3's Nurses note, dated 04/26/20 at 10:21 p.m., revealed R#3 refused 16 units of insulin. Record review of R#3's Daily Skilled note, dated 04/26/20 at 12:48 p.m., revealed R#3 was noncompliant with medication and insulin administration. Record review of R#3's care plan, dated 04/29/20, revealed R#3's refusal of medications was not care planned. During an interview on 05/04/20 at 11:20 a.m., the DON said R#3's refusal of care was care planned. The DON did not provide evidence that R#3's refusal of care was care planned. Record review of the facility policy on Comprehensive Person-Centered Care Planning, dated 08/2017 revealed: -It is the policy of this facility that the interdisciplinary team (IDT) shall develop a comprehensive person-centered care plan for each resident that includes measurable objectives and timeframes to meet a resident's medical, nursing, mental and psychosocial needs . that includes minimum healthcare information necessary to properly care for each resident and instructions needed to provide effective and person-centered care that meet professional standards of quality care. .5. The resident has the right to refuse or discontinue treatment. In the event the resident refuses certain services posing a risk to resident's health and safety, the comprehensive care plan will identify care or services declined, the associated risk, Interdisciplinary Team's efforts to educate the resident and resident representative and any alternate means to address risk. 6. The resident's comprehensive plan of care will be reviewed and/or revised by the interdisciplinary team after each assessment .
F 0694 **Level of harm** - Minimal harm or potential for actual harm **Residents Affected** - Few	**Provide for the safe, appropriate administration of IV fluids for a resident when needed.** **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**

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 0694 **Level of harm** - Minimal harm or potential for actual harm **Residents Affected** - Few	(continued... from page 1) Based on observation, interview, and record review, the facility failed to ensure [MEDICATION NAME] care and services were administered consistent with professional standards of practice for one Resident (R#1) of one resident reviewed for intravenous fluids. -R#1's intravenous antibiotic therapy was not administered in accordance with the resident's plan of care and physician order. -R#1's peripheral catheter was not assessed prior to and during IV antibiotic therapy. These failures could place residents with IVs at risk of not receiving the appropriate IV care. Findings included: Record review of R#1's MDS assessment, dated 01/17/20, revealed R#1 was able to make herself understood and was able to understand others. Record review of R#1's medical [DIAGNOSES REDACTED]. R#1's [DIAGNOSES REDACTED]. Record review of R#1's Physician Orders, dated 04/26/20, revealed an order to: Administer [MEDICATION NAME] in D5W solution 400mg/200ml. Use 400mg IV every 12 hours for E. Coli to Urine for seven days. There was no order to assess R#1's peripheral IV site or to flush the peripheral IV site before or after administration of the IV antibiotic. Observation on 04/27/20 at 11:27 a.m., accompanied by the Operations Manager and the DON, revealed R#1 was in a wheelchair with an IV pole, in Hall A. The IV fluids hanging from the pole were connected via tubing to R#1's left upper extremity. Further observation revealed the IV bag contained [MEDICATION NAME] 400 milligrams in 200 milliliters of [MEDICATION NAME] five with water. The IV bag was labeled as started by LVN A on 04/27/20 at 8:59 a.m. The dial-a-meter was set at 200 and tubing was connected to R#1's Left antecubital space. The IV tubing was not labeled with a date and time. The dressing to the peripheral IV site was dated 04/27/20, but there was no documentation of the time the IV was initiated or the gauge of the IV. Further observation revealed the chamber leading from the IV fluids to the IV tubing was not releasing antibiotic. All locks were open to allow antibiotic to be delivered. R#1 straightened her arm to assess if the peripheral IV was positional, but the IV failed to start. At this time, the DON said R#1's peripheral IV was not functioning properly. During an interview on 04/27/20 at 11:29 a.m., the DON said the antibiotic for R#1's UTI had been initiated at 8:59 a.m., for over two hours. The dial-a-meter was set at 200 and the medications should have been administered by 10:00 a.m. The DON confirmed the peripheral IV had been started on 04/27/20 that the time and gauge of the IV catheter was not documented on the dressing. The DON said the nurse was to monitor the IV fluids to ensure infusion. The DON said the peripheral IV needed to be restarted and that she would restart the IV. The DON stated LVN A was unavailable at this time to interview due to being on break. The DON said medications could be administered up to an hour before or after the scheduled time, giving a two-hour window. The DON confirmed this antibiotic was over the two-hour window. Record review of R#1's progress notes, dated 04/27/20 at 3:11 p.m., revealed R#1's IV antibiotic was connected but had trouble infusing due to IV being positional, so the antibiotic did not infuse as expected. R#1's progress notes indicated a new IV catheter was reinserted. R#1's progress notes did not document what time the peripheral IV was initiated, if aseptic technique was utilized, or type of dressing applied if any. R#1's progress notes did not document if the catheter was flushed with normal saline and what time the initial IV was removed, if the catheter was intact, and the type of dressing applied. R#1's progress notes did not document when the second IV was started, the size of the catheter, if aseptic technique was utilized, if the catheter was flushed with normal saline, and if a dressing was applied. In an interview on 04/27/20, R#1 said the IV medication should have been disconnected already and that she wanted the IV tubing moved. Record review of R#1's MAR, dated 04/28/20, revealed on 04/27/20 there was not an order to flush R#1's peripheral IV site before or after administration of the IV antibiotic. Record review of R#1's MAR, dated 04/28/20, revealed on 04/27/20 IV antibiotic was administered at 8:00 a.m. and 8:00 p.m. Record review of a physician's orders [REDACTED].#1's peripheral IV site before and after administration of the IV antibiotic. Record review of R#1's TAR, dated 04/28/20, revealed R#1 was an [AGE] year-old female who was admitted on [DATE]. The TAR did not indicate an order to assess R#1's peripheral IV site. Record review of R#1 care plan dated 04/28/20 revealed: Focus: (R#1) is on [MEDICATION NAME] antibiotic therapy related to Urine E. Coli infection. Goal: Will be free from any discomfort or adverse side effects of antibiotic therapy through the review date. Interventions: Administer medication as ordered . R#1's care plan did not address interventions for assessment, monitoring, and care for R#1's peripheral IV site, to prevent complications. In an interview on 04/29/20 at 1:07 p.m., the DON said the nurse's notes for R#1's IV should have documented the IV site, IV catheter size, and the time of IV initiation. The DON said she thought the documentation for R#1 was in the chart but, upon inspection of the nurses notes for R#1, the DON confirmed R#1 did not have documentation as to the time of initial or secondary IV sites, gauge size for the secondary site, or time of medication being initiated. The DON said documentation of IV inspection before IV administration was to be in the nurses notes and R#1 did not have documentation prior to initial IV medication administration at 8:39 a.m. on 04/27/20. The DON confirmed there was no documentation for R#1's IV assessment on 04/28/20 in the nurses notes. The DON confirmed there was not an adjustment to the antibiotic [MEDICATION NAME] IV time of administration on 04/27/20. The DON confirmed the IV tubing was not dated or timed, and the IV dressing did not have a time. In an interview on 05/04/20, the Operations Manager said IV documentation was done in the nurses notes and on the IV bag itself. The Operations Manager said the facility did not have a written policy regarding medication times. The Operations Manager did not provide surveyor with an IV medication policy. Record review of proficiency revealed: Omnicare Infusion Services Certificate of Completion is hereby granted to (LVN A) to certify that he/she has successfully completed Essential of Infusion Therapy dated 03/07/20 and 03/08/20 education hours: 14. No other proficiency was provided by the Operations Manager. Review of a facility policy titled, Nursing Clinical Section Documentation Subject IV Documentation, dated 05/2007, revealed: -It is the policy of this facility that IV medications used in this facility shall be with written orders from physicians and shall be documented on the IV medication sheet. -1. A [DIAGNOSES REDACTED]. .3. The following documentation shall be included on the specified facility form. .C. Tubing Change: For primary and secondary. Include the actual date and time of change and site. D. IV site change: For use in peripheral access. Include the actual date, time of change and site. E. Needle/Catheter type and size . F. Dressing Change: .dressing type. G. Site check .include the condition of the site .4. Residents response to IV therapy shall be recorded in the Licensed Nurse's Notes. 5. IV therapy program shall be included on the residents care plan to further monitor and assess the resident's status and progress. Record review of the Texas Board of Nursing revealed: Texas Administrative Code Next Rule>> TITLE 22 EXAMINING BOARDS PART 11 TEXAS BOARD OF NURSING CHAPTER 217 LICENSURE, PEER ASSISTANCE AND PRACTICE RULE 217.11 Standards of Nursing Practice _____ The Texas Board of Nursing is responsible for regulating the practice of nursing within the State of Texas for Vocational Nurses, Registered Nurses, and Registered Nurses with advanced practice authorization. The standards of practice establish a minimum acceptable level of nursing practice in any setting for each level of nursing licensure or advanced practice authorization. Failure to meet these standards may result in action against the nurse's license even if no actual patient injury resulted. (1) Standards Applicable to All Nurses. All vocational nurses, registered nurses and registered nurses with advanced practice authorization shall: . (C) Know the rationale for and the effects of medications and treatments and shall correctly administer the same; (D) Accurately and completely report and document: . (ii) nursing care rendered; . (iv) administration of medications and treatments; . (M) Institute appropriate nursing interventions that might be required to stabilize a client's condition and/or prevent complications; . (R) Be responsible for one's own continuing competence in nursing practice and individual professional growth; . Source Note: The provisions of this 217.11 adopted to be effective September 28, 2004, 29 TexReg 9192; amended to be effective November 15, 2007, 32 TexReg 8165.
F 0842 **Level of harm** - Minimal harm or potential for actual harm **Residents Affected** - Few	**Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards.** **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to maintain medical records in accordance with accepted professional standards and practices, that were complete and accurately documented, for one Resident (R#1) of five residents whose records were reviewed for accuracy, in that: Nursing staff did not document the condition R#1's IV site. Nursing staff did not document the accurate time of administration of R#1's antibiotic. These failures could place residents with IVs at risk for not being provided necessary care and services. The findings were: Record review of R#1's MDS assessment, dated 01/17/20, revealed R#1 was able to make herself understood and was able to understand others. Record review of R#1's medical [DIAGNOSES REDACTED]. R#1's [DIAGNOSES REDACTED]. Record review of R#1's Physician Orders, dated 04/26/20, revealed an order to: Administer [MEDICATION NAME] in D5W solution 400mg/200ml. Use 400mg IV every 12 hours for E. Coli to Urine for seven days. Observation on 04/27/20 at 11:27 a.m., accompanied by the Operations Manager and the DON, revealed R#1 was in a wheelchair with an IV pole, in Hall A. The IV fluids hanging from the pole were connected via tubing to R#1's left upper extremity. Further observation revealed the IV bag contained [MEDICATION NAME] 400 milligrams in 200

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F 0842 **Level of harm** - Minimal harm or potential for actual harm **Residents Affected** - Few	(continued... from page 2) milliliters of [MEDICATION NAME] five with water. The IV bag was labeled as started by LVN A on 04/27/20 at 8:59 a.m. The dial-a-meter was set at 200 and tubing was connected to R#1's Left antecubital space. The IV tubing was not labeled with a date and time. The dressing to the peripheral IV site was dated 04/27/20, but there was no documentation of the time the IV was initiated or the gauge of the IV. Further observation revealed the chamber leading from the IV fluids to the IV tubing was not releasing antibiotic. All locks were open to allow antibiotic to be delivered. R#1 straightened her arm to assess if the peripheral IV was positional, but the IV failed to start. At this time, the DON said R#1's peripheral IV was not functioning properly. Record review of R#1's progress notes, dated 04/27/20 at 3:11 p.m., revealed R#1's IV antibiotic was connected but had trouble infusing due to IV being positional, so the antibiotic did not infuse as expected. R#1's progress notes indicated a new IV catheter was reinserted. R#1's progress notes did not document what time the peripheral IV was initiated, if aseptic technique was utilized, or type of dressing applied if any. R#1's progress notes did not document if the catheter was flushed with normal saline and what time the initial IV was removed, if the catheter was intact, and the type of dressing applied. R#1's progress notes did not document when the second IV was started, the size of the catheter, if aseptic technique was utilized, if the catheter was flushed with normal saline, and if a dressing was applied. In an interview on 04/27/20, R#1 said the IV medication should have been disconnected already and that she wanted the IV tubing moved. Record review of R#1's MAR, dated 04/28/20, revealed on 04/27/20 there was not an order to flush R#1's peripheral IV site before or after administration of the IV antibiotic. Record review of R#1's MAR, dated 04/28/20, revealed on 04/27/20 IV antibiotic was administered at 8:00 a.m. and 8:00 p.m. During an interview on 04/27/20 at 11:29 a.m., the DON said the antibiotic for R#1's UTI had been initiated at 8:59 a.m., for over two hours. The dial-a-meter was set at 200 and the medications should have been administered by 10:00 a.m. The DON confirmed the peripheral IV had been started on 04/27/20 that the time and gauge of the IV catheter was not documented on the dressing. The DON said the nurse was to monitor the IV fluids to ensure infusion. The DON said the peripheral IV needed to be restarted and that she would restart the IV. The DON stated LVN A was unavailable at this time to interview due to being on break. The DON said medications could be administered up to an hour before or after the scheduled time, giving a two-hour window. The DON confirmed this antibiotic was over the two-hour window. In an interview on 04/29/20 at 1:07 p.m., the DON said the nurse's notes for R#1's IV should have documented the IV site, IV catheter size, and the time of IV initiation. The DON said she thought the documentation for R#1 was in the chart but, upon inspection of the nurses notes for R#1, the DON confirmed R#1 did not have documentation as to the time of initial or secondary IV sites, gauge size for the secondary site, or time of medication being initiated. The DON said documentation of IV inspection before IV administration was to be in the nurses notes and R#1 did not have documentation prior to initial IV medication administration at 8:39 a.m. on 04/27/20. The DON confirmed there was no documentation for R#1's IV assessment on 04/28/20 in the nurses notes. The DON confirmed there was not an adjustment to the antibiotic [MEDICATION NAME] IV time of administration on 04/27/20. The DON confirmed the IV tubing was not dated or timed, and the IV dressing did not have a time. In an interview on 05/04/20, the Operations Manager said IV documentation was done in the nurses notes and on the IV bag itself. The Operations Manager said the facility did not have a written policy regarding medication times. Review of a facility policy titled, Nursing Clinical Section Documentation Subject IV Documentation, dated 05/2007, revealed: -It is the policy of this facility that IV medications used in this facility shall be with written orders from physicians and shall be documented on the IV medication sheet. -1. A [DIAGNOSES REDACTED]. .3. The following documentation shall be included on the specified facility form. .C. Tubing Change: For primary and secondary. Include the actual date and time of change and site. D. IV site change: For use in peripheral access. Include the actual date, time of change and site. E. Needle/Catheter type and size . F. Dressing Change: .dressing type. G. Site check .include the condition of the site .4. Residents response to IV therapy shall be recorded in the Licensed Nurse's Notes. 5. IV therapy program shall be included on the residents care plan to further monitor and assess the resident's status and progress.
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, including hand hygiene, and to help prevent the development and transmission of communicable diseases and infections, for three Residents (R#4, R#5, and R#2) of six residents observed for infection control practices, in that: 1) CNA D failed to remove dirty linen from R#4's room. 2) Staff failed to remove dirty linen from R#5's room. 3) Rags used to wipe disinfectant off equipment in the Physical Therapy Department were left on a mat and a wooden step. The facility failed to utilize the disinfectant per manufacturer's guidelines. 4) CNA C failed to transport dirty linen in a sanitary manner. 5) The Housekeeper's mask was not worn correctly. 6) CNA A did not perform hand hygiene between glove changes during incontinent care for R#2. CNA A and CNA B did not perform proper hand hygiene after incontinent care for R#2. 7) The facility failed to have an infection surveillance program. These failures could affect residents dependent upon care and place them at risk for healthcare associated cross-contamination and infections. The findings included: 1) Record review of R#4's electronic diagnoses, dated 04/29/20, revealed R#4 was an [AGE] year-old female. admitted was not available. R#4's [DIAGNOSES REDACTED]. Observation on 04/27/20 at 10:43 a.m., during initial rounds of the facility with the Operations Manager, revealed R#4 lying in bed, with dirty linen on the floor and clean linen beside the sink. In an interview on 04/27/20 at 10:44 a.m., the Operations Manager said dirty linen was not to be left in the resident's room and clean linen was not to be left by the resident's sink due to possible contamination or infection. In an interview on 04/27/20 at 10:49 a.m., CNA D said she had left the linen so that she could obtain the dirty linen barrel from down the hall. 2) Record review of R#5's electronic immunization sheet, dated 04/29/20, revealed R#5 was a [AGE] year-old female. admitted was not available. Record review of R#5's Minimum Data Set (MDS) assessment, dated 03/02/20, revealed R#5: -had clear speech, -was able to make herself understood, -was able to understand others, -required extensive assistance from staff for bed mobility, transfers, locomotion, dressing, eating, toilet use, and personal hygiene, and -was totally dependent on staff for bathing. Observation on 04/27/20 at 10:49 a.m., during initial rounds of the facility with the Operations Manager, revealed dirty linen on the floor of R#5's room, under the sink and dirty linen on the counter near the sink. In an interview on 04/27/20 at 10:49 a.m., the Operations Manager said dirty linen was not to be left on the floor or on the counter. The Operations Manager said dirty linen was to be placed in the linen barrel and not left unattended. Record review of the facility's Policy and Procedure titled, Section: Laundry, dated 05/07, revealed: It is the policy of this facility to use the following guidelines with soiled linen PROCEDURES: Collecting Soiled Linen 1. Soiled linen shall not come into contact with floor and furniture . .3. Place all soiled linen in designated containers marked 'Soiled Linen' .5. Keep soiled linen containers properly covered at all times . Floor Collection of Soiled Linen 1. Soiled linen should be removed from resident's room and placed in containers labeled 'Soiled Linen' with lids secured at all times . 5. Care shall be taken to ensure that soiled linen containers are not overloaded and that lids fit securely (approximately full) . 3) Observation of the Physical Therapy Department on 04/27/20 at 10:54 a.m., with the Operation Manager, revealed an unfolded white terry cloth rag on a mat with restorator equipment for facility residents to use. In an interview at the time of the observation, the Operations Manager said the rag should not be there and was unable to state if the rag was clean or dirty. The Operations Manager said the mat was holding equipment that was utilized by residents. In an interview at the time of the observation, the COTA said the rag was dirty and had not been put up. The COTA said the rag had been used to wipe off the disinfect that had been sprayed on the equipment. Observation of the Physical Therapy Department on 04/27/20 at 10:55 a.m., with the Operation Manager, revealed a white terry cloth rag on the bottom step of a three step wooden platform. In an interview at the time of the observation, the PTA said the rag on the step was dirty. The PTA said, We sprayed the equipment with the Vindicator disinfectant and if we do not have time to wait we wipe it off with the rag. In an interview on 04/27/20 at 10:58 a.m., the Interim DOR said the facility utilized Vindicator disinfectant to spray the equipment in a sanitization station or scrub it down. The Interim DOR said, for something like gait belts, they sprayed the Vindicator and scrubbed it with the washcloth if they could not wait the 10 minutes. The Interim DOR said they really could not wait the 10 minutes. The Interim DOR said the rags should be put in the dirty linen. When asked for clarification regarding the omission of 10 minutes before wiping off the Vindicator disinfectant, the Interim DOR acknowledged the label on the Vindicator itself did not indicate they could remove before the 10 minutes. The Interim DOR said the Maintenance Director instructed the department on how to use the Vindicator disinfectant. In an interview at 04/27/20 at 11:00 a.m., the Operations Manager said the facility just started utilizing the Vindicator disinfectant and acknowledged the label on the Vindicator indicated how to use the product. The Operations Manager said the Maintenance Director would know. In an interview on 04/27/20 at 11:21 a.m., the Maintenance

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	675933	A. BUILDING _____ B. WING _____	05/04/2020

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
TREASURE HILLS HEALTHCARE AND REHABILITATION CENTE	2204 PEASE ST HARLINGEN, TX 78550

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 0880 **Level of harm** - Minimal harm or potential for actual harm **Residents Affected** - Some	(continued... from page 3) Director said the Vindicator disinfectant spray could be utilized by spraying an object and waiting 10 minutes or by spraying an object and immediately wiping the object down with a cloth. Surveyor requested the directions for the Vindicator disinfectant. In an interview on 04/27/20 at 11:30a.m., the Operations Manager read the Vindicator disinfectant directions obtained from the Maintenance Director. The Operations Manager said the Vindicator disinfectant was to be sprayed on the surface and left uninterrupted for 10 minutes before utilizing a cloth. Surveyor requested a copy of the Vindicator disinfectant instructions. The facility did not provide the instructions for the use of Vindicator disinfectant. 4) Observation during initial rounds with the Operations Manager and the DON, on 04/27/20 at 11:08 a.m., revealed CNA C was coming down Hall B with two barrels. The first barrel lid was observed to open. In an interview at the same time of the observation, CNA C said the barrel contained dirty linen and the lid was supposed to have been closed and secured in order to prevent possible contamination. In an interview on 04/27/20 at 11:09 a.m., the DON said the barrels of trash and dirty linen were to be kept closed, to stop the spread of infection. 5) Observation during initial rounds, with the Operations Manager and the DON, on 04/27/20 at 11:12 a.m., revealed the Housekeeper was wearing a face mask with her mouth covered, but her nose exposed. The straps holding the face mask to the Housekeeper's ears were not fitted behind the ears and were sagging. In an interview at the time of the observation, the Housekeeper said the mask was too large for her face and would slide down past her nose. The Housekeeper said she wore the mask to protect the residents. In an interview on 04/27/20 at 11:13 a.m., the DON said masks were to fit over the nose and mouth. The DON acknowledged the Housekeeper's mask was not the correct size and, therefore, was not providing proper infection control. In an interview on 04/27/20 at 11:14 a.m., the Operations Manager said masks were to be worn covering the nose and mouth. The masks were in place for infection prevention. 6) Observation on 04/27/20 at 11:33 a.m., revealed CNA A and CNA B were providing incontinent care to R#2. CNA A did not perform hand hygiene in between glove changes. CNA A removed R#2's soiled brief, proceeded to remove gloves, opened the top drawer of the nightstand, removed a clean brief, donned new glove and placed a clean, dry, and intact brief on R#2. CNA A failed to perform hand hygiene after doffing gloves, after touching surfaces within proximity of R#2 and failed to perform hand hygiene before donning new gloves. After incontinent care, CNA A performed hand hygiene, scrubbing of the hands for 10 seconds, and CNA B performed hand hygiene, scrubbing of the hands for 18 seconds. In an interview on 04/27/20 at 11:42 a.m., CNA A said hand hygiene was to be performed whenever gloves were donned or changed. CNA A said she did not perform hand hygiene after doffing gloves, after touching R#2's nightstand, and before donning new gloves to put on R#2's clean brief. CNA A said, when performing hand washing, the whole process, from the time the water was turned on to the time hands were dried, was 25 seconds. In an interview on 04/27/20 at 11:43 a.m., CNA B said when performing hand washing, the whole process, from the time the water was turned on to the time hands were dried, was 30 seconds. In an interview on 04/27/20 at 11:44 a.m., LVN A said handwashing was scrubbing the hands for 30 seconds. 7) In an interview on 04/27/20 at 11:50 a.m., the ADON/IP said facility infections were listed by halls and the numbers run in numerical order. The ADON/IP said there was no way to see if there was an outbreak in a cluster. The ADON/IP said she did not map the infections. The ADON/IP said the facility's infection surveillance system was lacking information to assist with infection surveillance in the facility. The ADON/IP said there were no infection control meeting minutes and neither the Pharmacist nor a physician attended the meetings regularly. In an interview on 04/27/20 at 11:51 a.m., the DON acknowledged the facility's infection surveillance system was not able to identify an outbreak in the facility by area location. In an interview on 04/27/20 at 11:52 a.m., the Operations Manager said the facility's infection surveillance system was not identifying if the facility was to have an outbreak of infections in, for example, a cluster of rooms. The Operations Manager said infection control meetings did not include the Pharmacist and there were not any minutes for the infection control meetings. The Operations Manager said the facility's Medical Director did not always attend the infection control meetings. Review of the facility's Infection Control program, last revised in 05/07, revealed: -I. GOALS The goals of the Infection Control Program are to: A. Decrease the risk of infection to patients and personnel. B. Monitor for occurrence of infection and implement appropriate control measures. C. Identify and correct problems relating to infection control practices. D. Ensure compliance with state and federal regulations relating to infection control - A. SURVEILLANCE OF INFECTIONS There is on-going monitoring for infections among patients and personnel and subsequent documentation of infections that occur B. IMPLEMENTATION OF CONTROL MEASURES Prevention of spread of infections is accomplished by use of Universal Precautions and other barriers, . C. PREVENTION OF INFECTION Staff and patient education is done to focus on risk of infection and practices to decrease risk. Policies, procedures and aseptic practices are followed by personnel in performing procedures and in disinfection of equipment Minutes of the Infection Control Committee meetings are maintained. Record review of the facility's, Preparedness Facility Assessment, dated 09/18/17 and 08/18/17 revealed: The purpose of the assessment is to determine what resources are necessary to care for residents competently during both day-to-day operations and emergencies As well as our capabilities to provide services to the residents in the facility Focuses on ensuring each resident is provided care that allows the resident to maintain or attain their highest practicable physical, mental and psychosocial wellbeing. .The infections are mapped weekly to determine any patterns of infection and potential transmission from one resident to another. Review of the facility's handwashing policy, last revised in May 2007, revealed: It is the policy of this facility to cleanse hands to prevent transmission of possible infectious material and to provide clean, healthy environment for residents and staff. PURPOSE: Hand washing is generally considered the most important single procedure for preventing nosocomial infections. Antiseptics control or kill microorganisms contaminating skin and other superficial tissues and are sometimes composed of the same chemicals that are used for disinfection of inanimate objects. Although antiseptics and other hand washing agents do not sterilize the skin, they can reduce microbial contamination depending on the type and the amount of contamination, the agent used, the presence of residual activity and the hand washing technique followed. PROCEDURES: Handwashing 1. Wet hands and apply soap to hands from soap dispenser. 2. Rub hands in circular motion for not less than fifteen (15) seconds. 3. Rub fingers between fingers for fifteen (15) seconds . Review of CDC's Guidelines for Handwashing, updated October 2019 and accessed on https://www.cdc.gov/handwashing/when-how-handwashing.html, revealed: Follow these five steps every time. 1. Wet your hands with clean, running water (warm or cold), turn off the tap, and apply soap. 2. Lather your hands by rubbing them together with the soap. Lather the backs of your hands, between your fingers, and under your nails. 3. Scrub your hands for at least 20 seconds. Need a time? Hum the Happy Birthday song from beginning to end twice. 4. Rinse your hands well under clean, running water. 5. Dry your hands using a clean towel or air dry them.
F 0881 **Level of harm** - Minimal harm or potential for actual harm **Residents Affected** - Some	**Implement a program that monitors antibiotic use.** **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to implement an antibiotic stewardship program that included antibiotic use protocols and a system to monitor antibiotic use. The facility's infection prevention and control program did not implement a facility-wide system to monitor the use of antibiotics and did not develop and implement protocols to optimize the treatment of [REDACTED]. This failure could place residents receiving antibiotics at risk for unnecessary antibiotic use, inappropriate antibiotic use, and increased antibiotic-resistant infections. Findings included: In an interview on 04/27/20 at 12:36 p.m., the ADON/IP said she was responsible for the facility's Infection Control Program and had completed the Nursing Home Infection Preventionist training course by the CDC on 04/20/20. The ADON/IP said she did not track and trend antibiotic usage in the facility. The ADON/IP was unable to state which physicians were utilizing antibiotics. The ADON/IP said labs were not always performed before or after antibiotic use; not all physicians would order labs. In an interview on 04/27/20 at 12:37 p.m., the DON said the facility had not been tracking and trending antibiotic use. The DON said she completed the Nursing Home Infection Preventionist training course by CDC in 04/2020. In an interview on 04/27/20, the Operations Manager said the facility's Pharmacist was not present for infection control meetings and there were no infection control meeting minutes. The Operations Manager said the facility had not been tracking and trending antibiotic use in the facility. The Operations Manager said the ADON/IP and the DON had completed the Nursing Home Infection Preventionist course by the CDC. Record review of the facility's, Preparedness Facility Assessment, dated 09/18/17 and 08/18/17, revealed: -The purpose of the assessment is to determine what resources are necessary to care for residents competently during both day-to-day operations and emergencies As well as our capabilities to provide services to the residents in the facility Focuses on ensuring each resident is provided care that allows the resident to maintain or attain their highest practicable physical, mental and psychosocial wellbeing. -The infections are mapped weekly to determine any patterns of infection and potential transmission from one resident to another. -The facility has initiated an Antibiotic Stewardship committee to assure judicious use of antibiotics, and to assist in reducing Multi-Drug Resistant Organisms . 1. Evidence-based practices a. reduce antibiotic use through antibiotic stewardship . The facility did not

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F 0881 **Level of harm -** Minimal harm or potential for actual harm **Residents Affected -** Some	(continued... from page 4) provide an Antibiotic Stewardship Program Policy. The facility did not provide the Infection Preventionist Job Description. The facility did not provide the Certificate of Nursing Home Infection Preventionist Training completion for the DON.