STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	455855	A. BUILDING _____ B. WING _____	**03/04/2020**

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
KENNEDY HEALTH & REHAB	**504 N JOHN REDDITT DR LUFKIN, TX 75904**

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.** Based on observation, interview and record review, the facility failed to ensure that the resident environment remains free of accident hazards as is possible. There were rubber gloves and paper in 1 of 4 red metal cans designated for cigarette butts only. There was a cigarette package in a metal ash tray, sitting on top of a burning cigarette. This failure could place residents at risk for injury. Findings included: During an observation on [DATE] 11:45 a.m., there were 2 employees and one resident in the designated resident smoking area smoking. A Laundry worker was sitting on top of the picnic table next to the ashtray. After they left, there was a burning cigarette left in a metal ashtray on top of a picnic table. There was a cigarette pack sitting on top of the burning cigarette, and visible smoke coming from ash tray. During an observation on [DATE] 11:45 a.m., there were rubber gloves noted in one fire resistant red can, with cigarette butts. During an interview on [DATE] at 12:00 p.m., the administrator said the laundry worker was new, but he had been in-serviced on the smoking policy, and that the staff knew better. During an interview on 3/3/2020 at 9:30 a.m., laundry supervisor said it was everyone's responsibility to empty/clean out the red cigarette butt cans. During an interview on 3/3/30 laundry worker, said he had been employed at the facility 4-5 days. He did not see smoke coming from the ashtray when he left. He said, it should have clicked in my head. He said he took residents out to smoke, and knew oxygen was not allowed in the smoking area. During an interview on 3/4/2020 at 11:45 a.m., the facility was asked for additional information for this deficiency. No additional information was provided.
F 0812 **Level of harm** - Minimal harm or potential for actual harm **Residents Affected** - Some	**Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.** Based on observation, interview, and record review the facility failed to store, prepare, distribute and serve food under sanitary conditions in the kitchen. The facility did not ensure undated and unsealed food was inaccessible. This failure could place residents who received meals prepared in the kitchen at risk of cross contamination and foodborne illness. Findings included: During an observation on 03/02/20 at 9:50 a.m., the following items were noted in the kitchen: An unsealed open bag of rice was in the supply room with no date. A large white bag of liquid was attached to the juice dispenser with no label or date. A container of Poultry Seasoning was in the kitchen with dried food debris on the outside of the container with no date. A zip lock bag with sliced meat was unsealed, unlabeled, and not dated, in the walk-in refrigerator. During an interview on 03/3/20 at 11:10 a.m., the FSS said she was out sick last week, but her staff knew they were supposed to date and label everything that comes in the kitchen. During an interview on 03/04/20 at 10:45 a.m., the administrator she said she expected the kitchen staff to label and date food stored in the kitchen. Undated Food Storage Policy indicated .Foods should be properly stored by covering, labeling and dating as to use by date . During an interview on 03/04/20 at 11:55 a.m., the facility was asked for additional information at exit regarding food storage. No additional information was provided.
F 0881 **Level of harm** - Minimal harm or potential for actual harm **Residents Affected** - Some	**Implement a program that monitors antibiotic use.** 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. Findings included: The facility's infection prevention and control program did not establish an infection prevention and control program that included an antibiotic stewardship program to monitor the use of antibiotics. This failure could place residents receiving antibiotics at risk for unnecessary antibiotic use, inappropriate antibiotic use, and increased infections that are resistant to antibiotics. Findings included: Review of the Facility Infection Control surveillance data collection for January and February 2020, there was no system to monitor antibiotic usage. During an interview on 3/4/20 at 8:35 a.m., LVN A said she was responsible for the Infection Control Program. She said there had not been any staff training on Antibiotic Stewardship, and there was no antibiotic tracking. She stated that the pharmacist does not attend antibiotic stewardship meetings. The Antibiotic Stewardship Program policy dated 2017-2018, indicated the following, .The Antimicrobial Stewardship Program committee will be composed of, at a minimum, the medical director of the facility, the director of nursing services, and a consultant pharmacist ., .coordinate with antimicrobial stewardship committee to provide in-service presentations to educate staff . An Infection Preventionist policy with a revision date of 2016 indicated the following: .orientation, training, and education of staff will emphasize the importance of antibiotic stewardship . An Antibiotic Stewardship-Review and Surveillance of Antibiotic Use and Outcomes policy with a revision date of December 2016 indicated the following .Antibiotic usage and outcome data will be collected and documented using a facility approved antibiotic surveillance tracking form . During an interview on 3/4/2020 at 11:45 a.m., the facility was asked for additional information regarding this deficiency. No additional information was provided.
F 0921 **Level of harm** - Minimal harm or potential for actual harm **Residents Affected** - Some	**Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public.** **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation and interview and record review, the facility failed to provide a safe, functional, sanitary, and comfortable environment for residents, staff and the public. The facility did not ensure the shower room on Hall 700 was clean and in good condition. The facility did not maintain resident rooms and hallways free of urine odors. This failure could place residents, staff and employees at risk of injury. Findings included: 1. During an observation on 03/03/20 at 8:35 a.m., the walls in the shower stall were covered in an unidentified black substance. Two ceramic tiles were missing from the wall near the bottom of the shower, a thick grayish substance covered the vent in the ceiling, and plaster was hanging from the ceiling. During an interview on 03/03/20 at 8:40 a.m. the DON stated, It's mold referring to the black unidentifiable substance observed on the shower room walls. The DON said the shower room was used by residents and the ceramic tiles had been missing for approximately a week. During an interview on 03/03/20 at 8:50 a.m., the maintenance supervisor said he needed to do some repairs in the bathroom and it had looked that for one month. 2. An MDS dated [DATE] indicated Resident #46, was an [AGE] year old male, admitted on [DATE], and had moderate cognitive impairment. He was frequently incontinent of urine and required extenive assistance with bed mobility. During an interview on 03/02/20 at 9:45

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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F 0921 **Level of harm** - Minimal harm or potential for actual harm **Residents Affected** - Some	(continued... from page 1) a.m., LVN B said resident #46 used his urinal and was incontinent at times. She said he poured urine on himself, bedding and fall mat. During an observation on 03/02/20 at 9:50 a.m., there was a strong urine odor in the entire hallway inside the locked unit where Resident #46 resided. Resident #46 had a strong old urine smell on him, his bedding and the entire room. A yellow sticky substance that smelled of old urine was on the fall mat on the right side of the bed. Resident #46's urinal was beside him on the bed and had an offensive pungent urine odor. During observations on 03/02/20 at 2:12 p.m., there was a strong urine odor noted in the hallway of the secured unit. During an interview on 03/03/20 9:06 a.m., LVN B said Resident #46 was hard to deal with. She said they would try to give him a shower, but he had a history of [REDACTED].#46 had a strong old pungent urine odor on him, his bedding and the entire room. A yellow dirty linen cart was observed in the hallway that smelled strongly of old urine. 3. During an observation on 03/04/20 9:49 a.m. Hallway 700 had a strong urine odor. room [ROOM NUMBER] was empty and had an overwhelming smell of old urine. An Administrative Policy for Environmental Services dated November 2017 noted, Cleaning and Disinfecting Purpose: To keep facilities clean and odor free . During an interview on 03/03/20 at 11:45 a.m., the facility was asked for additional information for the environment at exit, no additional information was provided.
F 0926 **Level of harm** - Minimal harm or potential for actual harm **Residents Affected** - Few	**Have policies on smoking.** **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review, the facility failed to follow their own established smoking policy for 3 of 15 residents reviewed for smoking. (Residents #15, #53, and #43). The facility did not complete Smoking Safety Evaluations on Residents who smoked. This failure could place residents at risk of an unsafe smoking environment and injury. Findings included: 1. A face sheet dated 3/20/2020 indicated Resident #53 was a [AGE] year-old female, with a re-admitted [DATE]. [DIAGNOSES REDACTED]. Physician orders [REDACTED]. An MDS dated 1/24/2020 indicated the Resident #53 had no cognitive impairment, and required limited assist with set up and one-person physical assist with activities of daily living. A care plan with a revision date of 9/16/18 indicated Resident #53 required staff supervision when using tobacco products. Interventions included assistance with lighting tobacco products only, and she required tobacco and fire-starting materials be kept by facility/community for safety. The most recent Smoking Safety Evaluation was dated 12/12/2018. 2. A face sheet dated 3/3/2020 indicated Resident #43 was a [AGE] year-old female, admitted to the facility on [DATE] with [DIAGNOSES REDACTED]. An MDS dated [DATE] indicated the Resident #43 had no cognitive impairment, and required supervision, set up, and one-person physical assist for activities of daily living. A Care Plan with a revision date of 1/23/2017 indicated Resident #43 smoked. Interventions included perform smoking assessment according to policy, monitor as needed when smoking to assure resident safety, and to keep all smoking material at nurses' station. The most recent Smoking Safety Evaluation was dated 9/20/2018. 3. A face sheet dated 3/3/3020 indicated Resident #15 was an [AGE] year-old female with a re-admitted [DATE]. [DIAGNOSES REDACTED]. An MDS dated [DATE] indicated Resident #15 had no cognitive impairment and required supervision of one-person physical assist with activities of daily living. A care plan revision date of 10/3/18 indicated Resident #15 required staff supervision while smoking. Interventions included: no oxygen was to be located in the smoking area, and the resident would be supervised by a visitor or staff member at all times when she smoked. The most recent Smoking Safety Evaluation was dated 1/2/2019. During an interview on 3/3/20 at 9:30 a.m. the social worker said she did the smoking safety evaluations. She said no smoking evaluations had been done this year. She said she only completed evaluations on admission and did not know they had to be done more often. A smoking policy dated 5/2017 indicated: .A Smoking Safety Evaluation will be completed in the clinical software, for all residents who smoke on admission, change of condition and quarterly . During an interview on 3/4/2020 at 11:45 a.m., the facility was asked for additional information to meet this deficiency. No additional information was provided.