STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	676144	A. BUILDING _____ B. WING _____	**06/23/2020**

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
SENIOR CARE HEALTH & REHABILITATION CENTER - WICHI	**910 MIDWESTERN PKWY WICHITA FALLS, TX 76302**

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** - Minimal harm or potential for actual 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, interviews and record review the facility failed to provide each resident with necessary respiratory care consistent with professional standards of practice, for 5 of 5 residents (Residents #1, #2, #3, #4, and # 5) reviewed for respiratory care, by failing to ensure: A. Resident #1's nebulizer tubing and mask was changed and dated every week. B. Resident #2's oxygen tubing was changed and dated every week. C. Resident #3's oxygen tubing was changed and dated every week. D. Resident #4's oxygen tubing was changed and dated every week. E. Resident #5's oxygen tubing was changed and dated every week. This failure could affect the residents by placing them at risk for respiratory infections due to the potential for microorganisms infiltrating their oxygen and supplies. Findings included: Resident #1 Record review of resident #1's face sheet, dated 06/23/20, revealed the resident was admitted to the facility on [DATE], with [DIAGNOSES REDACTED]. Observation on 06/23/20 at 11:25 AM, Surveyor escorted by LVN A to resident's room revealed resident was not in his room, but his nebulizer tubing and mask were hanging in a clear, plastic trash bag off of his nightstand. The mask and the tubing were not dated. Record review of resident #1's physician orders, dated 4/16/20, revealed orders to clean nebulizer and change tubing every week on Sunday night shift. Resident #2 Record review of resident #2's face sheet, dated 06/23/20, revealed the resident was admitted to the facility on [DATE], with [DIAGNOSES REDACTED]. Observation on 06/23/20 at 11:35 AM, resident was in his room. Oxygen tubing and humidifier bottle not dated. Record review of resident #2's physician orders, dated 2/23/20, revealed orders to clean oxygen concentrator and change humidifier bottle daily on night shift, and change tubing every week on night shift every Sunday. Resident #3 Record review of resident #3's face sheet, dated 06/23/20, revealed the resident was admitted to the facility on [DATE], with [DIAGNOSES REDACTED]. Observation made on 06/23/20 at 11:33 AM revealed resident # 3's oxygen tubing was not dated, and humidifier bottle was dated 4/19/20. Record review of resident #3's physician orders, dated 2/22/20, revealed an order to change oxygen concentrator and tubing and set up every Sunday on night shift. Resident #4 Record review of resident #4's face sheet, dated 06/23/20, revealed the resident was admitted on [DATE], with [DIAGNOSES REDACTED]. Observation on 06/23/20 at 11:43 AM revealed resident lying in bed receiving continuous oxygen. Oxygen tubing was not dated. Record review of resident #4's physician orders, dated February 5/20/20, revealed to change tubing every week on Sunday on night shift. Resident #5 Record review of resident #5's face sheet, dated 06/23/20, revealed the resident was admitted on [DATE], with [DIAGNOSES REDACTED]. Observation of resident on 06/23/20 at 11:32 AM revealed resident #5 had tubing with no date. Record review of resident #5's physician orders, dated 1/12/20, revealed orders to be on oxygen at 2-4 lpm via NC or 5-8 lpm via mask for SOB, but the facility failed to write orders with care instructions for tubing. Review of the facility's policy and procedure, not dated, titled Administration of Oxygen revealed, section A-8, (.Oxygen cannula, tubing, and humidifier bottle should be changed weekly and prn .) Review of the facility's policy and procedure, not dated, titled Nebulizer Treatment, in section N-10 revealed (.Weekly change to new nebulizer and mouthpiece .)
F 0761 **Level of harm** - Minimal harm or potential for actual harm **Residents Affected** - Few	**Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.** **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interviews and record review the facility failed to ensure all drugs and biologicals were stored securely for one of eight residents on one of four halls (Resident #1 on hall 300) reviewed for storage of medications. Resident #1 who has a [DIAGNOSES REDACTED]. This failure could affect residents by placing them at risk of consuming unsafe medications. Findings included: Resident #1 Record review of Resident #1's face-sheet, dated June 23, 2020, revealed a [AGE] year-old male, with an admission date of [DATE]. Resident's [DIAGNOSES REDACTED]. Record review of Resident #1's current MDS dated [DATE] revealed Resident's vision was impaired. Further review of MDS revealed Resident's BIMS score of three, indicating severe cognitive impairment. Record review of Resident #1's care-plan, not date, revealed in part .Focus: (Resident #1) has impaired visual function . Further review revealed .(Resident #1) has Long Term Memory Impairment, as well as Short Term Memory Problems, Decision poor and Requires supervision and cueing, and has a Respiratory infection related to pneumonia . Record review of Resident #1's Physician orders, dated 06/23/2020, revealed an order for [REDACTED]. LVN A escorted surveyor into Resident #1's room where at that time it was discovered that resident had nebulizer medication sitting on top of his bedside table and eye drops and nasal spray in top drawer of his bedside table. When asked about the medications that were left at the resident's bedside, she stated Residents must have an order for [REDACTED]. the facility had any residents with orders to keep medication at the bedside at this time. Facility Policy and Procedure for medication administration was requested on 06/23/20 at 1:25 PM but was not provided to surveyor prior to exit.

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.