STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	675008	A. BUILDING _____ B. WING _____	03/11/2020

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
CHEROKEE ROSE NURSING AND REHABILITATION	203 GIBBS BLVD GLEN ROSE, TX 76043

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 0641 **Level of harm** - Minimal harm or potential for actual harm **Residents Affected** - Few	**Ensure each resident receives an accurate assessment.** **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review, the facility failed to accurately reflect health status of resident 1 of 14 (Resident #9), reviewed for MDS assessments. The quarterly MDS for Resident #9 did not accurately reflect PEG tube. This failure could place residents at risk for failure to maintain or improve medical status. Findings include: Record review of Resident #9 electronic Facesheet printed 03/11/2020 revealed a [AGE] year-old male that was admitted on [DATE] with the following [DIAGNOSES REDACTED]. Record review of Resident #9 Careplan last reviewed [DATE] revealed, The resident has dehydration or potential fluid deficit r/t Dysphagia, resident has g tube in place for hydration and nutrition . The resident requires tube feeding d/t dx of dysphagia. Has speech therapy in place for introduction to pudding thick substances while only with therapist and or family that have been properly trained to do so .allowed pleasure feedings via mom and dad under guidance from speech therapist . Potential risk for malnutrition. Resident has a g tube in place for hydration and nutrition d/t dx of dysphagia . Resident is NPO and receives nutrition via peg tube and is at risk for unplanned weight loss or gain. Record review of Resident #9 Annual MDS dated [DATE] revealed BI[CONDITION] of 9 meaning moderate cognitive impairment. Eating: Extensive assistance by 2-person physical assist. Active Diagnosis: [REDACTED]. Dysphagia, oropharyngeal phase. Swallowing disorder: None of the above. Nutritional Approaches: Feeding tube - nasogastric or abdominal (PEG) While a resident. Percent intake by artificial route. Proportion of total calories the resident received through [MEDICATION NAME] or tube feeding. 51% or more While a resident, During entire 7 days. Average fluid intake per day by IV or tube feeding. 501 cc/day or more While a resident, During entire 7 days. Record review of Resident #9 quarterly MDS dated [DATE] revealed a BI[CONDITION] of 11, meaning moderate cognitive impairment. Eating: Total dependence with 1-person physical assist. Active Diagnoses: [REDACTED]. Dysphagia, oropharyngeal phase. Swallowing disorder: None of the above. Nutritional approaches: Feeding tube - nasogastric or abdominal (PEG) while a resident or while not a resident. Percent intake by artificial route while a resident or during entire 7 days. Record review of Resident #9 Physician orders [REDACTED]. every shift Check placement prior to feeding and medication administration . every shift Flush tube with 60 ml water before and after medication and feedings . every shift Flush with at least 5 mls between each medication . every shift Head of bed up at least 30 degrees during administration of enteral formula or water . five times a day 1 can 5 times daily. Check residual before meds/feedings, return residual after each check . five times a day Check residual before medications and feedings; return contents after each check . one time a day administer 2 cans qd @ 2100 . two times a day Cleanse [DEVICE] site. These were active orders for Resident #9 that had a start date of 0[DATE]6/2018. In an interview with Resident #9 on 0[DATE]20 at 10:55 AM, he said that he got a bolus feeding 5 times a day through his PEG tube. He said all his medications were crushed and administered through tube. He stated that he is up in recliner for feedings and the head of his bed was elevated at night. In an interview on 03/11/20 at 12:55 PM with MDS/LVN, she said that she had been doing MDS in facility for about 2 years. She had been doing MDS for about 9 years total. She said that with a PEG tube for resident #9, he has had since he came to facility. She said that the PEG tube would be addressed in every annual or quarterly MDS and if it was not accurate on the last quarterly MDS then it was due to when it refreshed while looking at a previous MDS and she must have overlooked it. In an interview on 03/11/2020 at 01:00 PM with the DON, she said she was the RN that signs the MDS. She said she glanced through the MDS but did not go line by line. She said that regarding Resident #9, she must have overlooked the inaccuracy of his PEG tube. Record review of policy labeled Correcting Errors in MDS Records That Have Been Accepted Into the QIES ASAP System revised October 2014 provided steps for correcting errors after an MDS was accepted. No policy provided for accurate coding of MDS prior to acceptance into the QIES ASAP system.
F 0761 **Level of harm** - Minimal harm or potential for actual harm **Residents Affected** - Some	**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, interview and record review, the facility failed to properly store and label biologicals in 1 of 4 medication carts reviewed for medication storage. 1.Medication cart 1 had 3 [MED] pens with no labeled open date. 2.Medication cart 1 had 1 multiuse [MED] vial that had passed its expiration date. These failures could place residents at risk for having medication administered that is expired or contaminated. Findings include: In an observation on [DATE]20 at 09:47 AM, there were 3 multiuse [MED] pens in treatment cart that were opened without a date of open written on the labels. There was 1 multiuse vial of [MED] ([MEDICATION NAME]) dated 02/06/2020 in treatment cart. In an interview on [DATE]20 at 10:00 AM, LVN A stated that when opening a new bottle or pen of [MED], it needs to be labeled with the date opened. She believed the [MED] was good for 3 months. She said that when a discontinue order is received or the medication was expired she takes the medication straight to the DON office for destruction. In an interview with the DON on [DATE]20 at 10:10am, she said [MED]s should be dated at the time of opening and she had a list of the expire time frames for each kind of [MED]. She said that all discontinued or expired medications were to be brought immediately to her office for logging and lock up for destruction. Record review of policy labeled Pharmacy Policy & Procedure Manual 2003 revised 7/2012 revealed: Medication that require an open date as directed by the manufacturer should be dated when opened in a manner that is clear when the medication was opened. Below is a list of medications that require a date when opening and the recommended time frame the medication should be used. INSULINS (vials, cartridge, Pens) . Vials and cartridges of [MED] and Regular [MED]s expired 4 weeks after open date. Cartridges of NPH and 70/30 [MED]s expired 1 week after open date. * A vial is considered opened if the [MEDICATION NAME] or seal has been punctured. In record review of [MEDICATION NAME] accessed at www.medlineplus.gov on 0[DATE], revealed Opened vials of [MED] [MEDICATION NAME] solution (Fiasp, [MEDICATION NAME]) can be stored for 28 days at room temperature or in the refrigerator.
F 0804 **Level of harm** - Minimal harm or potential for actual harm **Residents Affected** - Some	**Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature.** Based on observation, interviews, and record reviews, the facility failed to provide an appetizing temperature meal for five (5) of five (5) residents reviewed for meal palatability. The facility failed to serve meals at palatable temperature for residents served their meals in their rooms. This failure could affect the residents by placing them at risk for malnutrition due to not providing appetizing temperature meal. Findings include: On 03/09/2020 at 12:14 PM, Resident #15 was interviewed and stated that the meals served in resident's room was cold. This resident resided on Hallway B. On 03/09/2020 at 3:23 PM, Resident #4 was interviewed and stated that the meals served in resident's room was cold. This resident resided on Hallway B. On 0[DATE]20 at 1:30 PM, Resident #8 was interviewed and stated that the meals served in resident's room was cold. This resident resided on Hallway B. On 0[DATE]20 at 3:35 PM, Resident #49 was interviewed and

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 0804 **Level of harm** - Minimal harm or potential for actual harm **Residents Affected** - Some	(continued... from page 1) stated that the food is often cold when served in their room. This resident resided on [LOC]. On 0[DATE]20 at 1:30 PM, Resident #33 was interviewed and stated that the meals served in resident's room was cold. This resident resided on [LOC]. On 03/11/2020 at 11:45 AM, observation was conducted in which whole meatloaf had an internal temperature of 173 F prior to modification to pureed texture. On 03/11/2020 at 12:10 PM, observation was conducted in which pureed meatloaf had an internal temperature of 141 F on the steam table prior to service. On 03/11/2020 at 1:15 PM, observation was conducted in which pureed meatloaf had an internal temperature of 111.7 F upon service for testing at the end of the last hallway served. On 03/11/2020 at 11:46 AM, observation was conducted in which whole baked macaroni and cheese had an internal temperature of 157 F prior to modification to pureed texture. On 03/11/2020 at 1251, observation was conducted in which pureed baked macaroni and cheese had an internal temperature of 175 F on the steam table prior to service. On 03/11/2020 at 1315, observation was conducted in which pureed baked macaroni and cheese had an internal temperature of 111.7 F upon service for testing at the end of the last hallway served. On 03/11/2020 at 1148, observation was conducted in which whole collard greens had an internal temperature of 157 F prior to modification to pureed texture. On 03/11/2020 at 1150, observation was conducted in which pureed collard greens had an internal temperature of 144 F on the steam table prior to service. On 03/11/2020 at 1315, observation was conducted in which pureed collard greens had an internal temperature of 120.9 F upon service for testing at the end of the last hallway served. On 03/11/2020 at 1320, kitchen manager was interviewed and stated the food was not hot testing at the end of the last hallway served. On 03/11/2020 at 1320, administrator was interviewed and stated the food was not hot testing at the end of the last hallway served. Facility provided a procedure from Dietary Services Policy & Procedure Manual 2012 with the title Daily Food Temperature Control. Step number four (4) of the procedure revealed: All hot foods shall be held for service at temperatures of 140 F or above.
F 0880 **Level of harm** - Minimal harm or potential for actual harm **Residents Affected** - Some	**Provide and implement an infection prevention and control program.** Based on observation, interview and record review, one of six staff observed during meal service failed to ensure they practiced proper hand hygiene during meal service. 1. CNA A failed to perform hand hygiene during dining observation. This failure could cause spread of infections for residents of the facility. Findings include: In dining observation on 03/09/2020 12:06 PM observed CNA A delivered an alternate plate to resident, placed hand on residents shoulder, set plate on table then returned plate to shelf above ice cart. CNA A failed to perform hand hygiene before of after contact. 12:08 PM observed CNA A not using hand hygiene prior to getting resident tray, then observed grabbing 2 drinking cups by the top rim where residents mouth would touch. Observed grabbing dessert cup by top rim with hand over top of exposed dessert. Did not perform hand hygiene afterwards. 12:10 PM observed CNA A touching face, pulling on shirt, adjusting shirt, adjusting glasses and playing with hair. Did not perform hand hygiene afterwards. 12:11 PM observed CNA A passing tray, touching top rims of drinking cups and dessert up. Scratched ear then used hand hygiene. 12:12 PM observed CNA A placing hands on hips, pulling up shirt placing hands on pant hip over gait belt, picking up next tray, scratching face then touching top rims of glass and dessert cup. Used hand hygiene at this time. 12:13 PM observed CNA A scratching nose and eye, took off glasses, scratched eye and forehead, crossed arms placing hands under armpits, touching lips and face. Exited the dining room. 12:14 PM Observed CNA A returning to dining room without using hand hygiene. 12:15 PM Observed CNA A passing tray touching cups by rim and fingers curved around sides of plate. Observed scratching nose. Did not perform hand hygiene. Observed passing another tray, touching rims of drinking cups and dessert cup. Took dirty glass from table to beverage counter for refill removed lid with bare hands returned glass to resident. 12:16 PM observed resident get ice from ice chest without using scoop. 12:19 PM observed CNA A performing hand hygiene. 12:20 PM Observed kitchen staff filling up ice chest with fresh ice from ice machine in the kitchen, food plate that resident did not want was on the top shelf of cart above ice chest. In an observation on 0[DATE]20 at 11:48 AM, observed staff serving hallway meals without using proper hand hygiene. In an interview on 03/09/2020 at 12:29 PM, DON stated hand hygiene is to be performed between each tray. If touching face, hair or body perform hand hygiene again. She said she would speak with CNA A and do some reeducation after the meal is finished in the dining room. In an interview on 03/11/2020 at 01:19 PM, Administrator stated she expected staff to follow hand hygiene policy while serving trays in dining room and hall service. In an interview on 3/11/2020 at 3:45pm, CNA B stated she would sanitize her hands between serving each tray in dining room or hall service. Record review of Infection Control Policy & Procedure Manual 2019: AD 03-8.0 Fundamentals of Infection Control Precautions: Hand Hygiene, revealed hand hygiene continues to be the primary means of preventing the transmission of infection. .situations that require hand hygiene: before and after eating or handling food and/or assisting a resident with meals. After performing your personal hygiene.