STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	455962	A. Building B. Wing	10/09/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Kaufman Healthcare Center	3001 S Houston St Kaufman, TX 75142

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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47612 Based on observation, interview and record review, the facility failed to ensure that the resident environment remained as free of accident hazards as was possible 1 of 14 resident (Resident #36) reviewed for quality of care. The facility failed to maintain resident use hot water at safe and comfortable temperature between 100 to 110 on Hall/Room where the hot water temperatures was 122 F on 10/09/2024. This failure could place residents at risk for sustaining scalding injuries when using resident accessible hot water. The findings include: Record review of the face sheet, dated 10/09/2024, revealed Resident # 36 was a [AGE] year-old female who admitted to the facility on [DATE] with diagnoses metabolic encephalopathy (a brain dysfunction caused by a chemical imbalance in the blood that affects the brain), cerebral infarction (occurs as a result of disrupted blood flow to the brain due to problems with the blood vessels that supply it), venous insufficiency (a condition that occurs when the veins in the legs have difficulty returning blood to the heart). Record review of the MDS assessment, dated 08/06/2024, revealed Resident # 36 had a BIMS score of 7, which indicated severe cognitive impairment. The MDS revealed Resident #36 needed partial assistance from another person to complete bathing, dressing, toileting, or eating. Record review of the comprehensive care plan, revised on 05/14/2024, revealed Resident #36 required one person assist with dressing and grooming. During an observation on 10/09/2024 at 09:00 a.m., the surveyor observed water temperature at 125 F with a digital thermometer in Resident #36's bathroom sink. (continued on next page)

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.

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

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F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview and observation 10/09/2024 at 09:25 a.m., the Maintenance Supervisor checked the hot water with a digital thermometer in Resident #36's bathroom and the temperature was 122 F. The Maintenance Supervisor stated it was his responsibility to maintain the correct water temperature. The Maintenance Supervisor stated the water temperature should be between 100 and 110 F. The Maintenance Supervisor stated the risk to the resident with a water temperature of 122F was someone could get scolded. During an interview on 10/09/2024 at 1:46p.m., the DON stated it was the Maintenance Supervisor's responsibility to make sure the water temperature was correct. The DON stated it was important for the water temperature was correct so no one would get scolded. The DON stated the harm would be if someone was to get burned. During an interview on 10/09/2024 at 2:05 p.m., the Administrator stated maintenance was responsible for maintaining the correct water temperature. The Administrator stated it was important to keep the water temperature at 110 to prevent scolding. The Administrator stated the water temperature would be monitored daily by maintenance. Record review of facilities undated policy Maintenance Policies & Procedures revealed .Regulations require that hot water temperature be maintained at not less than100 degrees F (38 degrees C) and not more than 110 degrees F (43 degrees C) for all hot water used by residents.

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
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** 33249 Based on observations, interviews, and record review, the facility failed to ensure that all drugs and biologicals used in the facility were labeled and stored in accordance with professional standards for 1 of 14 residents (Resident #30) reviewed for pharmacy services. The facility failed to ensure MA A secured Resident #30's medications when she left Resident #30's medications on the top of the medication cart unattended. This failure could place residents at risk of not receiving drugs and biologicals as needed, medication errors, medication misuse, and drug diversion. Findings included: Record review of a face sheet dated 10/08/2024 indicated Resident #30 was a [AGE] year-old female who admitted on [DATE] and readmitted on [DATE] with the diagnoses of chest pain, eye pain, and lower abdominal pain. Record review of a Quarterly MDS assessment dated [DATE] indicated Resident #30 was understood and understood others. The MDS indicated Resident #30 was cognitively intact with a BIMS score of 13. Section J-Health Conditions of the MDS indicated Resident #30 received scheduled pain medications. Record review of the comprehensive care plan dated 6/19/2024 indicated Resident #30 had pain and the goal of the care plan was Resident #30 would be as comfortable as possible. The interventions for the care plan were administer pain medications as needed, monitor pain, and use non-drug interventions. Record review of the consolidated physician's orders dated 10/07/2024 - 10/08/2024 indicated Resident #30 on 9/13/2024 was ordered aspirin 81 milligrams one time daily, and on 6/21/2024, she was ordered acetaminophen-codeine-Schedule lll tablet 300-60 milligrams one tablet every 6 hours as needed for pain. During an observation and interview on 10/08/2024 at 8:21 a.m., on the top of the Hall 300 medication cart, there was a paper medication cup with two medication tablets inside the cup. The medication cart was unattended. At 8:26 a.m., MA A walked up to the medication cart. MA A said she had a personal emergency and thought she had locked the medications belonging to Resident #30 inside the cart. MA A said the medications in the cup was an acetaminophen with codeine 300-60 milligram and an aspirin 81 milligrams. MA A said another resident could have taken this medication and the medication could have been harmful to them. During an interview on 10/09/2024 at 1:50 p.m., the ADON said the instance where MA A left medications unattended should have never happened. The ADON said she monitored forthat type of error with rounds, random checks, and competencies. The ADON said the facility had residents who wandered and there was a risk for another resident taking Resident #30's medications. (continued on next page)

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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 10/09/2024 at 2:28 p.m., the DON said she expected MA A to administer the medications right away when she prepared them. The DON said MA A should have given the medications to her nurse when the personal emergency occurred. The DON said she monitored each shift, different times and different days, to ensure compliance with medication management. The DON said they had residents who wandered but not on Hall 300 in particular. The DON said there was a risk another resident could have taken Resident #30's medication. During an interview on 10/09/2024 at 3:03 p.m., the Administrator said she expected the medications to be administered; not left sitting around where someone else could have gotten them. The Administrator said monitoring included rounds by the nurse managers. The Administrator said the nursing mangers were responsible for monitoring. Record review of the Medication Storage in the Facility policy dated 6/01/2022 indicated: Medications included in the Drug Enforcement Administration (DEA) classification as controlled substances are subject to special handling, storage, disposal, and recordkeeping in the facility in accordance with federal, state and other applicable laws and regulations. Procedures A. The director of nursing, in collaboration with the consultant pharmacist, maintains the facility's compliance with federal and state laws and regulations in the handling of controlled substances. Only authorized licensed nursing and pharmacy personnel have access to controlled substances.

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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. 33249 Based on observation, interview, and record review, the facility failed to store, prepare, distribute, and serve food in accordance with professional standards for food service safety in the facility's only kitchen reviewed for food and nutrition services. 1. The facility failed to ensure the can opener blade was free a black substance and a rusty-like material. 2. The facility failed to ensure 2 skillets, 5 large sheet pans, 3 small sheet pans, and 6 muffin pans were free from carbon build up on the cooking surface of the pan. 3.The facility failed to ensure the microwave was free from a thick, hard yellow substance, and a brownish substance resembling rust material on the inside top surface. These failures could place residents at risk of foodborne illness and food contamination. Findings included: During initial tour on 10/07/2024 at 11:02 a.m. - 11:55 a.m., the following was observed: 2 large skillets with black carbon build up on the inside cooking surfaces. 5 large sheet pans with black carbon build up on the outside pan surfaces, and on the sides of the inside pan surfaces. 3 small sheet pans with black carbon build up on the outside pan surfaces, and on the sides of the inside pan surfaces. 6 muffin pans with black carbon build up on the entire top surface. The microwave had a thick yellow hard substance and a brownish substance resembling rust material on the inside top surface. Record review of a Quality Assurance Monitor 1 Kitchen/Food Service Observation with attachment dated 5/13/2024 indicated the Dietician found there were no cleaning schedules posted and followed to indicate routine cleaning of equipment, and the equipment, drawers, shelves, worksurfaces, cutting boards, utensils, pots, pans, can opener, microwave, toaster, robot coupe mixer, over, plate warmer, fryer, juice gun, steam table and other equipment was not clean. (continued on next page)

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Record review of a Quality Assurance Monitor 1 Kitchen/Food Service Observation with an attachment dated 6/17/2024 indicated the Dietician found there were no cleaning schedules posted and followed to indicate routine cleaning of equipment, and the equipment, drawers, shelves, worksurfaces, cutting boards, utensils, pots, pans, can opener, microwave, toaster, robot coupe mixer, over, plate warmer, fryer, juice gun, steam table and other equipment was not clean. The attachment indicated the pans had carbon buildup. Record review of a Quality Assurance Monitor 1 Kitchen/Food Service Observation with an attachment dated 9/16/2024 indicated the Dietician found the equipment, drawers, shelves, worksurfaces, cutting boards, utensils, pots, pans, can opener, microwave, toaster, robot coupe mixer, over, plate warmer, fryer, juice gun, steam table and other equipment was not clean. During an interview on 10/09/2024 at 9:53 a.m., the Dietary Manager said she was aware of the pans and had tried to clean them with a chemical for removing carbon but was unsuccessful. The Dietary Manager said they would have to purchase new pans. The Dietary Manager said the microwave should be cleaned after each use and was unsure what the material was inside on the top surface. The Dietary Manager said the can opener should be clean and free of rust. The Dietary Manager said the can opener having the material on the blade could fall in the food items when opening. The Dietary Manager said kitchen sanitation was important, so residents did not get sick. The Dietary Manager said kitchen sanitation monitoring was her responsibility. During an interview on 10/09/2024 at 2:33 p.m., the DON said she expected the kitchen equipment and dishware to be clean to prevent food borne illness from cross contamination. The DON said the Dietary Manager was responsible for the dietary department. During an interview on 10/09/2024 at 3:05 p.m., the Administrator said the staff had tried using the carbon removing product but was unsuccessful. The Administrator said the Dietary Manager was responsible for ensuring the equipment and dishware was clean to prevent food borne illness. Record review of an undated Kitchen Sanitation and Cleaning Schedule policy indicated all surfaces, including floors, walls, storage shelves, prep tables, trash cans, and all food contact surfaces must be routinely cleaned and sanitized. Ceilings, vents, light fixtures, pipes, and any other potentially contaminated surfaces will be cleaned as needed. All equipment must be thoroughly washed and sanitized between uses, in different food preparation tasks and anytime contamination occurs or is suspected . https://www.fda.gov/media/164194/download?attachment FDA Food Code 2022 on 10/09/2024 indicated: Chapter 4. Equipment, Utensils, and Linens Multiuse 4-101.11 (continued on next page)

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Characteristics. Multiuse equipment is subject to deterioration because of its nature, i.e., intended use over an extended period of time. Certain materials allow harmful chemicals to be transferred to the food being prepared which could lead to foodborne illness. In addition, some materials can affect the taste of the food being prepared. Surfaces that are unable to be routinely cleaned and sanitized because of the materials used could harbor foodborne pathogens. Deterioration of the surfaces of equipment such as pitting may inhibit adequate cleaning of the surfaces of equipment, so that food prepared on or in the equipment becomes contaminated. Inability to effectively wash, rinse and sanitize the surfaces of food equipment may lead to the buildup of pathogenic organisms transmissible through food. Studies regarding the rigor required to remove biofilms from smooth surfaces highlight the need for materials of optimal quality in multiuse equipment. Cleanability 4-202.11 Food-Contact Surfaces. The purpose of the requirements for multiuse food-contact surfaces is to ensure that such surfaces are capable of being easily cleaned and accessible for cleaning. Food contact surfaces that do not meet these requirements provide a potential harbor for foodborne pathogenic organisms. Surfaces which have imperfections such as cracks, chips, or pits allow microorganisms to attach and form biofilms. Once established, these biofilms can release pathogens to food. Biofilms are highly resistant to cleaning and sanitizing efforts. The requirement for easy disassembly recognizes the reluctance of food employees to disassemble and clean equipment if the task is difficult or requires the use of special, complicated tools. 4-202.15 Can Openers. Once can openers become pitted or the surface in any way becomes uncleanable, they must be replaced because they can no longer be adequately cleaned and sanitized. Can openers must be designed to facilitate replacement.

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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** 45810 Based on observations, interviews, and record reviews, the facility failed to maintain an infection prevention and control program designed to provide a safe, sanitary, and comfortable environment and to help prevent the development and transmission of communicable diseases and infections for 2 of 14 residents (Resident #24 and Resident #36) and 1 laundry room reviewed for infection control practices and transmission-based precautions. 1) The facility failed to ensure LVN C provided proper hand hygiene during wound care to Resident #24's sacrum/coccyx area of the buttocks. 2) The facility failed to ensure the laundry staff were using a barrier when sorting contaminated linens. 3)The facility failed to ensure enhanced barrier precautions were initiated for Resident #36. These failures could place residents at increased risk for serious complications from a communicable disease that could diminish the resident's quality of life. Findings included: 1)Record review of Resident #24's face sheet dated 10/09/24 indicated she was a [AGE] year-old female who readmitted to the facility on [DATE] with the diagnoses dementia (loss of cognitive functioning), diabetes (a chronic condition that affects the way the body processes blood sugar), high blood pressure, major depressive disorder (mental illness that negatively affects how you feel, the way you think and how you act), and a stage 4 pressure ulcer to sacrum. Record review of Resident #24's significant change MDS assessment dated [DATE] indicated she understood others and usually made herself understood. The MDS indicated she had a BIMS score of 2 which means she was severely cognitively impaired. The MDS also indicated she required total assistance from staff for transfers, bed mobility, toileting, eating, and bathing. Record review of Resident #24's care plan dated 4/18/24 indicated she had a stage 4 pressure ulcer to her coccyx with a goal for the wound to not increase in size and to not exhibit signs of infection. The interventions for the wound included providing wound treatments as ordered. During an observation on 10/08/24 at 03:32 PM, LVN C provided wound care to Resident #24's sacrum/coccyx area of the buttocks. LVN C cleaned the dirty wound and then failed to use hand hygiene and change gloves prior to applying the gentamycin ointment, calcium alginate with silver, and the clean dressing to Resident #24's wound. During an interview on 10/08/24 at 04:09 PM, LVN C said after she cleaned Resident #24's wound to her sacrum, her hands were considered dirty, and she should have changed her gloves and used hand sanitizer in between. She said she was nervous. LVN C said the failure placed Resident #24 at risk for infection. (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During an interview on 10/09/24 at 02:59 PM, the ADON said she expected the wound care to be performed properly when providing wound care. She said the DON was the infection preventionist and she completed the proficiency checks offs for nurses upon hire and quarterly to ensure the nurses were competent. The ADON said the failure placed a risk of infection being passed to Resident #24 and the risk for the wound not healing properly. During an interview on 10/09/24 at 03:04 PM, the DON said her expectation was to correctly provide wound care. She said LVN C was very anxious and nervous. The DON said LVN C's gloves should have been changed by her after the cleaning of the wound, hand sanitizer should have been used, and new gloves put on. She said she was responsible for ensuring the nursing staff could properly perform treatments, and she said she checked the nurses off for wound care proficiency twice yearly. The DON said the failure placed a risk for cross contamination and infection for Resident #24. During an interview on 10/09/24 at 03:23 PM, the Administrator said her expectation was for the nurses to follow the proper protocol for wound care. She said nursing administration (which was the DON and ADON) were responsible for ensuring the nurses properly provided wound care. The Administrator said the failure placed Resident #24 at risk for potential infection. 33249 2)Record review of a face sheet dated 10/08/2024 indicated Resident #36 was a [AGE] year-old female who admitted on [DATE] and readmitted on [DATE] with the diagnosis of urinary tract infection. Record review of the Quarterly MDS dated [DATE] indicated Resident #36 understood and was understood by other. The MDS indicated Resident #36's BIMS score was 7 indicating Resident #36 had severe cognitive impairment. The MDS indicated Resident #36 was dependent for toileting and showering/bathing, required partial/moderate assistance with upper body dressing, substantial/maximal assistance with lower body dressing, and touching assistance with personal hygiene. The MDS indicated Resident #36 was always incontinent of bowel and bladder. Record review of the comprehensive care plan dated 10/01/2024 and edited on 10/07/2024 indicated Resident #36 received IV medications. The goal of the care plan indicated Resident #36 would not exhibit signs of complications from the IV (localized infection, systemic infection, .) The care plan interventions indicated initiated enhanced barrier precautions related to midline placement dated 10/07/2024. The care plan interventions dated 10/01/2024 included assess for complications from the IV, follow regimen when caring for the IV site, and the midline placement by an outside vendor. Record review of the Consolidated Physician's Orders dated October 2024 indicated on 10/01/2024 Resident #36 was ordered Mid-line (a long-erm central venous catheter inserted in the upper limb for medium-term treatments) for IV (intravenous) for intravenous therapy and to change the Mid-line IV dressing and clean insertion site every 7 days. During an observation and interview on 10/07/2024 at 12:55 p.m., Resident #36 was lying in her bed. Resident #36 said she had a device in her right upper arm. Resident #36 held up her arm revealing a mid-line catheter. Resident #36 said she had a urinary tract infection and was receiving antibiotics. Resident #36's door or outside wall had no signage indicating enhanced barrier precautions or any other precautions. CNA B said she was unaware if Resident #36 had an infection and was unaware of a need for the use of PPE or any special precautions related to Resident #36's care. (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During an interview and observation on 10/07/2024 at 3:36 p.m., CNA B came to ask the surveyor to go to Resident #36's room where CNA B revealed signage had been placed on Resident #36's door indicating she was on enhanced barrier precautions. CNA B said because of the IV line and Resident #36's urinary tract infection, staff could spread germs. 3)During an observation and interview on 10/07/2024 at 3:15 p.m., Laundry Aide and the Housekeeping Supervisor provided the tour to the laundry room. The Laundry Aide and Housekeeping Supervisor said they wore gloves when sorting the dirty clothes/linen but there were no aprons or any goggle/shields available nor had they used them when sorting the contaminated laundry. The Housekeeping Supervisor said there were residents on transmission-based precautions. The Housekeeping Supervisor said they could spread germs if the dirty clothes/linens touched their personal clothing. During an interview on 10/09/2024 at 1:53 p.m., the ADON said she was one of the infections preventionists of the facility. The ADON said when sorting clothes, the staff should prevent their personal clothing from coming in contact with contaminated linen. The ADON said the facility currently had residents on transmission-based precautions and there was a risk to spread infection. The ADON said Enhanced Barrier Precaution signage should be placed when a resident initiated the use of a device or has an infection. The ADON said she was unsure how Resident #36's enhanced barrier precautions sign was missed. The ADON said when proper precautions were not taken germs could spread. During an interview on 10/09/2024 at 2:39 p.m., the DON said she had not placed Resident #36 on enhanced barrier precautions because she believed the mid-line was not a central line and therefore was not required to have the precautions. The DON said when referring to the facility's policy concerning the use of enhanced barrier precautions with devices such as central lines e.g. she indicated she believed it was based on an individual's interpretation. The DON said she believed contamination of the laundry personnels personal clothing when not using a form of PPE would be dependent upon the technique of the person handling the laundry. During an interview on 10/09/2024 at 3:07 p.m., the Administrator said she would have to research the use of PPE when sorting laundry, and the use of enhanced barrier precautions with a mid-line. Record review of the Infection Prevention and Control Program dated July 2024 indicated an infection prevention and control program is established and maintained to provide a safe, sanitary, and comfortable environment and to help prevent the development and transmission of communicable diseases and infections 2. The program is based on accepted national infection prevention and control standards. (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Record review of an Enhanced Barrier Precautions policy dated 4/01/2024 indicated it was the policy of this facility to implement enhanced barrier precautions for the prevention of transmission of multidrug-resistance organisms. Definition: Enhanced barrier precautions (EBP) refers to an infection control intervention designed to reduce transmission of multidrug-resistant organisms that employes targeted gown and gloves use during high contact resident care activities. 2. Initiation of Enhanced Barrier Precautions: .b. An order for enhanced barrier precautions will be obtained for residents with any of the following: i. Wounds and/or indwelling medical devices (e.g., central lines, urinary catheters, feeding tubes, tracheostomy/ventilator tubes) even if the resident is not known to be infected or colonized with a MDRO (multi-drug resistant organism) 4. High-contact resident care activities include: .g. Device care or use: central lines, urinary catheters, feeding tubes, tracheostomy/ventilator tubes. 9. Enhanced barrier precautions should be used for the duration of the affected resident's stay in the facility or until resolution of the wound or discontinuation of the indwelling medical device that placed them at higher risk. Record review of a Laundry and Bedding, Soiled policy dated April 2020 indicated soiled laundry/bedding shall be handled, transported, and processed according to best practices for infection prevention and control. Handling: 1. All used laundry is handled as potentially contaminated until it is properly bagged and labeled for appropriate processing. A. Soiled laundry and bedding contaminated with blood or other potentially infectious material is handled as little as possible and with minimum of agitation .Personal Clothing 1. Personal clothing that becomes soiled with blood or body fluids is covered (e.g., with a gown) or removed and immediate laundered before leaving the work area.