STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	675483	A. Building B. Wing	06/15/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Iowa Park Healthcare Center	1109 N Third St Iowa Park, TX 76367

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 0565 Level of Harm - Potential for minimal harm Residents Affected - Many	Honor the resident's right to organize and participate in resident/family groups in the facility. 14408 Based on observation, interview, and record review, the facility failed to act promptly upon the grievances of the resident group concerning issues of resident care and life in the facility and demonstrate their response and rationale for such response, in that: 1. Concerns voiced during the Resident Council Meetings regarding the facility air temperature being too cold were not addressed following meetings held on 3/07/2023 and 6/02/2023. 2. The Resident Council members were not notified regarding facility action taken to address and resolve concerns voiced during Resident Council Meetings. 3. The follow-up to Resident Council concerns was not documented on the Resident Council Minutes forms and old business concerns from prior meetings were not documented as reviewed, read, resolved, or unresolved. These failure placed the residents at risk for a decreased quality of life and a decreased feeling of well-being within their living environment. The findings included: Review of the facility's Grievance Log binder notebook on 6/12/23 revealed only two documented Complaint/Grievance Report forms year-to-date, which were both from the Resident Council dated 3/07/23. The Complaint/Grievance Report forms, dated 3/07/23, were documented by the Administrator. The first concern addressed the meal tray tickets and documented the Administrator spoke with the Dietary Manager and each daily meal would be included on the tray ticket. The second concern addressed the staff approach and treatment of residents. The Administrator documented the plan to provide staff education and conduct ongoing monitoring of staff interactions with residents. Review of the three most Resident Council Meeting minutes, provided by the Activity Assistant, revealed the following: (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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	675483	A. Building B. Wing	06/15/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Iowa Park Healthcare Center	1109 N Third St Iowa Park, TX 76367

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 0565 Level of Harm - Potential for minimal harm Residents Affected - Many	- 3/07/23: 5 residents attended - There was no documentation in the section for Review of Prior Council Meeting, which included the reading of prior minutes, list of old business resolved, and list of old business unresolved. The New Business Concerns documented it was too cold and the residents were always cold; the meal tray tickets did not the list meal menu served; and the nursing staff approach and attitude toward residents when asked for toileting assistance. The form documented the meal tray tickets were discussed with the Dietary Manager and the meal was to be included on the tray tickets. The follow-up plan for the way staff spoke to the residents was to provide staff education. The form did not document a follow-up plan to address the complaint of the residents feeling cold. There was no documented evidence the complaint of residents being cold had been addressed. - 5/01/23: 8 residents attended - There was no documentation in the section for Review of Prior Council Meeting, which included reading of prior minutes, list of old business resolved, and list of old business unresolved. The form documented the New Business Concerns of trash cans not being emptied in the residents' rooms and restrooms. The follow-up plan documented the DON would notify the nursing staff and the Administrator had notified the housekeeping staff regarding the residents' complaints of trash cans not being emptied. The form documented the issue of it being too cold in the whole building was to be addressed by the Administrator, and the follow-up plan documented thermostat code changed. - 6/02/23: 10 residents attended - There was no documentation in the section for Review of Prior Council Meeting, which included reading of prior minutes, list of old business resolved, and list of old business unresolved. The form documented the New Business Concerns of it being too cold in the dining room and the building. The form documented the concern would be communicated to the Administrator. There was no further documented follow-up regarding the complaint of the air temperature being too cold in the dining room and building. Review of the facility's Resident List Report, dated 6/12/2023, revealed the resident census was 20. The residents were all in rooms located on the North Side of the building. In an interview on 6/12/23 at 2:40 PM, the Administrator stated she started employment in the facility on 2/27/23. She stated she had put a new grievance log together and had organized it by calendar years. She stated she did not find any documented grievance report forms for the year 2023 prior to her employment start date. The Administrator stated she had addressed the Resident Council Meeting concerns from the meeting held on 3/07/23. She stated staff in-service training was provided regarding customer service, and she later conducted an all-staff in-service training regarding abuse prevention and neglect, including the facility policy for abuse and neglect and reporting allegations to the Administrator or DON. In an interview on 6/12/23 at 3:13 PM, the DON stated she had started employment in the facility on 4/03/23. The DON stated she gave one-on-one education with nursing staff on ways to approach residents with dementia, Alzheimer's disease, and behavior problems. During an observation and interview on 6/13/23 at 12:37 PM, a thermostat was observed to be mounted to the wall in the Northeast Hall near the nurses' station. The thermostat registered an air temperature of 70 degrees F. The two nurse aides on duty, CNA B and NA C, stated they were not allowed to change the thermostat temperature. They stated the Business Office Manager had the code to the thermostat to change the temperature setting. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	675483	A. Building B. Wing	06/15/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Iowa Park Healthcare Center	1109 N Third St Iowa Park, TX 76367

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 0565 Level of Harm - Potential for minimal harm Residents Affected - Many	A resident group interview was conducted on 6/13/23 at 2:10 PM, during a Resident Council Meeting, which was attended by 7 residents and a staff member from the local Ombudsman Program. The residents stated the concern regarding the facility air temperature being too cold had not been resolved. The residents stated they were not told the outcome of Resident Council concerns voiced during prior meetings or if they were addressed and what was done to correct the concerns. During an interview and record review on 6/15/23 at 8:57 AM, the Activity Assistant stated a Resident Council Meeting was held early for April on 3/28/23, as she was scheduled for vacation time off during April. She stated there were no concerns during the meeting. She provided a copy of the 3/28/23 meeting minutes for review. The Resident Council Minutes form dated 3/28/23 at 3:00 PM documented the names of 6 resident who were in attendance and a resident right which was reviewed. There was no other documentation on the form. The Activity Assistant stated if there were complaints, the Resident Council Minutes were given to the Administrator who filled out the Grievance Form and addressed the complaint(s). She stated she discussed the complaints with the Administrator and let the Resident Council know the outcome during the next meeting. The Resident Council Minutes forms dated 3/07/23, 5/01/23 and 6/02/23 were reviewed with the Activity Assistant. There was no documentation in the section for Review of Prior Council Meeting, including reading of prior minutes, list of old business resolved, and old business unresolved. The Activity Assistant did not make a comment or provide a reason for not documenting the old business concerns and outcome on the forms. In an interview on 6/15/23 at 9:43 AM, the Business Office Manager stated the thermostats were updated when the facility reopened in October 2021. She stated the thermostats were wireless thermostats. The BOM stated the temperature on the thermostat showed the room temperature and not the temperature the thermostat was set at. She stated she could view the thermostat temperatures using an app on her cell phone. The BOM stated if temperature needed to be adjusted after hours or on the weekends, the staff sent her a text message and she came to the facility and adjusted the thermostat temperature. She stated all the staff used to have the code. The code was changed in March and only she and the Administrator have had the code since that time. She stated the code was not changed during May 2023 following the Resident Council Meeting and complaint regarding the building temperature being too cold. The BOM stated the dining room was always cold and the residents sat at the tables positioned under the air duct vents. In an interview on 6/15/23 at 10:10 AM, the Administrator stated if the tables in the dining room were re-arranged, the residents got upset from the staff moving their tables. Review of the facility's policy and procedure for Resident Council, dated as revised February 2021, revealed the following [in part]: Policy Statement The facility supports residents' rights to organize and participate in the resident council. Policy Interpretation and Implementation 1. The purpose of the resident council is to provide a forum for: a. residents, families and resident representatives to have input in the operation of the facility. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	675483	A. Building B. Wing	06/15/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Iowa Park Healthcare Center	1109 N Third St Iowa Park, TX 76367

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 0565 Level of Harm - Potential for minimal harm Residents Affected - Many	b. discussion of concerns and suggestions for improvement . 6. A Resident Council Response Form will be utilized to track issues and their resolution. The facility department related to any issues will be responsible for addressing the item(s) of concern. 7. The quality assurance and performance improvement (QAPI) committee will review information and feedback from the resident council as part of their quality review. Issues documented on council response forms may be referred to the QAPI committee .

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	675483	A. Building B. Wing	06/15/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Iowa Park Healthcare Center	1109 N Third St Iowa Park, TX 76367

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 0584 Level of Harm - Potential for minimal harm Residents Affected - Many	Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 33447 Based on observation, interview and record review, the facility failed to provide a safe, clean, comfortable, and homelike environment, and maintain a comfortable and safe temperature for all residents ; in that: Temperatures in resident's rooms (6, 12,14) and common areas, were at or below the minimum acceptable range (71 degrees Fahrenheit) for resident safety and comfort. A temperature variance of 0.5 degrees Fahrenheit plus or minus was taken into consideration using a [NAME] Model 9842N digital thermometer. Findings included: Observation on 06/13/2023 at 01:00 PM the temperature in the hallway running next to the nurses station was 71.2 degrees Fahrenheit (F), inside of room [ROOM NUMBER] the temperature was 71.6 degrees (F) and inside of room [ROOM NUMBER], it was 71.2 degrees (F). Thermostat in the hallway across from room [ROOM NUMBER] was set at 75 degrees (F). Observation on 06/13/2023 at 03:51 PM in Room # 6 revealed a temperature of 71.2 degrees (F). Observation on 06/13/2023 at 03:58 PM in hallway across from the Business Office Managers office, the air temperature was 71.8 degrees (F). The thermostat that controlled that part of the building was set at 75 degrees (F). In an interview on 06/13/2023 at 01:08 PM with the BOM, the BOM said she thought the temperature ranges for the facility should be between 72-78 degrees Fahrenheit, not to exceed 86 degrees or drop below 70 degrees (F). In an interview on 06/13/2023 at 01:15 PM with the DON, the DON said she has not had complaints from residents about it being too cold, but admitted , she has seen a resident wearing sweaters. The DON said she thought the resident was just cold-natured. In an interview on 06/13/20223 at 01:19 PM with the ADM, the ADM said she had residents who complained it was too cold when she first started working at the facility. Since then, only she and the BOM can change the temperature in the building. In an interview on 06/13/2023 at 02:20 PM with the Maintenance Supervisor, the Maintenance Supervisor said he thought that the air conditioners and new thermostats were replaced around two years ago. He said he does not keep an air temperature log for the general areas of the building. Record review of a facility policy titled; Homelike Environment, 2001 MED-PASS, Inc. (Revised 2021), Policy Interpretation and Implementation. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	675483	A. Building B. Wing	06/15/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Iowa Park Healthcare Center	1109 N Third St Iowa Park, TX 76367

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 0584 Level of Harm - Potential for minimal harm Residents Affected - Many	2. The facility staff and management maximizes, to the extent possible, the characteristics of the facility that reflect a personalized, homelike setting. These characteristics include: h. comfortable and safe temperatures (71 F - 81 F)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	675483	A. Building B. Wing	06/15/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Iowa Park Healthcare Center	1109 N Third St Iowa Park, TX 76367

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** 14408 Based on observation, interview, and record review, the facility failed to develop and implement a comprehensive person-centered care plan for each resident that includes measurable objectives and time frames to meet the resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment for 3 of 12 residents (Resident #s 1, 3, and 10) whose records were reviewed for care plans, in that: 1. Resident #1 had a diagnosis of eczema and was observed to have red rash and scabbed facial skin areas. The resident's comprehensive care plan did not address the resident's skin condition. 2. Resident #1's comprehensive assessment CAA Summary, dated 11/07/2022, had triggered care areas of ADL Functional/Rehabilitation Potential, Nutritional Status, Dental Care, and Psychotropic Drug Use that were not addressed on her comprehensive care plan. The care plan was most recently reviewed on 5/18/2023 and did not address the resident's comprehensive assessment triggered care areas. 3. Resident #3 was admitted to the facility on [DATE] with an indwelling urinary catheter in place related to a diagnosis of neuromuscular dysfunction of the bladder. Her comprehensive care plan, dated 5/04/2023, did not address the need for and risk factor related to the bladder catheter. 4. Resident #10 had a Significant Change in Status MDS Assessment completed on 1/05/2023 after she was admitted to hospice care services. The comprehensive care plan was not revised to address the resident was receiving hospice care services and did not address all the CAA Summary triggered care areas, including pain. These failures placed residents at risk for not receiving care and services to meet their individual needs and a decline in health care status. The findings included: Resident #1 Review of Resident #1's Admission Record, dated 6/15/2023, revealed a [AGE] year-old female initially admitted to the facility on [DATE] with a principal admitting diagnosis of unspecified dementia (impaired memory and thought process). Additional diagnoses listed included: Chronic obstructive pulmonary disease (breathing and lung disorder) Chronic kidney disease, unspecified (kidney damage preventing proper filtering of blood) Primary generalized (osteo)arthritis (arthritis affecting cartilage and bone in joints) Generalized anxiety disorder Major depressive disorder, recurrent, mild (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	675483	A. Building B. Wing	06/15/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Iowa Park Healthcare Center	1109 N Third St Iowa Park, TX 76367

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	Essential (primary) hypertension (high blood pressure) Benign neoplasm of brain, supratentorial (brain cancer) Allergic rhinitis, unspecified (reaction to allergens in the air resulting in sneezing, runny nose, itchy eyes) Cognitive communication deficit (difficulty thinking and putting thoughts into words) Intrinsic (allergic) eczema (skin disorder with itchy, dry, sore skin with rash) Hypokalemia (low potassium level) Gastro-esophageal reflux disease without esophagitis (digestive disorder - stomach acid flows into the esophagus) Other chronic pain Review of Resident #1's MDS assessment history revealed a comprehensive Significant Change in Condition assessment was completed an assessment review date of 11/07/22, and Quarterly MDS assessments were completed with assessment review dates of 12/22/22, 3/14/23, and 5/11/23. Review of Resident #1's Significant Change in Condition MDS assessment, dated 11/07/2022, revealed the CAA Summary triggered care areas of cognitive loss/dementia, visual function, communication, ADL functional/rehabilitation potential, falls, nutritional status, dental care, and psychotropic drug use. Review of Resident #1's comprehensive care plan, dated as initiated 12/01/21 with the most recent review dated 5/18/23, revealed it did not address ADL functional/rehabilitation potential, nutritional status, and dental care. The care plan did not address Resident #1's facial skin condition related to the diagnosis of intrinsic (allergic) eczema. Observation and interview on 6/12/23 at 11:19 AM revealed Resident #1 was lying awake in bed in her room. The resident was observed to have red rash patches of facial skin and a raised scabbed area on the bridge of her nose. The resident stated the scabbed area on her nose had been there for a while. Resident #3 Review of Resident #3's Admission Record, dated 6/15/2023, revealed a [AGE] year-old female who was admitted to the facility on [DATE] with a primary admitting diagnosis of senile degeneration of the brain and hospice care services. Additional admitting diagnoses listed included: Neuromuscular dysfunction of bladder, unspecified (lack of bladder control due to brain, spinal cord, or nerve condition) Pain, unspecified (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	675483	A. Building B. Wing	06/15/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Iowa Park Healthcare Center	1109 N Third St Iowa Park, TX 76367

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	Personal history of urinary (tract) infections (bladder infection affecting the upper urinary tract) Presence of urogenital implants (material injected into the urethra to help control urinary leakage caused by a weak sphincter muscle) Review of Resident #3's physician orders, dated June 2023, revealed an order dated 5/04/23 to Change catheter and drainage bag as needed for indications of blockage, increased sediment, infection, or dislodging. Review of Resident #3's Admission MDS assessment, dated 4/20/2023, revealed the Active Diagnosis of neurogenic bladder had been selected. The resident was assessed as having an indwelling catheter in the section for Bladder and Bowel. Review of Resident #3's Admission MDS assessment, dated 4/20/2023, revealed the CAA Summary triggered care areas included urinary incontinence and indwelling catheter. Review of Resident #3's comprehensive care plan, dated 5/04/23, revealed it did not address the resident's indwelling urinary catheter and risk factors associated with the catheter. During an interview and observation on 06/13/23 at 5:13 PM, Resident #3 stated she has had the urinary catheter for many years. The catheter drainage bag was in a dignity bag hanging from the side of the bed frame near the wall. During an interview and record review on 6/15/23 at 3:55 PM, the ADON stated she completed the MDS assessments and care plans. She reviewed Resident #3's comprehensive care plan in the electronic health record and stated there was not a care plan addressing the resident's indwelling urinary catheter. Resident #10 Review of Resident #10's Admission Record, dated 6/15/2023, revealed a [AGE] year-old female with an initial admitted on 9/13/2018 with a primary admitting diagnosis on unspecified dementia. Additional diagnoses listed included: Chronic respiratory failure with hypoxia (low blood oxygen level) Depression, unspecified Anxiety disorder, unspecified Unspecified systolic (congestive) heart failure (heart does not pump blood well and can cause fluid build-up) Chronic obstructive pulmonary disease (breathing and lung disorder) Hyperlipidemia (high cholesterol) (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	675483	A. Building B. Wing	06/15/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Iowa Park Healthcare Center	1109 N Third St Iowa Park, TX 76367

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	Peripheral vascular disease (poor blood circulation) Senile degeneration of brain (dementia) Hypothyroidism, unspecified (thyroid disorder) Pain, lower back Dysphagia, unspecified (swallowing problem) Gastro-esophageal reflux disease without esophagitis (digestive disorder - stomach acid flows into the esophagus) Agoraphobia with panic disorder (anxiety disorder characterized by a specific fear of particular places and situations that the person feels anxious or panics) Essential (primary) hypertension (high blood pressure) Review of Resident #10's physician orders revealed an order dated 12/30/2022 to admit to hospice care services with a diagnosis of senile degeneration of the brain. Review of Resident #10's physician orders, dated June 2023, revealed orders dated 12/30/22 for a pain assessment every shift and an order for Norco (Hydrocodone/Acetaminophen) 7.5-325 mg by mouth every 6 hours related to pain. Review of Resident #10's physician orders, dated June 2023, revealed the following medication orders: Remeron 30 mg by mouth at bedtime related to depression, with an order date of 1/20/23; Paxil 30 mg by mouth daily related to depression, with an order date of 3/23/23; Xanax 0.25 mg by mouth three times daily for anxiety, with an order date of 3/29/23; Xanax 0.25 mg by mouth every 4 hours PRN (as needed) for anxiety, with an order date of 3/29/23. Review of Resident #10's Significant Change in Condition MDS assessment, with an assessment reference date of 1/05/2023, documented the resident was receiving hospice care services, and received antidepressant and antianxiety medications 7 out of 7 days during assessment review period. Review of Resident #10's Significant Change in Condition MDS assessment, dated 01/05/2023, revealed the CAA Summary triggered care areas of cognitive loss/dementia, visual function, communication, ADL functional/rehabilitation potential, urinary incontinence/indwelling catheter, mood state, behavioral symptoms, falls, nutritional status, pressure ulcer, psychotropic drug use, and pain. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	675483	A. Building B. Wing	06/15/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Iowa Park Healthcare Center	1109 N Third St Iowa Park, TX 76367

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	Review of Resident #10's comprehensive care plan, dated as initiated 10/14/21 and most recently reviewed on 5/11/23, revealed it did not address the resident was receiving hospice care services. It did not address the Significant Change in Condition MDS assessment CAA Summary triggered care areas of cognitive loss/dementia, visual function, urinary incontinence, mood state, nutritional status, pressure ulcer, psychotropic drug use, and pain. During an observation and interview on 6/13/23 at 10:30 AM, Resident #10 was lying on her right side in a fetal position in a low bed. She complained of pain and stated she was sick and needed someone to come in here. Her roommate told Resident #10 to turn on her call light, and Resident #10 pushed the call light button. CNA B entered the room and stated Resident #10 had a lot of lower back pain and received pain medication. Review of the facility's policy and procedure for Care Plans, Comprehensive Person-Centered, dated as revised March 2022, revealed the following [in part]: Policy Statement A comprehensive, person-centered care plan that includes measurable objectives and timetables to meet the resident's physical, psychosocial and functional needs is developed and implemented for each resident. Policy Interpretation and Implementation 2. The comprehensive, person-centered care plan is developed within seven (7) days of the completion of the required MDS assessment (Admission, Annual or Significant Change in Status), and no more than 21 days after admission. 3. The care plan interventions are derived from a thorough analysis of the information gathered as part of the comprehensive assessment . 11. Assessments of residents are ongoing and care plans are revised as information about the residents and the residents' conditions change .

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	675483	A. Building B. Wing	06/15/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Iowa Park Healthcare Center	1109 N Third St Iowa Park, TX 76367

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 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 33447 Based on interview and record review the facility failed to ensure the comprehensive care plan that described the services that were to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychological well-being as required for 9 of 13 residents (Residents #1, 3, 7, 9, 11, 14, 15, 17, 120) reviewed and revised by the Inter-Disciplinary Team (IDT) attending the care conference after each assessment, including both the comprehensive and quarterly review assessments. The facility failed to ensure a complete Interdisciplinary Team (IDT) was at each care conference and met either in-person, by telephone or teleconference. This failure could place residents at risk of not having their needs and conditions met by not having the required disciplines available to evaluate and update the various sections of the resident's care plan(s). Findings included: Resident #1 Record review of Resident #1's face (admission) sheet revealed a [AGE] year-old female admitted on [DATE], with the following diagnoses; Chronic Obstructed Pulmonary Disease, Chronic Kidney Disease, Generalized Anxiety Disorder, and Essential Hypertension (high blood pressure). Record review of Resident #1's Care Plan Conference Summary dated 6/6/2023 revealed the only staff member present for the meeting was the facility Social Worker. No other staff members were signed in, and the attending physician also was not present. The resident or resident representative were not present either. Record Review of Resident # 3's face (admission) sheet revealed a [AGE] year-old female admitted on [DATE], with the following diagnoses; Hypotension (low blood pressure), Hypothyroidism (thyroid gland does not produce enough of the hormone), Adult failure to thrive, Depression, Cerebral Infarction (stroke) and Anxiety disorder. Record review of Resident # 3's Care Plan Conference Summary dated 05/09/2023 revealed the following were in attendance: The facility Social Worker, Assistant Director of Nurses, a Hospice Registered Nurse and the resident's niece. Absent from the conference were the attending physician, a CNA, Dietary representative and other disciplines that may have been needed to complete a care plan for the resident. Record Review of Resident #7's face (admission) sheet revealed a [AGE] year-old female admitted on [DATE] with the following diagnoses; Non-ST elevation myocardial infarction (NSTEMI, a type of heart attack), spinal stenosis (narrowing of the inside of the bony part of the spine), Vascular Dementia (brain damage caused by multiple strokes), Transient Ischemic Attack (TIA, sometimes called mini-strokes), Depression, and Hyperlipidemia (high cholesterol). (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	675483	A. Building B. Wing	06/15/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Iowa Park Healthcare Center	1109 N Third St Iowa Park, TX 76367

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 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Record review of Resident #7's Care Plan Conference Summary, dated 06/06/2023 revealed that the facility Social Worker, the Director of Nurses, he resident and the resident's daughter-in-law were present at the meeting. The attending physician, CNA, and Dietary representative were not present. Record Review of Resident # 9's face (admission) sheet revealed an [AGE] year-old male admitted on [DATE] with the following diagnoses; Dementia, Type II Diabetes Mellitus, Chronic Obstructive Pulmonary Disease, Chronic Kidney Disease, Alzheimer's Disease, and Anxiety Disorder. Record review of Resident # 9's Care Plan Conference Summary dated 03/28/2023 revealed the following were in attendance; The facility Social Worker and the resident's spouse. Missing from the care conference were the following; A Registered Nurse, attending physician, CNA, and Dietary representative. Record review of Resident # 11's face (admission) sheet revealed an [AGE] year-old male admitted on [DATE] with the following diagnoses; Chronic Obstructive Pulmonary Disease, Hypertensive Heart Disease, with Heart Failure (heart disease because of high blood pressure), Depression, Anxiety, and pain. Record review of Resident # 11's Care Plan Conference Summary dated 03/07/2023 revealed the following staff were present; The facility's Social Worker, a Registered Nurse and a Master of Social Work. There was no attending physician, CNA, Dietary representative, resident, or resident representative present for the meeting. Record Review of Resident # 14's face (admission) sheet revealed a [AGE] year-old female admitted on [DATE] with the following diagnoses; Bipolar II Disorder (disorder with depressive episodes, and hypomanic (periods of increased activity)), Generalized anxiety, Hyperlipidemia (high cholesterol), Other chronic pain and Depression. Record review of Resident # 14's Care Plan Conference Summary, dated 05/16/2023 revealed the only staff member present at the meeting was the facility social worker. Not present at the meeting were the attending physician, an RN from the facility, a CNA from the facility and a representative from the Dietary department. Record review of Resident # 14's Care Plan Conference Summary dated 06/08/2023 revealed the facility social worker and the resident's mother were the only ones present during the meeting. Absent from the meeting were the attending physician, a staff RN, staff CNA, and member of the Dietary department. Record review of Resident # 15's face (admission) sheet revealed an [AGE] year-old female admitted on [DATE] with the following diagnoses; Chronic kidney disease, Stage 3, Hyperlipidemia (High cholesterol), Restless leg syndrome, Hypothyroidism (thyroid gland does not produce enough of the hormone) and dependence on supplemental oxygen. Record review of Resident # 15's Care Plan Conference Summary, dated 01/30/2023 revealed the facility's social worker was the only staff member present at the meeting along with two hospice employees and the resident's daughter. Absent from the meeting were the attending physician, a staff RN, CNA, and Dietary representative. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	675483	A. Building B. Wing	06/15/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Iowa Park Healthcare Center	1109 N Third St Iowa Park, TX 76367

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 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Record review of Resident # 17's face (admission) sheet revealed a [AGE] year-old male admitted [DATE] with the following diagnoses; Cerebral infarction (stroke), Dysphagia following cerebral infarction (difficulty swallowing), depression, and hypertension (high blood pressure). Record review of Resident # 17's Care Plan Conference Summary dated 06/08/2023 revealed the facility's social worker was the only staff member present for the meeting. The resident's daughter was present by phone and there was a hospice RN at the meeting as well. Missing from the meeting were the attending physician, facility RN, CNA, and Dietary representative. Record review of Resident #120's face (admission) sheet revealed a [AGE] year-old male admitted on [DATE] with the following diagnoses; Senile degeneration of the brain (mental deterioration, or loss of intellectual ability), Hypothyroidism (thyroid gland does not produce enough of the hormone), Generalized anxiety disorder and Diabetes Type II. Record review of Resident # 120's Care Plan Conference Summary dated 06/13/2023 revealed the facility's social worker and Director of Nurses were the only staff members present. Missing from the meeting were the attending physician, a staff CNA and Dietary representative. In an interview on 06/15/2023 at 10:32 AM with the DON, the DON said that care plans are done at admission, after significant changes and when other MDS assessments warrant changing a care plan. DON said that when she first started working at the facility back in April of 2023, only the social worker was attending care plan meetings with either the resident or responsible party if they attended after getting an invitation to the meeting. DON now will attend all care plan meetings because she knows it is a part of the facility's policy to do so. DON said she cannot have a CNA or dietary attend because they are a small facility and do not have enough staff scheduled on days care plan meetings are held and still provide good care to residents. In an interview on 06/15/2023 at 10:50 AM with the ADM, the ADM said she is not familiar with the facility policy on Care Plan meetings but says the social worker will try to invite the resident or family to meetings and that the social worker and DON attend. She says the doctor does not because of his busy schedule with his private practice. She said a potential outcome for residents would be the residents not receiving all the care ordered as other staff would not know what was planned. In a phone interview on 06/15/2023 at 11:20 AM with the SW, the SW said he has been doing the meeting mostly alone for a long time and is comfortable with it. He reports he brings in nurses when he feels they may be needed to answer questions and lately the DON has been attending the meetings. The SW said he was not aware of who should be attending the meetings as he has never looked at regulations or statutes or the facility policy. Record review of a facility policy titled Care Plans, Comprehensive Person-Centered, 2001 MED-PASS, Inc. (Revised December 2016), Policy Interpretation and Implementation revealed; 3. The IDT includes: a. The Attending Physician, b. A registered nurse who has responsibility for the resident, (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	675483	A. Building B. Wing	06/15/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Iowa Park Healthcare Center	1109 N Third St Iowa Park, TX 76367

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 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	c. A nurse aide who has responsibility for the resident, d. A member of the food and nutrition services staff, e. The resident and the resident's legal representative (to the extent practicable); and f. Other appropriate staff or professionals as determined by the resident's needs or as requested by the resident.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	675483	A. Building B. Wing	06/15/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Iowa Park Healthcare Center	1109 N Third St Iowa Park, TX 76367

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 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident's preferences and goals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 14408 Based on observation, interview, and record review, the facility failed to ensure residents receive treatment and care in accordance with professional standards of practice for 1 of 2 residents (Resident #1) whose records were reviewed for skin conditions, in that: Resident #1 had a diagnosis of intrinsic (allergic) eczema and was observed to have red facial areas and a raised scabbed area on the bridge of her nose. She was not receiving skin treatment. This failure placed the resident at risk for discomfort and infection from areas of skin that were not being treated. The findings included: Review of Resident #1's Admission Record, dated 6/15/2023, revealed a [AGE] year-old female initially admitted to the facility on [DATE] with a principal admitting diagnosis of unspecified dementia (impaired memory and thought process). Additional diagnoses listed included: Generalized anxiety disorder Major depressive disorder, recurrent, mild Benign neoplasm of brain, supratentorial (brain cancer) Allergic rhinitis, unspecified (reaction to allergens in the air resulting in sneezing, runny nose, itchy eyes) Intrinsic (allergic) eczema (skin disorder with itchy, dry, sore skin with rash) Review of Resident #1's Quarterly MDS assessment, dated 5/11/2023, revealed no skin conditions were selected and the skin treatments section option of application of ointments/medications other than feet was not selected. Review of Resident #1's comprehensive care plan, dated as initiated 12/01/21 with the most recent review dated 5/18/23, revealed it did not address Resident #1's facial skin condition related to the diagnosis of intrinsic (allergic) eczema. Observation and interview on 6/12/23 at 11:19 AM revealed Resident #1 was lying awake in bed in her room. The resident was observed to have red rash patches of facial skin and a raised scabbed area on the bridge of her nose. The resident stated the scabbed area on her nose had been there for a while. Review of Resident #1's Weekly Skin Assessment, dated 6/13/23, documented the resident's skin was dry and flaky and there were no new skin issues. There was no documented evidence of the resident having facial rash areas and a scabbed area on the bridge of her nose. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	675483	A. Building B. Wing	06/15/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Iowa Park Healthcare Center	1109 N Third St Iowa Park, TX 76367

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 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of Resident #1's current Physician Orders for June 2023 revealed no orders for topical treatments. Review of Resident #1's Nursing Progress Notes revealed no documented evidence of the facial rash areas or the scabbed area on the bridge of her nose. During an interview and record review on 6/15/23 at 10:48 AM, charge nurse LVN A stated Resident #1 did not have a scabbed area on the bridge of her nose last week. She stated the resident has had the facial areas for as long as she has worked in the facility, and she started during March 2023. LVN A reviewed Resident #1's electronic health record. She stated there were no physician orders for topical treatment; no order for PRN Atarax or other antihistamine; and no documentation in the nurses' notes regarding an open or scabbed area on the bridge of the resident's nose. LVN A stated there was not anything on the 24-hour report. She stated they were dry patches of skin. During an observation and interview on 6/15/23 at 10:52 AM, accompanied by LVN A, Resident #1 was lying awake in bed. The scabbed area on the bridge of the resident's nose was open and bloody. LVN A observed Resident #1's facial skin and stated she thought the resident may have scratched a dry patch of skin on her nose and caused it to bleed, scab, and scratched the scab off again. LVN A stated she would call the resident's daughter and ask about it and would call the resident's physician. She stated Resident #1 may benefit from Hydrocortisone cream. In a telephone interview on 6/15/23 at 1:34 PM, Resident #1's family member stated the family had battled the resident's skin condition for years. She stated Resident #1 had eczema and had gone to a dermatologist during the past. The daughter stated she had bought over the counter hydrocortisone, triple antibiotic ointment, and special shampoo during the past and had used it on the resident's face and it cleared it up. She stated the resident had physician ordered ointment that was stopped 8 or 9 months ago. The family member stated Resident #1 scratched and picked at her skin. She stated the resident has had the raised area on her nose for a while. She stated Resident #1 had lived in her own home in the western part of the state and had gone to a dermatologist over 3 years ago. She stated the dermatologist did not think the area on her nose was cancerous at that time.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	675483	A. Building B. Wing	06/15/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Iowa Park Healthcare Center	1109 N Third St Iowa Park, TX 76367

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 - Few	Provide safe and appropriate respiratory care for a resident when needed. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 27938 Based on observation, interview, and record review the facility failed to ensure that a resident who needs respiratory care, is provided such care, consistent with professional standards of practice, the comprehensive person-centered care plan, the residents' goals, and preferences for 1 of 2 rResidents (Resident #11) reviewed for respiratory care. A. The facility failed to ensure Resident #11's nasal cannula and nebulizer were kept in a bag while not in use. These failures could place residents at risk for infections and transmission of communicable diseases. Findings included: Record review of Resident # 11's Face Sheet dated 06/15/2023 revealed an [AGE] year-old male, who was admitted to the facility on [DATE]. Diagnosis included pain, Hypertension (high blood pressure), Muscle wasting, Shortness of breath, Depression, Anxiety, chronic obstructive pulmonary disease (a lung disease that block airflow and make it difficult to breathe). Record review of Resident #11's MDS admission assessment dated [DATE] revealed a BIMS score of 05 (severe cognitive impairment). Section I: Active diagnosis revealed chronic pulmonary disease, or chronic lung disease. Section O: Respiratory Treatments was marked for Oxygen Therapy. Record review of Resident #11's Physician Orders dated 05/05/2023 revealed an order for Oxygen at 2 liters per minute via nasal cannula every shift. Change oxygen tubing weekly on Sunday. Change out nebulizer tubing weekly on Sunday. Change oxygen water when empty. Record review of Resident #11's admission Care Plan, 04/13/2023, revealed a care plan for [Resident #110] has COPD (obstructive pulmonary disease) - Oxygen PRN to keep oxygen saturation above 92%. The Care Plan failed to have an intervention regarding when oxygen tubing needed to be changed. In an observation and interview on 06/14/2023 at 10:45 AM during rounds, Resident #11 was lying in his bed receiving oxygen via nasal cannula at 2 liters per minute. His nebulizer was sitting on his nightstand uncovered. He was unable to answer to answer any questions regarding whether heirs oxygen tubing had been changed. In an observation on 06/14/2023 at 2:30 PM Resident #11 was sitting on side of his bed. His nebulizer was uncovered and hanging over the nightstand in his room with the nebulizer about an inch from the floor. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	675483	A. Building B. Wing	06/15/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Iowa Park Healthcare Center	1109 N Third St Iowa Park, TX 76367

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 - Few	In an Interview on 06/15/2023 at 2:45 PM with the DON stated oxygen tubing was changed weekly based on the resident's orders, or as needed if they become contaminated or occluded. The DON stated oxygen tubing and the humidifier bottle should be changed per doctor's orders. If they were not dated, she stated she would discard them and replace them with a new nasal cannula. She stated resident 11's tubing and the nebulizer should have been stored in a plastic bag when not in use to prevent cross contamination and infection. In an Interview on 06/15/2023 at 2:55 PM with the Administrator stated, the resident care is handled by the nursing department. Record review of the facility policy Respiratory Therapy -Prevention of Infection, dated 2001 revised November 2011, revealed the following [in part]: Purpose: The purpose of this procedure is to guide prevention of infection associated with respiratory therapy tasks and equipment, including ventilators, among residents and staff. Procedure: Product: Oxygen delivery devices (no-aerosol producing) Ex: venturi masks, nasal cannulas, oxygen supply tubing. Infection Control Considerations Related to Medication Nebulizers/Continuous Aerosol: 7. Store the circuit in plastic bag between uses. 9. Discard the administration set-up every seven (7) days as needed.