

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 455910	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/11/2020
NAME OF PROVIDER OF SUPPLIER CHANDLER NURSING CENTER		STREET ADDRESS, CITY, STATE, ZIP 300 CHERRY ST CHANDLER, TX 75758	
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 0645 Level of harm - Minimal harm or potential for actual harm Residents Affected - Some	PASARR screening for Mental disorders or Intellectual Disabilities **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interviews and record reviews, the facility failed to ensure all Pre-Admission Screening and Resident Review (PASRR) Level I's were accurate and that residents with mental illness were provided with a PASRR Level II assessment for 2 of 24 residents reviewed for a mental illness, intellectual disability or developmental disability. (Residents # 57 and # 60) Resident #57's level 1 PASRR did not reflect the [DIAGNOSES REDACTED].#60 readmitted on [DATE]. This failure could affect residents with mental illness, intellectual disability or developmental disability placing them at risk for not receiving needed care and services. Findings included: 1.) An undated face sheet indicated Resident #57 was a [AGE] year-old female initially admitted to the facility on [DATE] and most recently re-admitted on [DATE], with [DIAGNOSES REDACTED]. A physician order [REDACTED].#57 had orders for [MEDICATION NAME] 20mg oral at bedtime for depressive episodes and [MEDICATION NAME] DR 30mg oral twice a day for major [MEDICAL CONDITION] recurrent. An annual MDS (Minimum Data Set) dated 02/10/20 indicated under Section I, Active Diagnoses, that Resident #57 was being treated for [REDACTED]. A PASSR level 1 screening with the assessment date under section A0600 of 08/15/19 indicated under section C0100 that Resident #57 had no mental illness. An undated care plan indicated Resident #57 was at risk for complications related to taking antidepressant medications. During an interview on 03/11/20 at 11:49 AM the MDS Coordinator said Resident #57 had a qualifying [DIAGNOSES REDACTED]. She said all PASSRs in the facility were resubmitted when they did the CHOW, and this was not caught. (MDD dx dated 07/06/17). 2.) Physician orders [REDACTED].#60 was a [AGE] year-old female admitted on [DATE]. Her [DIAGNOSES REDACTED]. The annual MDS dated [DATE] indicated Resident #60 in Section A1500 was checked no for PASRR, in Section I an active [DIAGNOSES REDACTED]. A care plan initiated on 08/06/19 indicated Resident #60 was taking [MEDICAL CONDITION] medication [MED] for psychotic symptoms with interventions including administer medication as ordered. A physician telephone order dated 0[DATE] indicated Resident #60 discharged to the hospital psychiatric unit due to increased behaviors. A physician telephone order dated 01/30/20 indicated Resident #60 readmitted from hospital psychiatric unit. The clinical record indicated Resident #60 had no PASRR Level 1 Screening or PASRR Level 2 Evaluation from the psychiatric hospital unit on 01/30/20. During an interview and record review on 03/11/20 at 11:30 a.m. the MDS nurse said Resident #60 did not return from the hospital psychiatric unit with a PASRR Level 1 Screening or a PASRR Level 2 Evaluation. She reviewed the online PASRR portal and there was no indication the hospital psychiatric unit submitted a PASRR Level 1 Screening or a PASRR Level 2 Evaluation. The last PASRR Level 1 Screening for Resident #60 was dated 09/01/19. During an interview on 03/11/20 at 12:45 PM the administrator said the facility did not have a specific policy for PASSRs, and that they just follow the regulations. On 03/11/20 at 03:45 PM the facility was asked if they wished to provide any further information or documentation. The administrator provided the survey team with a copy of a performance improvement plan pertaining to obtaining PASSR documentation. The administrator said the facility had initiated training on this topic on 03/11/20.		
F 0755 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review the facility failed to provide pharmaceutical services (including routine drugs, emergency drugs, and procedures that assure the accurate acquiring, receiving, dispensing, and administering of all drugs and biologicals) to meet the needs of each resident for 1 of 8 residents observed for medication administration.(Resident #61) * The facility did not administer Resident #61's [MEDICATION NAME] (high blood pressure medication) within the required timeframe. This failure could place residents at risk of not receiving necessary medications, not receiving the intended therapeutic benefits of their medications, and a decline in health. Findings included: Physician orders [REDACTED].#61 was a [AGE] year-old female admitted on [DATE]. Her [DIAGNOSES REDACTED]. Physician orders [REDACTED].#61 to receive [MEDICATION NAME] 25mg twice a day with times specified in the order of 08:00 a.m. and 08:00 p.m. The order was signed by the NP on 0[DATE]. During an observation on 03/09/20 at 10:27 a.m. CMA A administered Resident #61 [MEDICATION NAME] 25mg 1 tablet with a blood pressure of 138/101. During an interview on 03/11/20 at 09:55 a.m. the DON said medications were to be administered 1 hour before to 1 hour after the time on the orders. She said if a medication was administered after the 1-hour time frame staff should notify charge nurse or DON, the physician/NP should be notified, and a late entry entered if physician wants the medication to be given. During an interview on 03/11/20 at 10:45 a.m. CMA A said she did not realize she gave the medication to Resident #61 late. A Medication Administration Procedure dated March 2019 indicated .Procedure: .8. Read the Medication Administration Record [REDACTED]. Verify the correct medication, expiration date, dose, dosage form, route, and time again by comparing to MAR before administering . According to the Medication Administration Module dated May 2017 accessed at https://hhs.texas.gov/sites/default/files/documents/doing-business-with-hhs/provider-portal/QMP/MedicationAdministrationModule.pdf indicated .d. Right Time: .Most facilities also have a policy indicating how soon before or how long after the scheduled time a medication can be administered. For routinely ordered medications, such as antibiotics, 30 minutes before or after the scheduled time is commonly acceptable .		
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** Based on observation, interview, and record review, the facility failed to maintain an infection prevention and control program to provide a safe, sanitary, and comfortable environment to prevent the development and the transmission of disease and infections for 3 of 8 residents observed for medication pass (Resident # s 11, 53, and 15), for 1 of 3 residents for incontinent care (Resident #35), and for 1 of 1 resident reviewed for antibiotics (Resident #55). * LVN B, LVN C, and CMA E did not perform appropriate hand hygiene during the medication pass for Resident #s 11, 53, and 15. * CNA D did not perform appropriate hand hygiene, touched clean items without changing gloves, and utilized clean items touched by soiled items during incontinent care on Resident #35. * The facility did not have duration and indications for antibiotics on Resident #55 These failures could place residents at risk for cross contamination, infection, and decreased quality of life. Findings included: 1. During an observation on 03/09/20 at 11:50 a.m. LVN B performed a blood sugar check on Resident #11. He did not wash/sanitize his hands before donning gloves after entering the resident room, performed the finger stick, and left the resident room with the gloves on. He did not sanitize his hands at the medication cart after he removed his gloves. He drew up the resident's [MED], reentered the resident's room to administer her [MED], and did not wash/sanitize his hands before donning gloves. He left the resident room and did not wash/sanitize his hands after removing his gloves.		
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 0880 Level of harm - Minimal harm or potential for actual harm Residents Affected - Some	<p>(continued... from page 1)</p> <p>During an interview on 03/11/20 at 10:09 a.m. LVN B said he should have at least sanitized his hands between glove changes. During an observation on 03/11/20 at 07:50 a.m. CMA E administered medications to Resident #53. She did not wash/sanitize her hands before donning gloves after entering the resident's room, administered the medications, did not wash/sanitize her hands after removing the gloves, and left the resident's room. During an interview on 03/11/20 at 10:48 a.m. CMA E said she was taught she could sanitize her hands between patients and wash her hands after the third patient. A Medication Administration Procedure dated March 2019 indicated .Procedure: 1. Wash hands.14. Administer oral medications with a full glass of water unless otherwise ordered.19. Wash hands. 20. Proceed to the next resident/patient as indicated. During an observation on 0[DATE] at 03:20 p.m. LVN C administered gastrostomy tube medications to Resident #15. She did not wash/sanitize her hands before donning gloves after touching the bed controller. She did not wash/sanitize her hands between glove changes. During an interview on 03/11/20 at 02:13 p.m. LVN C said hands should be sanitized or washed between glove changes. According to the World Health Organization's Glove Use Information Leaflet revised August 2009 .The efficacy of gloves in preventing contamination of health-care workers' hands and helping to reduce transmission of pathogens in health care has been confirmed in several clinical studies. Nevertheless, health-care workers should be informed that gloves do not provide complete protection against hand contamination. Pathogens may gain access to the caregivers' hands via small defects in gloves or by contamination of the hands during glove removal. Hand hygiene by rubbing or washing remains the basic to guarantee hand decontamination after glove removal . 2. During an observation and interview on 0[DATE] at 10:00 a.m. CNA D provided incontinent care to Resident #35. CNA D did not always wash/sanitize her hands between glove changes, removed clean wipes from the package with dirty gloves, placed the trash bag on top of the clean brief, the dirty brief with feces fell out of the trash bag on top of the clean brief, CNA D put the dirty brief back in the trash bag, and CNA D placed the clean brief on the resident. CNA D said she should have sanitized her hands between all glove changes and should have placed the trash bag other than on top of the clean brief. During an interview on 03/11/20 at 10:33 a.m. CNA D said she should have obtained a clean brief to place on Resident #35 and she should not pull clean wipes out of the package with the gloved hand she had used to wipe the resident. A Hand Hygiene Procedure dated September 2019 indicated Hand Hygiene: The facility will follow the centers for Disease Control (CDC) Guidelines for Hand Hygiene .Handwashing/ABHR (Alcohol Based Hand Rub) is mandated between resident/patient contact in an effort to prevent the spread of infections. Hands must be washed/ABHR after the following including, but not limited to: Contact with blood/body fluids .Contact with resident/patient .Contact with contaminated items or surfaces. Removal of gloves following completion of a procedure .Hand Hygiene must be performed before initiating a clean procedure . 3. Physician orders [REDACTED].#55 was a [AGE] year-old female admitted on [DATE]. Her [DIAGNOSES REDACTED]. An order dated 0[DATE]7/19 indicated Resident #55 was to receive [MEDICATION NAME] (antibiotic) ophthalmic (eye) ointment at bedtime. There was no end date and no indication for use on the order. An order dated 0[DATE] indicated Resident #55 was to receive [MEDICATION NAME] (antibiotic) twice daily. There was no end date and no indication for use on the order. During an interview on 03/11/20 at 10:25 a.m. the IP said Resident #55 had the order for the [MEDICATION NAME] eye ointment before she became the IP. She said she did not realize there was no stop date and no indication for the medication on the order. She said the [MEDICATION NAME] was used long term for recurrent UTIs. She said she did not realize there was no indication on the order. She said they physician gave the order over the telephone but had not seen her to provide her documentation. During an interview on 03/11/20 at 03:45 p.m. the DON and ADON said Resident #55's [MEDICATION NAME] was an antibacterial not an antibiotic. The Antibiotic Stewardship policy dated September 2019 indicated .Procedure: .Actions to Improve Antibiotic Stewardship: .4. The facility has selected the following interventions/actions to improve antibiotic use: Antibiotic Prescribing: Document a dose, duration, and indication for all antibiotic courses.</p>		