

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>675933</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>08/24/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>TREASURE HILLS HEALTHCARE AND REHABILITATION CENTE</b>		STREET ADDRESS, CITY, STATE, ZIP <b>2204 PEASE ST HARLINGEN, TX 78550</b>	
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 0921  <b>Level of harm</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Some	<b>Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public.</b> <b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observation, record review, and interview, the facility failed to provide a safe, functional, sanitary, and comfortable environment for residents, staff and the public. A shower bed in the hallway had multiple cracks/tears and there was an unidentified liquid under the mattress and on the frame. This failure could place residents at risk for infection. The findings included: Observation during initial rounds, on 08/21/20 at 2:00 p.m., with the DON and the Administrator, in B Wing revealed a shower bed against the wall in the hallway, between room [ROOM NUMBER] and room [ROOM NUMBER]. The shower bed mattress had multiple cracks, approximately three inches long, in the blue outer part of the mattress, exposing the porous white inner mattress, near the head of the mattress. Near the foot of the mattress were two cracks in the blue outer part of the mattress exposing the porous white inner mattress, one being approximately three inches to the right of the mattress and one being approximately one inch in the middle of the mattress. In the middle of the mattress were two three inch cracks in the blue covering of the mattress exposing the porous white inner mattress. There was a clear liquid under the mattress and on the base of the frame holding the mattress. In an interview on 08/21/20 at 2:00 p.m., the Administrator confirmed the mattress was cracked and liquid was under the mattress and on top of the base that held the mattress. The Administrator said there should not be any moisture under the mattress and there should not be any cracks/tears in the mattress. The Administrator said the bed and mattress were used for resident showers. The shower room was directly across the hall. In an interview on 08/21/20 at 2:02 p.m., the DON confirmed the shower bed mattress was cracked and that there was a clear liquid saturating under the mattress. The DON said the mattress should not have any liquid on the bottom of the mattress. The DON said she did not know if the liquid was water, disinfectant, or both. The DON said the shower bed was being used today for resident showers. The DON said the disinfectant is sprayed on the area and left for 10 minutes then wiped off. The DON said the area should not be saturated with a pool of liquid. Record review of disinfectant manufacturer's directions on 08/24/20 at 2:45 pm revealed: <b>DIRECTIONS FOR USE</b> It is a violation of Federal Law to use this product in a manner inconsistent with its labeling. Vindicator+ is not for use on critical and semi-critical medical device surfaces. <b>DISINFECTION</b> - To disinfect inanimate, hard non-porous surfaces, add ounce of Vindicator+ per gallon of water. Apply solution with a mop, cloth, sponge, hand pump trigger sprayer or low pressure coarse sprayer so as to wet all surfaces thoroughly. Allow to remain wet for 10 minutes, then remove excess liquid. For sprayer applications, spray 6-8 inches from surface, rub with brush, sponge or cloth. Do not breathe spray mist. For heavily soiled areas, a pre-cleaning step is required.		
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.