

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>455940</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>08/21/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>LUBBOCK HOSPITALITY NURSING AND REHABILITATION CEN</b>		STREET ADDRESS, CITY, STATE, ZIP <b>4710 SLIDE RD LUBBOCK, TX 79414</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 0604  <b>Level of harm - Minimal harm or potential for actual harm</b>  <b>Residents Affected - Some</b>	<p><b>Ensure that each resident is free from the use of physical restraints, unless needed for medical treatment.</b></p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b></p> <p>Based on interview, observation and record review, the facility failed to ensure that 1 of 6 sampled Resident (#1) was free from unnecessary physical restraints and that were not required to treat a medical symptom. The facility staff CNA #1 tied Resident #1 to the chair with a sheet. This failure affected 1 out of 63 residents (Resident #1) placing them at risk of the application of restraints for the purpose of convenience and not required to treat the resident's medical symptoms; and could potentially affect the other 62 residents resulting in having residents free from unnecessary physical restraints when not required to treat a medical condition causing a resident psychological and physical harm. Findings included: Record review of the face sheet for Resident #1 revealed that the resident was [AGE] years old and admitted [DATE] with the following Diagnoses: [REDACTED]. Interview on 08/20/2020 at 9:15 am, Administrator #1 and Administrator #2 reported that they had done a walk through the night before and when entering the memory unit, they observed Resident #1 tied to a chair with a sheet. Administrator #1 stated there was an agency CNA sitting next to the resident pulling out her weave. When questioning CNA #1, she stated it was to keep Resident #1 from falling out of the chair. CNA #1 admitted to the administrators she knew it was wrong, but they were trying to keep her from falling. Administrator #1 stated she suspended the CNA #1 until investigation was completed and dismissed the agency CNA and she would not be coming back to the building. Observation on 08/20/2020 at 2:15 PM, Resident #1 was in her bed with head of the bed all the way down and the foot of the bed all the way up giving an approximately 75 degree angle at her waist and knees bent. Resident #1's head was leaned to the left side with her head up in the corner of the head board and quarter railing; she had pillow on her right side between her body and the other side of the bed. Interview on 08/20/2020 at 2:20 PM, LVN #1 stated they put her feet up that high so she cannot climb out of bed. Observation and interview on 08/20/2020 at 2:25 PM, Resident #1's feet had been lowered to about 30 degree angle and the Administrator #1 stated that it was care planned for her feet to be that high for the resident's knee pain. Record review of Resident's #1 care planned revealed no care plan for knee pain or for her feet to be that high. The care plan revealed position for comfort. Interview on 08/20/2020 at 3:41 PM, CNA #1 stated she worked the 2:00 PM to 10:00 PM shift and has worked at the facility for 3 years. She stated Resident #1 runs every where instead of walking. She knew it was wrong, but she tied her to the chair for the resident's own safety. CNA #1 also stated when she put Resident #1 to bed, she would raise her feet to almost the highest position to keep the resident from climbing out of bed. Record review of Resident #1's physician orders [REDACTED]. Record review of Resident #1's Annual MDS dated [DATE] revealed the following: Section C: Cognitive Patterns C0500. BIMS Summary Score = 00 Section G: Functional Status Extension Assist for bed mobility, transferring, dressing, toilet use, bathing and personal hygiene. Limited assistance on walk in room, walk in corridor, and eating. Section P: Restraints and Alarms; no section was checked. Record review of the facility's policy and procedure titled Use of Restraints revised date April 2017: Policy Statement Restraints shall only be used for the safety and well-being of the resident(s) and only after other alternatives have been tried unsuccessfully. Restraints shall only be used to treat the resident's medical symptom(s) and never for discipline or staff convenience, or for the prevention of falls. When the use of restraints is indicated, the least restrictive alternative will be used for the least amount of time necessary, and the ongoing re-evaluation for the need for restraints will be documented. Policy Interpretation and Implementation 1. Physical Restraints are defined as any manual method or physical or mechanical device, material or equipment attached or adjacent to the resident's body that the individual cannot remove easily, which restricts freedom of movement or restricts normal access to one's body. 2. The definition of a restraint is based on the functional status of the resident and not the device. If the resident cannot remove a device in the same manner in which the staff applied it given the resident's physical condition (i.e. side rails are put back down, rather than climbed over), this restricts his/her typical ability to change position or place, that device is considered a restraint. 4. Practices that inappropriately utilize equipment to prevent resident mobility are considered restraints and are not permitted, including: c. Placing a resident in a chair that prevents that resident from rising; 9. Restraints shall only be used upon the written order of a physician and after obtaining consent from the resident and/or representative (sponsor). The order shall include the following: a. The specific reason for the restraint (as it relates to the resident's medical symptom); b. How the restraint will be used to benefit the resident's medical symptom; c. The type of restraint, and period of time for the use of the restraint. Record review of the facility's Resident Rights revised date December 2016: Policy Statement: Employees shall treat all residents with kindness, respect, and dignity. Policy Interpretation and Implementation 1. Federal and state laws guarantee certain basic rights to all residents of this facility. These rights include the resident's right to: a. a dignified existence; b. be treated with respect, kindness and dignity; d. be free from corporal punishment or involuntary seclusion, and physical or chemical restraints not required to treat the resident's symptoms;</p>		
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.