

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 675925	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/15/2020
NAME OF PROVIDER OF SUPPLIER THE MILDRED & SHIRLEY L GARRISON GERIATRIC EDUCATI		STREET ADDRESS, CITY, STATE, ZIP 3710 4TH ST LUBBOCK, TX 79415	
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 - Some	Provide appropriate treatment and care according to orders, resident's preferences and goals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to ensure that each resident received, and the facility provided the necessary care and services to attain or maintain the highest practicable physical well-being, in accordance with physician orders for 2 of 18 residents. (Resident #44 and Resident #278). The facility failed to follow Physician orders by failing to remove a foley catheter as ordered for Resident #44. The facility failed to obtain physician orders for oxygen use for 2 of 3 (Resident #44 and Resident #278) residents reviewed for oxygen care. This failure of not following physician orders had the potential to place all residents in harm of not being cared for in the matter of which the physicians' have ordered. The findings are: Resident #44: Review of face sheet for Resident #44 revealed a [AGE] year-old female with an original admission date of [DATE] and a readmission date of [DATE]. Resident's [DIAGNOSES REDACTED], veins, muscle weakness, altered mental status and symbolic dysfunctions. Observation on 09/08/20 at 2:23 PM reveal Resident #44 lying in bed with a urine drainage bag hanging on the side of the bed. O2 concentrator in room, on and working. Resident observed wearing nasal cannula with oxygen on at 2 liters per minute. Observation on 09/14/20 at 12:03 PM reveal Resident #44 sitting up in wheelchair. Foley catheter drainage bag in privacy bag underneath wheelchair. Oxygen on via N/C at 2LPM via O2 tank secured to back of wheelchair. Review of physician orders for Resident #44 active orders as of 09/08/2020 reveal no orders for a foley catheter and no orders for oxygen. Review of discontinued orders reveal a physician order with a start date of 08/24/20 and an end date of 08/31/20 for a catheter 18 French, 10mL balloon for yeast infection. Order states to keep foley x1 week while on medication and ointment. Interview on 09/14/20 at 3:26 PM with LVN #2 regarding the order for oxygen and the foley catheter for Resident #44, LVN #2 stated, I don't see them. Interview on 09/14/20 at 3:50 PM with Interim DON regarding the order for oxygen and the foley catheter for Resident #44 revealed the resident should have an order for [REDACTED]. #44 last evening. Interim DON stated the resident has an order for [REDACTED]. #278 Review of face sheet for Resident #278 revealed a [AGE] year-old male admitted on [DATE]. Resident's [DIAGNOSES REDACTED]. Observation on 09/08/20 at 12:10 PM revealed Resident #278 lying in bed with oxygen on via N/C at 2LPM. O2 concentrator next to bed on and working. Observation on 09/09/20 at 9:56 AM revealed Resident #278 lying in bed with oxygen on via N/C at 2LPM. O2 concentrator next to bed on and working. Review of physician orders for Resident #278, active orders as of 09/10/20 reveal no physician orders for oxygen administration. Interview with Interim DON on 09/14/20 at 3:50 PM reveal she will check on the orders for Resident #278. Interim DON stated the resident is in the hospital at this time. No further information was provided to the surveyor regarding Resident #278's oxygen order. Review of facilities Policy and Procedure Section: Licensed Nurse Procedures, Subject: Oxygen Administration (Mask, Cannula, Catheter) with no date revealed: Policy: It is the policy of this facility that oxygen therapy is administered, as ordered by the physician or as an emergency measure until the order can be obtained.		
F 0761 Level of harm - Minimal harm or potential for actual harm Residents Affected - Some	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** Based on observation, interview and record review, the facility failed to ensure that drugs and biologicals used in the facility were secured and labeled in accordance with currently accepted professional principles. The facility failed to: 1.) 2 of 6 medication carts were unlocked. 2.) 2 of 6 medication carts had expired medications. These problems could result in residents having their medications diverted and/or receiving another resident's medication because of improper secured storage or receiving medications that may not be safe and effective and these problems had the potential to affect all residents in the facility. The findings include: Observation on 09/08/20 at 11:31 AM of medication cart on Magnolia Hall revealed medication cart unlocked and unattended by staff. Interview on 09/08/20 at 11:45 AM Interview with LVN #1 states she forgot to lock the cart before she went to assist a resident. States there is resident's medications in the cart and wound care supplies. Observation on 09/08/20 at 11:50 AM of the cart revealed resident's medications, OTC and wound care supplies. Observation on 09/10/20 at 04:45 PM of medication cart on Sage Hall revealed expired medications - Vitamin B-6 expires 8/20, Calcium 60 mg expires 8/20, [MEDICATION NAME] expires 5/20, Latanoprost Sol 0.005% opened 2/7/20 label states discard after 42 days. Interview with CMA #1 states medications are expired. States she is not sure why they were not removed from the cart. Observation on 09/09/20 11:11 AM of nurse's cart on Oak unit revealed expired medications, wound care supplies and laboratory supplies - Humilin R for Resident #42 opened 7/20/20 with a sticker stating Discard 28 days after opening, [MEDICATION NAME] for Resident #52 opened 5/28/20 with a sticker stating Discard 28 days after opening, Skin Integrity Hydrogel expired on 04/20, Skin Integrity Hydrogel expired on 08/20, Hydrogel wound dressing expired on 10/2019, Wound cultures x2 expired on 05/31/2020, Universal [MEDICAL CONDITION] transport for viruses, chlamydiae, myoplasm's expired on 05/2019, Bio freeze roll-on expired on 05/2015. Interview on 09/09/20 at 11:24 AM with LVN #2 confirmed expired medications and wound/lab supplies in nurse's cart. Stated he does not know why the expired items are in the nurse's cart. Observation on 09/14/20 at 8:33 AM in Oak unit revealed nurse's cart unlocked and unattended by staff. Interview on 09/14/20 at 8:35 AM with LVN #2 revealed, I should have locked it when I walked away. LVN #2 opened cart drawers and revealed wound care supplies and medication in the nurse's cart. Record review of policy and procedure titled - Nursing Clinical Revised 05/2007 Section: Care and Treatment Subject: Medication Access and Storage POLICY: It is the policy of this facility to store all drugs in biological in locked compartments under proper temperature controls. The medication supply is accessible only to licensed nursing personnel, pharmacy personnel, or staff members lawfully authorized to administer medications: [REDACTED]. Medications are kept and stored in these containers. 2. Orally administered medications are kept separate from external used medications, e.g., suppositories, liquids, lotions and tablets. 3. Intravenously administered medications are kept separate from orally administration medications. 4. Eye medications are kept separate from ear medications. 5. Except for those requiring refrigeration, medications intended for internal use are stored in a medication card or other designated area. 6. Schedule III and IV controlled medications are stored separately from other medications in a locked drawer or compartment designed for that purpose. The facility did not provide a policy on expired supplies.		
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.