

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  675459	(X2) MULTIPLE CONSTRUCTION  A. Building B. Wing	(X3) DATE SURVEY COMPLETED  09/22/2022
NAME OF PROVIDER OR SUPPLIER  Oasis at Austin		STREET ADDRESS, CITY, STATE, ZIP CODE  3509 Rogge LN Austin, TX 78723	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
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F 0694  Level of Harm - Immediate jeopardy to resident health or safety  Residents Affected - Few	<p>Provide for the safe, appropriate administration of IV fluids for a resident when needed.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 39269</b></p> <p>Based on the interview and record review, the facility failed to provide care according to professional standard of practice and in accordance with physician order for one of one resident (Resident #1) reviewed for quality of care in that.</p> <p>The facility failed to do dressing changes on Resident #1's central venous line inserted into the internal jugular vein. (An intravenous tube the doctors place in a large vein in the neck) and the Resident #1 was admitted to the local hospital due to septic shock.</p> <p>An Immediate Jeopardy (IJ) was identified on 09/20/2022 at 12:45 p.m. The IJ began on 09/07/2022 and was removed on 09/14/2022. The facility took action to remove the IJ before the survey began. While the IJ was removed on 09/14/2022, the facility remained out of compliance at a scope of isolated and a severity level of no actual harm with the potential of more than minimal harm that is not immediate jeopardy because all staff had not been trained on 09/22/2022.</p> <p>This failure could place residents with central line at risk for infection, decrease quality of care and hospitalization .</p> <p>The Findings include:</p> <p>A review of Resident #1's face sheet undated revealed a [AGE] year-old male with admitted [DATE]. Diagnoses include anoxic brain damage (cause by complete lack of oxygen in the brain which results in death brain cell after approximately four minutes of oxygen deprivation) not elsewhere classified, acute respiratory failure unspecified whether with hypoxia (absence of enough oxygen in the tissue to sustain bodily functions) or hypercapnia (excessive carbon dioxide in the bloodstream, typically caused by inadequate respiration), acute on chronic systolic (congestive) heart failure, anemia, dependence on dialysis (a process of removing excess water, solutes, and toxin from the blood in people whose kidney can no longer perform these functions naturally) .</p> <p>A review of Resident #1's MDS assessment dated [DATE] revealed a status BIMS score of 00, cognitive skills for daily decision making severely impaired. It was also reflected Resident #1 was on oxygen therapy, required suctioning and tracheostomy care. MDS did not address central line access.</p> <p>A review of Resident #1's initial Care Plan dated 08/06/2022 revealed the resident required assistance with ADLs, resident required oxygen, suctioning and tracheostomy care. Care plan did not address central line access.</p> <p>(continued on next page)</p>		

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

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<p>F 0694</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>A review of Resident #1's progress notes dated 09/14/2022 reflected, transfer to the ER for further evaluation and treatment for possible sepsis.</p> <p>According to the intake (complainant) created 09/19/2022, Resident #1's was admitted to the local hospital on 09/14/2022 with a central venous line insertion into the internal jugular vein dressing that was dated 09/01/2022.</p> <p>A review of the hospital records dated 09/18/2022 reflected Resident #1 had diagnosis of Septic shock, multiple possible sources including pneumonia and BSI (a system of infection precaution intended to reduce nosocomial transmission of infectious agents among patient) due to Central Venous line/CVL (appears to have been in place since July 9 based on chest x-ray). It was also revealed Resident #1 was admitted to the local hospital on 09/14/2022. Hospital records also reflected, The patient is critically ill with 1 or more organ system failure(s) and is at high risk of death/decompensation and I am managing this organ system/systems failure.</p> <p>A review of Resident #1's physician order dated 09/01/2022 reflected, change dressing to IJ central line every day shift every Thursday for IV management.</p> <p>A review of Resident # 1's Treatment Administration records reflected Resident #1's central line dressing was last changed on 09/01/2022.</p> <p>A review of Resident #1's physician order dated 09/07/2022 reflected, Discontinuation left triple lumen catheter. (Triple Lumen catheter is a type of central line- that has 3 ports/openings for infusions)</p> <p>In an interview on 09/19/2022 at 12:11 p.m. the Wound care Nurse stated she did not take care of PICC lines and central lines, the RN ADON was responsible for central lines dressing and care. She also stated there was an order to discontinue Resident #1's central line on his neck and it was communicated to the RN ADON by the LVN A.</p> <p>In an interview on 09/19/2022 at 1:16 p.m. LVN A stated she worked the 6 a.m. to 2.00 p.m. shift from Monday to Friday. She stated she had not done dressing changes for Resident #1's central line to his left side neck. She stated there were no orders regarding dressing changes of his central line. She stated that there was an order to discontinued Resident #1's central line on his left side neck, she notified the Wound care Nurse and was told by the Wound care Nurse only the RN could discontinue central lines. She also stated she notified the RN ADON who stated she would take care of Resident #1's central line. LVN A stated not changing central lines dressings as ordered is a risk of infection. (Providing care to a central line is out of the scope of practice for an LVN)</p> <p>In an interview on 09/19/2022 at 3:48 p.m. LVN B stated she worked the 2:00 p.m. to 10.00 p.m. shift from Monday to Friday. She stated Resident #1 had a central line dressing at his neck. She stated there was an order for the RN to remove the central line and did not indicate when the order was written. She stated, Central line dressing changes is not within my scope of practice as an LVN, it is not my area, so I have not done anything with Resident #1's central line.</p> <p>(continued on next page)</p>		

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<p>F 0694</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>In an interview on 09/19/2022 at 12:58 p. m. RN ADON stated she was made aware to discontinue Resident #1's central line. She also stated when she realized it was a jugular vein insertion, she was not comfortable discontinuing the central line. She stated she notified the NP for Resident #1 to be to an outpatient for the central line removal. RN ADON could not tell specific dates on when she was notified or when she notified the NP. She stated she did not follow up with the NP after the initial discussion on when to send Resident #1 out for the procedure. She stated she was the only RN in the facility responsible to do dressing changes on central lines but had never changed Resident #1 central line since he was admitted to the facility. She stated central line dressing should be changed every week, but she was still new to the facility, did not know where to find supplies, they had to order supplies and it took time for the supplies to get to the facility. She stated it was her fault for not following up with the NP. The RN ADON stated the risk for not changing central line dressings is infection and possible sepsis.</p> <p>In an interview on 09/19/2022 at 1:41 p.m. the NP stated there was an order to discontinue Resident #1's central line due to not being used. He also stated, Dressing changes for central lines should be done once a week or PRN (as needed) every Thursday, that was the order for Resident #1. It was risk for infection, it could be systemic due to the device being centrally inserted. Anything with insertion, even peripheral IV, if proper care was not taken, there was a risk of infection. It is not ok for the dressing to go that long without it being changed, the dressing should be changed at least once a week. He later stated he and the RN ADON discussed briefly about Resident #1's central line on 09/12/2022 and the facility should have set up an outpatient procedure for the central line to be removed. He stated Resident #1's central line dressing still needed to be change as ordered while they were planning to schedule the procedure.</p> <p>In an interview on 09/20/2022 at 08:50 a.m. the Administrator stated she was not aware of the policy regarding central line care. She stated an LVN can care for a central line if they were trained. She also stated she was not aware of staff training on central line care and she had not train staff on central line since she had been at the facility.</p> <p>In an interview on 09/20/2022 at 9:38 a.m. the Corporate Nurse stated, central line dressing changes were to be done every 7 days and PRN when soiled or not intact. She also stated if central line dressing changes were not done, the following risk could happen, dislodgement, infection and it can cause blood clot.</p> <p>Surveyor requested staff training records regarding Central line care and was presented with the following:</p> <p>LVN B -Intravenous Therapy and Blood withdrawal certificate with expiration dates of 11/30/2014 11/30/2016</p> <p>Review of the facility policy titled Central Venous Catheter Dressing Changes revised April 2016 reflected: The purposed of this procedure is to prevent catheter-related infection that are associated with contaminated, loosened, soiled, or wet dressings.</p> <p>.Check the state's Nurse Practice Act for LPNs regarding scope of practice for changing a central venous catheter dressing.</p> <p>(continued on next page)</p>		

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<p>F 0694</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>In order for the facility LVNs to be considered IV trained and certified they must complete IV management training by a specialized IV clinician or as defined by the BON in regards who is qualified to provide the training.</p> <p>The Company will outsource an IV specialized company to provide training for the LVNs that do not have IV training and certification, the regional nurse to coordinate this. The training is 8 hours in length. This training is scheduled for 09/27/22.</p> <p>All new nurse applicants will be asked for IV certification training if they have not received the training, the nurses will be setup for IV training at the facility by an IV specialized company but will not be allowed to work with IV lines until training is completed within 30 days of employment. Compliance for this will be done by the administrator.</p> <p>Current nurses will be trained by 9/27/22 by outsourced IV specialized company that has been set up by Regional Nurse.</p> <p>As of 9/21/22 Only RNs or LVNs who have received the training for Central Venous Catheters will be allowed to care for Central Lines.</p> <p>The facility currently is not using agency as of this week, for all agency nurses scheduled in the future to work for the facility will be required to submit IV certification prior to them working at the facility with Central Catheter as of 9/21/2022. Administrator will ensure compliance of this.</p> <p>LVNs who are IV certified will change central line dressing and provide care for the IV's as well as RNs. Facility will send out residents to the hospital to remove central lines same day and physician order has been received as of 9/21/22 until a trained RN on 10/3/22 starts at facility. RN ADON will ensure compliance.</p> <p>Monitoring:</p> <p>Regional Nurse created a monitoring tool to review all new admissions and weekly IV lines to verify IV dressing changes and to verify that policy of changing IV dressing once every 7 days and/or PRN per physician order on 9.20.22. ADON's to complete this daily with new admissions and Weekly on all other current IVs, DON to verify this is completed weekly, Administrator will receive the monitoring tool and oversee the process along with regional nurse to ensure compliance. The monitoring tool process will remain in place for the next 6 months</p> <p>Regional Nurse educated Administrator and RN ADON regarding the monitoring tool which includes, type of IV access, physician order, if IV line has an order to be discontinued only RN can discontinue central line on 9.20.22. DON and ADON to verify daily and Administrator to continue to oversee the process weekly, regional nurse will monitor this weekly during visit. All floor nurses were educated on IV lines policy</p> <p>New orders will be reviewed every morning during clinical meeting by DON, ADON and follow up with the MD/or NP. The DON and ADON will run report for missed medication and treatments every morning from prior day to make sure they were completed and no omissions. Nurse managers will physically check all IV dressings to make sure they were changed every Thursday and noted on the TAR/MAR. This process was started 9/21/22 without stop date for the process</p> <p>(continued on next page)</p>		

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<p>F 0694</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>All new clinical referrals will be reviewed by DON, respiratory therapist if needed, and wound care to make sure they are clinically appropriate for facility to care for. If specialized care is required DON will make sure trained/certified staff are available to care for the patient while at the facility.</p> <p>Medical Director Involvement / QA Involvement:</p> <p>Regional Nurse on 9.20.22 notified Medical Director of</p> <ul style="list-style-type: none"> <li>o The citation</li> <li>o The education</li> <li>o The monitoring tool</li> </ul> <p>Administrator will review the monitoring at the QAPI meeting and present findings to the Medical Director for the next 6 months starting October QAPI meeting. Administrator- Will oversee the process and report to QAPI</p> <p>DON- Responsible for daily and weekly compliance of the monitoring tool, during hiring process to make sure she requests IV certification for all nurses and coordinate there after IV training for those nurses that need it.</p> <p>Regional Nurse will monitor process during visit weekly and QAPI meeting for the next 12 weeks.</p> <p>There were no monitoring due to Resident #1 being the only with IV/Central line access and the Resident was no longer in the facility.</p> <p>On 09/22/2022 at 6:30 p.m. the Administrator was notified that the IJ was removed. However, the facility remained out of compliance at a severity level of no actual harm that is not immediate jeopardy with a scope of isolated because all staff had not been trained on 09/22/2022.</p>		

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<p>F 0925</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Make sure there is a pest control program to prevent/deal with mice, insects, or other pests.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 39269</p> <p>Based on observation, interview, and record review, the facility failed to maintain an effective pest control program so that the facility was free of pests.</p> <p>The facility failed to prevent an infestation of multiple flies in every part of the facility.</p> <p>This failure placed residents at risk of infection and a diminished quality of life.</p> <p>Findings included:</p> <p>Observation on 9/17/2022 at 11:23 a.m. revealed an LVN seated in a chair near the junction between two halls. She was waving something away from her face and head continuously. A closer look revealed there were two houseflies flying around her head, landing on her laptop and the back of her chair.</p> <p>Observation of the kitchen on 9/17/2022 at 12:07 p.m. revealed multiple flies (at least 20) flying in various areas of the kitchen. There was no exposed food visible, and the flies were landing on the meal cart, the counters, the stove, and the employees. There were two strips of sticky paper fly traps hanging from the ceiling, and each had at least 50 dead flies attached.</p> <p>During an interview on 9/17/2022 at 12:10 p.m., DA stated flies were everywhere in the kitchen and had been like that for a week or two. She stated MAINT came and hung the fly paper strips a couple of days prior. She stated no professional pest control vendor had been in the kitchen. She stated she did not know where they were coming from, but they had all come in from the dining area and not from the back door. She stated the dietary staff were able to keep the flies off the food, but they could not do anything else to make the situation better. She stated they had gotten no visits from the management to help them or give them a plan to manage the fly population. She stated the only thing was MAINT putting up the fly paper. She stated her DM was not present at the facility because the DM did not work Saturdays.</p> <p>During an interview on 9/17/2022 at 12:18 p.m., MAINT stated he had been working there since June 2022. He stated they had a pest control vendor coming to the building regularly for routine treatments. He stated they were all aware of the flies, and he had tried to do what he could to fix the problem. He stated he did not know where the flies were coming from, but they thought perhaps it was from the door out to the smoking patio. He stated every time there was rain, the flies would come back. He stated he put insect attracting/killing lights up on the wall in the dining room and hung fly paper in the dining room and kitchen. He stated he had not seen flies in resident rooms. When asked what a potential negative outcome could be of having flies in the building, he stated he did not know.</p> <p>Observation on 9/17/2022 at 12:20 p.m. revealed two sticky paper fly traps hanging from the ceiling of the dining room, each covered with 50-100 dead flies. There were several flies flying in the open dining area. There was a blacklight insect trap installed next to the large television in the dining area. The blacklight was drawing no insects, and no insects were seen in its trap.</p> <p>(continued on next page)</p>		



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<p>F 0925</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During observation and interview on 9/17/2022 at 12:26 p.m., a male resident seated in his wheelchair in the dining room was surrounded by flies landing on him and flying around his person. There were at least eight flies staying close to his person. When asked if he noticed, he said, hell yeah and stated he hated them and that everybody hated them. No staff attempted to intervene or keep the flies from him.</p> <p>Observation on 9/17/2022 at 12:29 p.m. revealed another male resident seated at a dining table with multiple flies on and around him. At least five different flies stayed close to his body and landed on his clothes and face. He did not respond to efforts to interview him. No staff attempted to intervene or keep the flies from him.</p> <p>Observation and interview on 9/17/2022 at 12:30 p.m. revealed a smoke break starting on the patio adjacent to the dining room. There was a reverse air pressure fixture over the door that appeared to be functioning and keeping flies from flying into the building when it was open. There were numerous flies outside. A small, bag-style fly trap hung against the outer wall, and a blacklight insect trap was installed next to it. The bag trap was filled with trapped flies. The black light was drawing no insects, and no insects were seen in its trap. Five residents on the patio during the smoke break all disclosed the flies had been a problem for a couple of weeks, at least, and the facility did not seem to be doing much about it.</p> <p>During observation and an interview on 9/17/2022 at 12:48 p.m., the AD, who was sanitizing a dining table in preparation for an activity, stated she did most of her activities in the dining room, and she had seen flies in there for at least two weeks. She stated she did not know where they were coming from, and she had been given no direction or plan for controlling them by her management. She stated she was trying to maneuver activities around them, but the residents were miserable about it.</p> <p>Observations on 9/17/2022 between 10:30 a.m. and 1:30 p.m. of all five halls in the facility revealed that flies were only seen in two resident rooms: E-7 and B-1.</p> <p>During an interview on 9/17/2022 at 1:11 p.m., LVN B stated the flies had been going on since the patients had opened the windows recently. She stated she did not know which patients opened their windows. She stated the flies were just coming in from outside, but she did not know where. She stated there was a dumpster outside close to the building that might contribute to the problem. She stated her management had not told her what to do about the flies. She stated she had not seen them in resident rooms. She stated she talked to MAINT about the flies, and he was doing what he could. She stated flies could carry infection.</p> <p>During an interview on 9/17/2022 at 1:30 p.m., RN A stated the facility had a few flies the last time she worked their two weeks prior, but it was not as bad as it was today. She stated the smokers' porch door was the only entry point she could see. When asked what potentially negative effect the presence of so many houseflies could have on the residents, she stated they could land on wounds or open areas lay eggs, and then there was potential infection. She stated, as the weekend supervisor, she was not given any instruction or a plan to deal with the flies. She stated she had no complaints from the residents about the flies. She stated she reported to her administrator, but the flies were obvious, and everyone could see them.</p> <p>(continued on next page)</p>		



Department of Health & Human Services  
Centers for Medicare & Medicaid Services

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<p>F 0925</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 9/17/2022 at 1:48 p.m., the ADM stated the flies had been in the building since she started on 8/29/2022. She stated the flies had gotten worse in the last week or so. She stated they did have pest control services coming in routinely. She stated the MAINT was responsible for the . When asked how they were trying to control the fly population, she stated they planted mint, placed traps around, put cinnamon and cloves around, and housekeeping was using pine cleaner. When asked where she thought the flies were coming from, she stated she thought they came in with the residents who went out to smoke. She stated they also found a leak which they patched up, and that may be related. She stated she had not put together a plan to address the issue but had contacted a specialist pest control company who had not scheduled a visit with them yet. She stated flies in the building could cause issues with wounds if the flies land on the wounds. She stated when flies were in the common areas such as the dining room, it caused the residents irritation and annoyance when it came to quality of life.</p> <p>Review of pest control invoices reflected that a pest control company had paid visits to the facility on [DATE], 5/6/2022, 6/3/2022, and 8/26/2022. This invoice did not include the type of treatment provided or any information about insect activity observed.</p> <p>Review of facility policy dated July 2016 and titled Pest Control reflected the following: PURPOSE: To provide and environment free of pests. POLICY: The facility will have a pest control contract that provides frequent treatment of the environment for pests. It will allow for additional visits when a problem is detected. There will be an emphasis on the pest control program in kitchens, cafeterias, laundries, central sterile supply, loading docks, construction activities, and other areas prone to infestation. Monitoring of the environment will be done by the facility staff. Pest control problems will be reported promptly. Screens will be maintained on all windows that open to the outside.</p>		