STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	675743	A. BUILDING _____ B. WING _____	03/05/2014

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
OCEANVIEW TRANSITIONAL CARE CENTER	519 NINTH AVE N TEXAS CITY, TX 77590

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 0240 **Level of harm** - Minimal harm or potential for actual harm **Residents Affected** - Few	**Provide care for each resident in a way that keeps or builds the resident's quality of life.** **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, record review and interview, the facility failed to provide 4 of 57 residents residing on the unit, (Residents #1, #2, #3 and #4) an environment which promoted and enhanced their quality of life. This failure affected 4 resident (all 4 on the secure unit) and placed 53 residents at risk for being in an environment that did not promote a high quality of life that humanized and individualized each resident. Complaint # 5 Findings include: Resident #1 Review of Resident #1's clinical records revealed a 76 year old male who was admitted to the facility on [DATE]. He was diagnosed with [REDACTED]. Observation of Resident #1 on 3/4/14, at 10:33 a.m. revealed his jeans were wet from the zipper area of his jeans down to the middle of his thigh. Observation of Resident #1's room on 3/4/14, at 10:33 a.m. revealed his bedding was soiled with urine and his room smelled of urine. Interview on 3/4/2014 at 11:01 a.m., LVN A stated she smelled the urine on the second floor and in Resident #1's room. She stated was going to have a CNA get him cleaned up and change the linen on his bed. She stated Resident #1 should have a shower on Mondays, Wednesdays and Fridays and as needed. She stated each Resident should have a bath/shower at least every other day. Record review Resident #1's computerized shower sheets revealed in December 2013 Resident #1 did not receive a shower from December 10, 2013 through December 18, 2013 (9 days). No additional showers, bed baths or baths were documented for December 2013. Record review of the February 2014 shower sheets revealed Resident #1 did not receive a shower from February 5, 2014 through February 10, 2014 (6 days). Resident #2 Review of Resident #2's clinical records revealed a 65 year old female who was admitted to the facility on [DATE]. She was diagnosed with [REDACTED]. Observations on 3/4/2014 at 10:45 a.m. and 1:35 p.m. of Resident #2 revealed resident wearing a pink top and white sweat pants with yellow socks. Resident #2's white sweat pants had stains on the front of both pant legs. Observation on 3/5/2014 of Resident #2 at 11:17 a.m. revealed resident wearing the same pink top and yellow socks from 3/4/2014. Record review /5/2014 of Resident #2's computerized shower sheets revealed in January 2014 she did not receive a shower from January 24, 2014 through January 28, 2014 (5 days). Resident #3 Review of Resident #3's clinical records revealed a 60 year old female who was admitted to the facility on [DATE]. She was diagnosed with [REDACTED]. Observation on 3/5/2014 of Resident #3 at 11:01 a.m, revealed resident standing at the nurses station. Resident #3 smelled of urine. Observation of Resident #3's room on 3/5/14 at 11:56 a.m, revealed Resident #3's sheets were soiled and brown in color. Record review of Resident #3's computerized shower sheets for January 2014 revealed she did not receive a shower from January 4, 2014 through January 7, 2014 (4 days) and from January 16, 2014 through January 31, 2014 (16 days). Resident #3's February 2014 shower sheets revealed she did not receive a shower from February 1, 2014 through February 28, 2014 (4 days) and she did not receive a shower from February 7, 2014 through February 10, 2014 (4 days). Resident #4 Review of Resident #4's clinical records revealed a 80 year old female who was admitted to the facility on [DATE]. She was diagnosed with [REDACTED]. Record review of Resident #4's computerized shower sheets revealed in January 2014 she did not receive a shower from January 24, 2014 through January 29, 2014 (6 days). Resident #4's February 2014 shower sheets revealed she did not receive a shower from February 2, 2014 through February 5, 2014 (4 days) and she did not receive a shower from February 7, 2014 through February 10, 2014 (4 days). Observations of the open dining area and the 200 hall/2nd floor were made on 3/4/14 at: 10:30 a.m., 10:45 a.m., 11:25 a.m., 11:50 a.m., 12:05 p.m., and 1:35 p.m. and on 3/5/14 at 10:45 a.m. , 11:01 a.m., 12 noon, and 1:15 p.m. There was a urine odor present at each observation. Interview on 3/5/2014 at 11:24 a.m., LVN C stated all residents were placed in pajamas before bed and put on clean clothing the next day even if they were not getting baths. Interview on 3/5/2014 with LVN C she stated if residents refused showers staff just try again later, there is not really much we can do. Based on the facility's roster, the census was 57 an the affected unit.
F 0312 **Level of harm** - Minimal harm or potential for actual harm **Residents Affected** - Few	**Assist those residents who need total help with eating/drinking, grooming and personal and oral hygiene.** **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, record review and interview, the facility failed to provide timely incontinent care for 4 of 8 residents, (Residents #1, #2, #3 and #4), on the secure unit reviewed for activities of daily living care and services. This failure affected 4 residents and could place an additional 53 residents located on the secure unit at risk for discomfort, skin breakdown, pressure sores, poor physical hygiene, and isolation from others due to body odor. Complaint # 5 Findings include: Resident #1 Review of Resident #1's clinical records revealed a 76 year old male who was admitted to the facility on [DATE]. He was diagnosed with [REDACTED]. Care plan revealed resident incontinent of bowel and bladder. Observation of Resident #1 on 3/4/14, at 10:33 a.m. revealed his jeans were wet from the zipper area of his jeans down to the middle of his thigh. Observation of Resident #1's room on 3/4/14, at 10:33 a.m. revealed his bedding was soiled with urine and his room smelled of urine. Interview on 3/4/2014 at 11:01 a.m., LVN A stated she smelled the urine on the second floor and in Resident #1's room. She stated was going to have a CNA get him cleaned up and change the linen on his bed. She stated Resident #1 should have a shower on Mondays, Wednesdays and Fridays and as needed. She stated each resident should have a bath/shower at least every other day. Record review Resident #1's computerized shower sheets revealed in December 2013 Resident #1 did not receive a shower from December 10, 2013 through December 18, 2013 (9 days). No additional showers, bed baths or baths were documented for December 2013. Record review of the February 2014 shower sheets revealed Resident #1 did not receive a shower from February 5, 2014 through February 10, 2014 (6 days). Resident #2 Review of Resident #2's clinical records revealed a 65 year old female who was admitted to the facility on [DATE]. She was diagnosed with [REDACTED]. Care plan revealed resident incontinent of bowel and bladder. Observations on 3/4/2014 at 10:45 a.m. and 1:35 p.m. of Resident #2 revealed resident wearing a pink top and white sweat pants with yellow socks. Resident #2's white sweat pants had stains on the front of both pant legs. Record review 3/5/2014 of Resident #2's computerized shower sheets revealed in January 2014 she did not receive a shower from January 24, 2014 through January 28, 2014 (5 days). Resident #3 Review of Resident #3's clinical records revealed a 60 year old female who was admitted to the facility on [DATE]. She was diagnosed with [REDACTED]. Care plan revealed resident incontinent of bowel and bladder. Observation on 3/5/2014 of Resident #3 at 11:01 a.m. revealed resident standing at the nurses station. Resident #3 smelled of urine. Observation of Resident #3's room on 3/5/14 at 11:56 a.m. revealed Resident #3's sheets were soiled and brown in color. Record review of Resident #3's computerized shower sheets for January 2014 revealed she did not receive a shower from January 4, 2014 through January 7, 2014 (4 days) and from January 16, 2014 through January 31, 2014 (16 days). Resident #3's February 2014 shower sheets revealed she did not receive a shower from February 1, 2014 through February 28, 2014 (4 days) and she did not receive a shower from February 7, 2014 through February 10, 2014 (4 days). Resident #4 Review of Resident #4's clinical

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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F 0312 **Level of harm** - Minimal harm or potential for actual harm **Residents Affected** - Few	(continued... from page 1) records revealed a 80 year old female who was admitted to the facility on [DATE]. She was diagnosed with [REDACTED]. Care plan revealed resident incontinent of bowel and bladder. Record review of Resident #4's computerized shower sheets revealed in January 2014 she did not receive a shower from January 24, 2014 through January 29, 2014 (6 days). Resident #4's February 2014 shower sheets revealed she did not receive a shower from February 2, 2014 through February 5, 2014 (4 days) and she did not receive a shower from February 7, 2014 through February 10, 2014 (4 days). Observations of the open dining area and the 200 hall/2nd floor were made on 3/4/14 at: 10:30 a.m., 10:45 a.m., 11:25 a.m., 11:50 a.m., 12:05 p.m., and 1:35 p.m. and on 3/5/14 at 10:45 a.m. , 11:01 a.m., 12 noon, and 1:15 p.m. There was a urine odor present at each observation. Interview on 3/5/2014 at 11:24 a.m., LVN C stated all residents were placed in pajamas before bed and put on clean clothing the next day even if they were not getting baths. Interview on 3/5/2014 with LVN C she stated if residents refused showers staff just try again later, there is not really much we can do. Based on the facility's roster, the census was 95. There were 57 resident identified on the facility's secure unit.
F 0465 **Level of harm** - Minimal harm or potential for actual harm **Residents Affected** - Few	**Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public.** Based on observation and interview, the facility failed to ensure the environment was safe, sanitary and comfortable for the residents on the secure unit, located on the second floor, as evidenced by: -Floors in the open areas, hallways and resident rooms were discolored, were dirty with dried spills and had dirt build up. -the second floor had a pervasive smell of urine during the 2 day observation period. These failures placed the 57 residents residing on the secure unit at risk of living in an unclean and unsanitary environment. Findings included: 1. Floors: Observation on 3/4/14 at 10:33 a.m. revealed the floors in Resident #1's room were discolored and dirty with dirt build up. The floors along the outside of his room were also discolored and dirty. In an interview with LVN A on 3/4/14 at 10:37 a.m., she stated she did not know how often the floors were mopped. She stated she was the ADON for the second floor secure unit. Observation on 3/4/14 at 10:45 a.m revealed staff mopping the hallway along Resident #1's room. The water on the floor turned a dark brown once the staff began mopping. In an interview with Maintenance A on 3/4/14 at 10:48 a.m., he stated the floors were mopped daily. Observation on 3/5/14 prior to exiting the facility revealed the stains, spills and dirt buildup previously observed on the secure unit floors were still present. 2. Smell of urine: Observations of the open dining area and the 2nd floor were made on 3/4/14 at: 10:30 a.m., 10:45 a.m., 11:25 a.m., 11:50 a.m., 12:05 p.m., and 1:35 p.m. and on 3/5/14 at 10:45 a.m., 11:01 a.m., 12 noon, and 1:15 p.m. There was a urine odor present at each observation. The smell of urine was present as you opened the door to enter the secure unit. Observation of Resident #1's room on 3/4/14, at 10:33 a.m. revealed his bedding was soiled with urine and his room smelled of urine. In an interview on 3/4/2014 at 11:01 a.m., LVN A she stated she had smelled the urine on the second floor and in Resident #1's room. The facility roster listed the secure unit census as 57.