

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  455989	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/17/2022
NAME OF PROVIDER OR SUPPLIER  Borger Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE  1316 S Florida Borger, TX 79007	
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)		
<p>F 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 26515</p> <p>Based on record review and interviews, the facility failed to immediately inform the physician and resident representative when there was a significant change in the resident's physical, mental, or psychosocial status (that is, a deterioration in health, mental, or psychosocial status in either life-threatening conditions or clinical complications) for 1 of 5 residents (Resident #1) reviewed for notification of changes.</p> <p>The facility failed to notify Resident #1's family representative when the resident had two fingers on his left hand squashed between a door jam and the door resulting in a trip to the emergency room and receiving 19 stitches and multiple fractures.</p> <p>This failure could affect residents by causing their representative to be unaware of changes in a resident's condition which could result in not receiving the necessary support and advocacy.</p> <p>Findings included:</p> <p>Record review of Resident #1's face sheet indicated he was a [AGE] year-old male who admitted to the facility on [DATE], with the following diagnoses: age-related cognitive decline, cerebral infarction (heart attack), hypertension (high blood pressure), muscle weakness, low back pain, central retinal vein occlusion to both eyes (blockage of the small veins that carry blood away from the retina which can lead to sudden and permanent vision loss), Preglaucoma to both eyes (pressure inside your eye is higher than normal), unsteadiness on feet, reduced mobility, need for assistance with personal care, abnormalities of gait and mobility, chronic pain, difficulty in walking, visuospatial deficit (loss of the sense of whereness) and spatial neglect (a behavioral syndrome occurring after brain injury) following cerebral infarction (occurs as a result of disrupted blood flow to the brain due to problems with blood vessels that supply it. A lack of adequate blood supply to the brain cells deprives them of oxygen and vital nutrients which can cause parts of the brain to die off). Resident #1's family member was listed on the face sheet, along with a phone number.</p> <p>Record review of Resident #1's quarterly MDS resident assessment, dated 12/17/21, reflected the resident scored 12 of 15 on a mini-mental exam for cognitive awareness which indicated he was interviewable.</p> <p>Record review of Resident #1's nurses notes, documented by LVN A on 3/7/22, revealed the following:</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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  455989	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/17/2022
NAME OF PROVIDER OR SUPPLIER  Borger Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE  1316 S Florida Borger, TX 79007	
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)		
<p>F 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>dated 3/07/2022 at 12:06 a.m. - at 11:30 p.m. smoke break, while this nurse was taking patient to smoke, let the door close, not noticing that the patient was still outside, patient got left fingers pinched in pivot point of smoke room door, patient noted to have excessive bleeding from laceration and loose skin on pinky and ring finger where the door had compressed his fingers, notified ADON, DON, and patient went to ER via 911. Nurses Notes were reviewed from 3/6/22 through 3/8/22 and there was not any documentation the family representative was notified.</p> <p>During an interview on 3/17/22 at 9:05 a.m., the Administrator stated Resident #1 had fractures to his 4th and 5th finger on his left hand. The Administrator stated they had never called any family member when Resident #1 had changes because he was his own representative and orientated times four (to person, place, time and event).</p> <p>During an interview on 3/17/22 at 9:25 a.m., the DON stated Resident #1 had an appointment today with a local hand surgeon. The DON stated Resident #1, who was blind, had his left hand pinched in the smoke room door and had to have 19 stiches between both fingers and had fractures to both tips of the 4th and 5th fingers. The DON stated they did not contact any family member for Resident #1 after the incident because the family member on the face sheet was not listed as his emergency contact.</p> <p>During an interview on 3/17/22 at 9:50 a.m., Resident #1 stated his family member was mad that no one from the facility called her about the accident. Resident #1 stated he had to inform his family member about his accident. Resident #1 stated his family member visited him every other week and she was livid that she was not informed because she should have been notified of his accident.</p> <p>During an interview on 3/17/22 at 11:30 a.m., Resident #1's family member stated she had been contacted off and on about Resident #1 but he had not had many changes since he was admitted to the facility and most of the changes were with his pain medications. Resident #1's family member stated if the facility had to call 911 and call an ambulance, that is an emergency and she should have been notified. Resident #1's family member stated the resident has not been blind for a long time and this was all so new to him and the family member was livid thinking the resident was at the hospital all by himself, not being able to see and was in such severe pain. Resident #1's family member stated it just broke her heart that she did not know because she would have sat with him in the emergency room . Resident #1's family member stated Resident #1 had multiple stiches to two of his fingers and after he got back to the facility and took a nap, Resident #1 called the family member and told her about the incident. Resident #1's family member stated Resident #1 called her later in the day to tell her about his accident and she then called the Administrator to complain that the facility neglected to call her.</p> <p>During a telephone interview on 3/17/22 at 1:10 p.m., LVN A stated on the day of the incident with Resident #1, she was holding the smoking room door open with her leg and she thought Resident #1 was already in the room so she let the door go and heard Resident #1 scream. LVN A stated she quickly opened the door and found Resident #1 holding his left hand which was bleeding a lot. LVN A stated it was just horrible with blood everywhere. LVN A stated she hurried and got Resident #1 assessed and called 911 so he could get treatment. LVN A stated she did not notify any family because Resident #1 was his own representative so no one needed to be called but she did call the physician, DON and ADON.</p> <p>Record review of the facility's policy titled, Change in a Resident's Condition or Status, revised 2/2021, reflected the following:</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  455989	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/17/2022
NAME OF PROVIDER OR SUPPLIER  Borger Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE  1316 S Florida Borger, TX 79007	

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)
<p>F 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Policy Statement:</p> <p>Our facility promptly notifies the resident, his or her attending physician, and the resident representative of changes in the resident's medical/mental condition and/or status (e.g., changes in level of care, billing/payments, resident rights, etc.),</p> <p>Policy Interpretation and Implementation:</p> <p>4. Unless otherwise instructed by the resident, a nurse will notify the resident's representative when:</p> <p>a. the resident is involved in any accident or incident that results in an injury including injuries of an unknown source.</p> <p>e. it is necessary to transfer the resident to a hospital/treatment center.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  455989	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/17/2022
NAME OF PROVIDER OR SUPPLIER  Borger Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE  1316 S Florida Borger, TX 79007	
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)		
<p>F 0689</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 26515</p> <p>Based on interviews and record review, the facility failed to ensure the resident environment remains as free from accidents hazards as is possible, and each resident received adequate supervision and assistance to prevent accidents for 1 of 5 residents (Resident #1) reviewed for transfers.</p> <p>LVN A failed to hold the smoke room door open when Resident #1 had two fingers on his left hand squashed between a door jam and the door resulting in a trip to the emergency room and receiving 19 stitches and multiple fractures.</p> <p>This failure could affect all the residents at the facility by placing them at risk for accidents that lead to injuries such as bruising, skin tears, fractures, suffocation, subdural hematomas, and death.</p> <p>Findings included:</p> <p>Record review of Resident #1's face sheet indicated he was a [AGE] year-old male who admitted to the facility on [DATE], with the following diagnoses: age-related cognitive decline, cerebral infarction (heart attack), hypertension (high blood pressure), muscle weakness, low back pain, central retinal vein occlusion to both eyes (blockage of the small veins that carry blood away from the retina which can lead to sudden and permanent vision loss), Preglaucoma to both eyes (pressure inside your eye is higher than normal), unsteadiness on feet, reduced mobility, need for assistance with personal care, abnormalities of gait and mobility, chronic pain, difficulty in walking, visuospatial deficit (loss of the sense of whereness) and spatial neglect (a behavioral syndrome occurring after brain injury) following cerebral infarction (occurs as a result of disrupted blood flow to the brain due to problems with blood vessels that supply it. A lack of adequate blood supply to the brain cells deprives them of oxygen and vital nutrients which can cause parts of the brain to die off).</p> <p>Record review of Resident #1's quarterly MDS resident assessment, dated 12/17/21, reflected the resident scored 12 of 15 on a mini-mental exam for cognitive awareness which indicated he was interviewable.</p> <p>Record review of Resident #1's nurses notes, documented by LVN A on 3/7/22, revealed the following:</p> <p>dated 3/07/2022 at 12:06 a.m. - at 11:30 p.m. smoke break, while this nurse was taking patient to smoke, let the door close, not noticing that the patient was still outside, patient got left fingers pinched in pivot point of smoke room door, patient noted to have excessive bleeding from laceration and loose skin on pinky and ring finger where the door had compressed his fingers, notified ADON, DON, and patient went to ER via 911.</p> <p>During an interview on 3/17/22 at 9:05 a.m., the Administrator stated Resident #1 had fractures to his 4th and 5th finger on his left hand when the smoke door accidentally caught his fingers in the door jam.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  455989	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/17/2022
NAME OF PROVIDER OR SUPPLIER  Borger Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE  1316 S Florida Borger, TX 79007	

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)
<p>F 0689</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 3/17/22 at 9:25 a.m., the DON stated Resident #1 had an appointment today with a local hand surgeon. The DON stated Resident #1, who was blind, had his left hand pinched in the smoke room door and had to have 19 stiches between both fingers and had fractures to both tips of the 4th and 5th fingers.</p> <p>During an interview on 3/17/22 at 9:50 a.m., Resident #1 stated he was going to the smoke room and LVN A was holding the metal door open with her leg, releasing it before he got into the room. Resident #1 stated he had his hand in the door jamb to pull himself into the smoke room and the nurse let go of the door before he got inside. Resident #1 stated he got the stiches out of his fingers last week but the finger tips were hurting a lot and not looking very good.</p> <p>An observation on 3/17/22 at 10:00 a.m., of Resident #1's finger tips on his 4th and 5th finger of his left hand revealed both finger tips were a purple and black, swollen with the nail bed raised.</p> <p>During an interview on 3/17/22 at 11:30 a.m., Resident #1's family member stated Resident #1 had multiple stiches and fractures to two of his fingers</p> <p>During a telephone interview on 3/17/22 at 1:10 p.m., LVN A stated on the day of the incident with Resident #1, she was holding the smoking room door open with her leg and she thought Resident #1 was already in the room so she let the door go and heard Resident #1 scream. LVN A stated she quickly opened the door and found Resident #1 holding his left hand which was bleeding a lot. LVN A stated it was just horrible with blood everywhere. LVN A stated she hurried and got Resident #1 assessed and called 911 so he could get treatment.</p>