

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>675850</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>03/08/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>COASTAL PALMS NURSING &amp; REHABILITATION</b>		STREET ADDRESS, CITY, STATE, ZIP <b>221 CEDAR DR PORTLAND, TX 78374</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 0689  <b>Level of harm</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Few	<p><b>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</b></p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b></p> <p>Based on observation, interview, and record review, the facility failed to ensure the resident environment remained as free of accident hazards as possible, for one Resident (R#1) of five residents reviewed for exposure to accident hazards. The facility failed to ensure potentially hazardous chemicals were not kept at R#1's bedside. This failure could place residents at risk of injury. Findings included: Record review of R#1's Admission Record revealed R#1 was an [AGE] year-old female who was admitted to the facility on [DATE]. R#1's [DIAGNOSES REDACTED]. Record review of R#1's admission MDS assessment, dated 12/26/19, revealed R#1: -had moderately impaired cognition, -required supervision by staff bed mobility, toilet use, transfers, dressing, eating, and personal hygiene, and -had active [DIAGNOSES REDACTED]. Observation on 03/07/20 at 1:05 p.m., during initial tour of the facility and accompanied by the ADON/LVN A, revealed R#1 sitting in her wheelchair in her bedroom. There were two 28 ounce bottles of Pine-Sol (multi surface cleaner) on R#1's bedside table. One of the bottles indicated approximately five ounces were missing from the bottle. Both bottles had a warning label that indicated, Keep out of reach of children. In an interview on 03/07/20 at 1:05 p.m., R#1 said a family member brought her the two bottles of Pine-Sol since the previous day. R#1 said she wanted to have the bottles of Pine-Sol to disinfect her (R#1's) clothes due to a strong urine odor. R#1 said she used the Pine-Sol on her clothes and then stored them in a bag until staff came to wash her clothes. In an interview on 03/07/20 at 1:15 p.m., ADON/LVN A said staff were supposed to keep the bottles of Pine-Sol in storage. ADON/LVN A said sometimes R#1's family or a visitor would bring her the cleaners without staff knowledge. ADON/LVN A said R#1 had been educated that Lysol (disinfectant) that the family had brought her needed to be in storage until R#1 asked to use it to deodorize her clothes. Observation on 03/07/20 at 1:20 p.m. revealed ADON/LVN A attempted to remove the bottles of Pine-Sol from R#1's room, to place in storage. R#1 said, Don't take them away from me. ADON/LVN A responded, We want you to be safe. In an interview on 03/07/20 at 1:25 p.m., LVN B said he and his staff had not noticed the bottles of Pine-Sol in R#1's room. In an interview on 03/07/20 at 3:55 p.m., the DON said the bottles of Pine-Sol should not be in R#1's room and should be locked up in storage. The DON said R#1 said she used Lysol at home as a deodorizer for her clothing. The DON said staff had removed Lysol from R#1's room and educated her about this situation and the facility's policy. The DON said R#1 was alert and oriented. The DON said she did rounds with all residents the day before and knew the Pine-Sol was not in R#1's room at that time. The DON said she thought the incident with Lysol had been a one time incident so it had not been care planned. Record review of the facility policy titled, Cleaning and Disinfection of Environmental Surfaces revised on June 2009 revealed: Manufacturer's instructions will be followed for proper use of disinfecting (or detergent) products including: -Storage.</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.