

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  455020	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  06/28/2024
NAME OF PROVIDER OR SUPPLIER  Colonial Manor Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  821 US Hwy 81 W New Braunfels, TX 78130	

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 0655</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Create and put into place a plan for meeting the resident's most immediate needs within 48 hours of being admitted</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 41651</p> <p>Based on interview and record review, the facility failed to develop and implement a baseline care plan for each resident that includes the instructions needed to provide effective and person-centered care of the resident that meet professional standards of quality care, in that:</p> <p>Resident #276's baseline care plan did not include her prescribed diet, food allergies, or code status.</p> <p>This deficient practice could result in newly admitted residents receiving improper care.</p> <p>The findings were:</p> <p>Record review of Resident #276's face sheet, dated 06/28/2024, revealed the resident was admitted to the facility on [DATE] with diagnoses including: Type 2 diabetes mellitus without complications, Gastro-esophageal reflux disease without esophagitis, and Diverticulitis of intestine, part unspecified, without perforation or abscess without bleeding.</p> <p>Record review of Resident #276's clinical record as of 06/28/2024 revealed her initial MDS had not yet been completed.</p> <p>Record review of Resident #276's care plan, dated 06/27/2024, revealed her prescribed diet, food allergies, and code status were not included.</p> <p>Record review of Resident #276's physician orders, dated 06/24/2024, revealed, Diet: Regular diet. Texture: regular Fluid Consistency: thin allergic to eggs Special Instructions: allergic to eggs lactose intolerant, can not eat food with seeds. Further review revealed, Code status: Full Code.</p> <p>During an interview with MDS/LVN A on 06/26/2024 at 12:50 p.m., MDS/LVN A stated the baseline care plan includes showering, diet, and shows staff what needs to happen until we get comprehensive [care plan] in. MDS/LVN A further stated that no specific staff member was responsible for creating baseline care plans, and that the task was a team effort of floor nurses, ADONs, the DON, and MDS nurses.</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 0655</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview with LVN/ADON J on 06/28/2024 at 10:21 a.m., LVN/ADON J confirmed Resident #276's baseline care plan did not include her prescribed diet, food allergies, or code status. LVN/ADON J stated these elements of the baseline care plan included information necessary to meet the resident's basic needs. LVN/ADON J confirmed she had created Resident #276's baseline care plan, stated the missing information should have been included, and the deficient practice was an oversight.</p> <p>During an interview with the DON on 06/28/2024 at 1:15 p.m., the DON stated the facility had been using a template to create the baseline care plans that did not include prescribed diet, food allergies, or code status. The DON stated she would change the baseline care plan template to include prescribed diet, food allergies, or code status and would expect staff to include the missing information in the future.</p> <p>Record review of the facility policy, Care Plans - Baseline, revised December 2016, revealed, A baseline plan of care to meet the resident's immediate needs shall be developed for each resident within forty-eight (48) hours of admission.</p>		

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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 27923</b></p> <p>Based on observations, interviews, and record review, the facility failed to implement a comprehensive person-centered care plan for each resident, consistent with resident rights, that included measurable objectives and time frames to meet residents' physical, mental, and psychosocial needs that were identified in the comprehensive assessment and to ensure that the comprehensive care plan described the services that were to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being, including the right to refuse treatment for 4 of 30 residents (Residents #24, #59, #88 and #97) reviewed for care plans.</p> <ol style="list-style-type: none"> <li>1. The facility failed to implement a comprehensive person-centered care plan to address Resident #24's diagnosis of depression.</li> <li>2. The facility failed to implement a comprehensive person-centered care plan to address Resident #59's diagnosis of depression.</li> <li>3. The facility failed to implement a comprehensive person-centered care plan to address Resident #88's ability to leave the facility independently.</li> <li>4. The facility failed to implement a comprehensive person-centered care plan to address Resident #97's admission to hospice.</li> </ol> <p>These failures could affect residents who have care areas not addressed by the care plan by not having their needs met and putting them at risk of not receiving appropriate care.</p> <p>The findings were:</p> <ol style="list-style-type: none"> <li>1. Record review of Resident #24's face sheet, accessed 07/25/2024, revealed an admitted [DATE] with diagnoses that included: Dementia (the loss of cognitive functioning, such as thinking, remembering, and reasoning, to such an extent that it interferes with a person's daily life and activities), Depression (loss of pleasure or interest in activities for long periods of time), and cognitive communication deficit (difficulty with any aspect of communication that is affected by disruption of cognition, such as attention, memory, organization, problem solving/reasoning, and executive functions).</li> </ol> <p>Record review of Resident #24's Quarterly MDS, dated [DATE], revealed the resident had a BIMS score of 01, which indicated the resident had severe cognitive impairment. Further review revealed in Section I, Active Diagnoses, under the category Psychiatric/Mood Disorder that 15800. Depression (other than bipolar) was checked.</p> <p>Record review of Resident #24's active orders revealed a physician's order, with the following order: Fluoxetine, 40 mg capsule once a day, indicated for depression. Primary Physician Diagnoses: Major depressive disorder, recurrent, moderate. Start date: 11/04/2023. Last administered: 06/26/2024 at 8:06 AM.</p> <p>(continued on next page)</p>		

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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Record review of Resident #24's Care Plan, last revision date 05/21/2024, revealed no focus area related to depression, monitoring for signs or symptoms of depression, goals or interventions related to the management of depression.</p> <p>2. Record review of Resident #59's face sheet, accessed 07/25/2024, revealed an admitted [DATE] with diagnoses that included: Severe intellectual disabilities (a level of functioning severely below age expectations), major depressive disorder (a form of depression with symptoms affecting an individual's ability to eat, sleep, work, and function) and anxiety disorder (feeling of intense, excessive and persistent worry and fear about everyday situations).</p> <p>Record review of Resident #59's quarterly MDS, dated [DATE], revealed the resident had a BIMS score of 00, which indicated the resident had severe cognitive impairment. Further review revealed in Section I, Active Diagnoses, under the category Psychiatric/Mood Disorder that 15800. Depression (other than bipolar) was checked.</p> <p>Record review of Resident #59's active orders revealed a physician's order, revealed the following order: Prozac (fluoxetine) 20 mg capsule once a day, indicated for depression. Primary Physician Diagnoses: Depression, unspecified. Start date: 01/23/2024. Last administered: 06/26/2024 at 8:23 AM.</p> <p>Record review of Resident #59's Care Plan, last revision date 04/10/2024, revealed no focus area related to depression, monitoring for signs or symptoms of depression, goals or interventions related to the management of depression.</p> <p>During an interview on 06/28/24 at 10:15 AM with the LVN A she stated the diagnosis of depression was not listed as a focus area in both Resident #24's or Resident #59's comprehensive care plans and it should have been.</p> <p>During an interview on 06/28/24 at 01:34 PM with the DON she stated she looked through Resident #24 and #59's comprehensive care plans, the diagnosis of depression should have been listed as a focus area in both care plans, and it was not listed. The DON further stated it was LVN A's responsibility to include this diagnosis in the resident's care plan.</p> <p>3. Record review of Resident #88's face sheet, dated 6/26/24, revealed an admitted [DATE] with diagnoses that included: type 2 diabetes mellitus ( a condition in which the body has trouble controlling blood sugar), absence of the right leg below the knee, and essential hypertension ( a condition in which there was an abnormally high blood pressure).</p> <p>Record review of Resident #88's Quarterly MDS assessment, dated 6/2/24, revealed a BIMS score of 13 which indicated cognitive intact function.</p> <p>Record review of Resident #88's ongoing care plan initiated on 10/4/21 revealed that the Resident's ability to leave the nursing facility independently was not care planned.</p> <p>During an interview with the MDS LVN A on 6/26/24 at 12:45p.m., she stated that Resident # 88's ability to leave the facility independently was not care planned. She stated that the resident's ability to leave the facility independently should have been care planned for treatment purposes.</p> <p>(continued on next page)</p>		

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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview with Resident #88 on 06/27/24 at 8:25 a.m., stated that he felt he had the ability to leave the facility independently and recently went to a local grocery store by himself.</p> <p>4. Record review of Resident # 97'S face sheet dated 6/26/24 revealed an admitted [DATE] with diagnosis of vascular dementia (a condition in which there is brain damage due to lack of blood flow to the brain), type 2 diabetes mellitus (a condition in which the body has trouble controlling blood sugar), and history of drug induced dyskinesia (a condition that involves a movement disorder).</p> <p>Record review of Resident #97s Quarterly MDS assessment, dated 6/7/24, revealed a BIMS score of 12 which indicated moderate cognitive impairment.</p> <p>Record review of Resident #97's physician orders dated 6/26/24 revealed an order to admit to hospice with a start date of 4/5/24.</p> <p>Record review of Resident #97's ongoing care plan initiated on 10/11/23 revealed that the resident's admission to hospice was not addressed in the care plan.</p> <p>During an interview with the MDS LVN A and the DON on 6/28/24 at 9:00a.m., they stated that Resident # 97's hospice status should have been care planned for treatment purposes.</p> <p>Record review of the facility's policy titled Comprehensive Care Plans dated 01/24 revealed, It is the policy of the facility is to develop and implement a comprehensive person-centered care plan for each resident, consistent with resident rights, that includes measurable objectives and timeframes to meet a resident's medical, nursing, mental, and psychological needs that are identified in the resident's comprehensive assessment.</p> <p>36232</p>		

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<p>F 0801</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Employ sufficient staff with the appropriate competencies and skills sets to carry out the functions of the food and nutrition service, including a qualified dietician.</p> <p>36232</p> <p>Based on interviews and record review, the facility failed to employ staff with the appropriate competencies and skill sets to carry out the functions of the food and nutrition service, taking into consideration resident assessments, individual plans of care, and the number, acuity and diagnoses of the facility's resident population in accordance with the facility assessment required.</p> <p>The Dietary Manager (DM) did not have the appropriate certification, education, or qualifications to serve as the Director of Food and Nutrition Services.</p> <p>This deficient practice could place the residents who consume food prepared from the kitchen at risk of food borne illness and not receiving adequate nutrition.</p> <p>The findings included:</p> <p>Record review of the employee personnel file provided by the facility revealed the hire date for the DM was 03/22/2023. Further review of this personnel file, which included the DM's resume, did not reveal the DM was: (A) A certified dietary manager; or (B) A certified food service manager; or (C) Had similar national certification for food service management and safety from a national certifying body; or (D) Had an associate's or higher degree in food service management or in hospitality; or (E) Had 2 or more years of experience in the position of director of food and nutrition services in a nursing facility setting and had completed a course of study in food safety management that included topics integral to managing dietary operations including, but not limited to, foodborne illness, sanitation procedures, and food purchasing/receiving.</p> <p>Record review of the DM's certification documentation provided by the facility revealed the DM successfully completed the Texas Food Safety Manager Certification Examination, effective 07/26/2023, expiration date 5 years from the effective date.</p> <p>Record review of the facility employee files revealed the facility's RD was contracted and not a full-time employee of the facility.</p> <p>During an interview on 06/28/2024 at 11:45 AM, the DM stated he was hired by the facility in early 2023, completed a Texas Food Manager's Certification program, received a certificate, and believed this certification met the requirements for the position.</p> <p>During an interview on 06/28/2024 at 11:05 AM with the Administrator he stated he understood the Texas Food Manager's Certification was not a national certification and was not the appropriate certification for the position of the DM, and the DM did not meet any of the other qualifying criteria for the position. The Administrator further stated the DM was hired three months prior to his arrival at the facility.</p> <p>(continued on next page)</p>

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<p>F 0801</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Record review of the Food Code, U.S. Public Health Service, U.S. FDA, 2022, U.S. Department of H&amp;HS, revealed 1-201.10.10(B) Accredited Program. (1) Accredited program means a food protection manager certification program that has been evaluated and listed by an accrediting agency as conforming to national standards for organizations that certify individuals.</p> <p>Record review of the Food Code, U.S. Public Health Service, U.S. FDA, 2022, U.S. Department of H&amp;HS, revealed 2-102.12 Certified Food Protection Manager. (A) The PERSON IN CHARGE shall be a certified FOOD protection manager who has shown proficiency of required information through passing a test that is part of an ACCREDITED PROGRAM. 2-102.20 Food Protection Manager Certification. (B) A FOOD ESTABLISHMENT that has a PERSON IN CHARGE that is certified by a FOOD protection manager certification program that is evaluated and listed by a Conference for FOOD Protection-recognized accrediting agency as conforming to the Conference for FOOD Protection Standard for Accreditation of FOOD Protection Manager Certification Programs is deemed to comply with S2-102.12.</p>

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>36232</p> <p>Based on observation, interview, and record review, the facility failed to store, prepare, distribute, and serve food in accordance with professional standards for food service safety for 1 of 1 kitchen, in that:</p> <ol style="list-style-type: none"> <li>1. The DM wore a facial hair restraint that did not cover all his facial hair.</li> <li>2. The facility failed to store, label and date food items properly in the walk-in cooler and dry storage room.</li> <li>3. In the dish room there were multiple trays of plastic cups stored on trays without air-drying nets separating them from the trays.</li> <li>4. One of the two reach-in freezers in the dining room (Freezer #1) failed to maintain temperatures at a level to keep frozen food solid.</li> <li>5. DAs G and H were not wearing hair restraints during food preparation in the kitchen.</li> </ol> <p>These failures could place residents who received meals and/or snacks from the kitchen at risk for food borne illness.</p> <p>The findings included:</p> <ol style="list-style-type: none"> <li>1. Observation on 06/25/2024 at 11:00 AM in the kitchen revealed the DM walked through the food preparation area of the kitchen during the preparation of the lunch meal. The DM wore a cloth face covering that covered the facial hair on his chin and the sides of his face. There was facial hair approximately 1/4 in length on the DM's upper lip that was not covered by the face covering.</li> </ol> <p>During an interview on 06/25/2024 at 11:01 AM with the DM, he did not have a response as to why the facial hair above his lip was not restrained with a facial hair restraint. The DM moved the cloth covering his chin hair to restrain the hair above his lip.</p> <p>Observation on 06/28/2024 at 11:45 AM in the kitchen revealed the DM was present in the kitchen during the lunch meal preparation. The DM wore the same cloth face covering observed on 06/25/2024. The cloth covered the hair on his upper lip and chin. There was visible hair on the side of the DM's face and neck that was not properly restrained.</p> <p>During an interview on 06/28/2024 at 11:46 AM, the DM stated the cloth covering was a beard guard and was adequate to cover his facial hair. He removed the cloth covering and replaced it with a hair net that restrained all of his facial hair.</p> <ol style="list-style-type: none"> <li>2. a. Observation on 06/25/2024 at 11:06 AM in the walk-in cooler revealed:</li> </ol> <p>(continued on next page)</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>(1) An opened 10-lb. package of ready-to-eat ham, unsliced, loosely covered with a piece of plastic wrap. The ham was not sealed in a container or zipper-lock type bag, and there was no date on the ham indicating when it was opened and the use-by date.</p> <p>During an interview on 06/25/2024 at 11:06 AM with [NAME] D, she stated the package of ham had been opened, was not properly sealed in a container or bag, and was not labeled with a use by date. She did not know when it was opened.</p> <p>During an interview on 06/25/2024 at 11:07 AM with the DM, he stated the ham should have been properly sealed, labeled, and dated. He stated it was the responsibility of the cooks to store and label opened food products in the cooler, and he needs to check on it more.</p> <p>(2) An opened gallon of 2% milk, approximately 1/8th full, without a marking or label indicating the date the milk was opened and a use-by date.</p> <p>During an interview on 06/25/2024 at 11:09 AM with the DM, he stated the milk should have been labeled with the date it was opened and a use-by date.</p> <p>(3) A clear, plastic 2-qt. container of cooked vegetables loosely covered with a piece of plastic wrap and without a label or date indicating the preparation or use-by date.</p> <p>During an interview on 06/25/2024 at 11:11 AM with [NAME] D, she stated the vegetables were probably cooked the day before with the intended use for soup to be prepared that day.</p> <p>During an interview on 06/25/2024 at 11:12 AM with the DM, he stated the facility made soup daily, the vegetables were prepared for the soup, and the container should have been labeled and dated with the preparation and use-by date.</p> <p>b. Observation on 06/25/2024 at 11:17 AM in the dry storage room there was an opened bag of cornbread mix not sealed in an enclosed container or bag and without a use-by date.</p> <p>During an interview on 06/25/2024 at 11:18 AM with the DM, he stated the bag of cornbread mix was not stored properly and should have been in a sealed bag or covered container to prevent spoilage and also the potential for infestation from pests.</p> <p>3. Observation on 06/25/2024 at 11:24 AM in the dish room revealed three trays of clear plastic drinking cups on the clean side of the dish machine. Each tray had 24 cups, and the cups were stacked with the open side touching the trays without air-drying nets separating the cups from the trays. The trays were wet to the touch.</p> <p>During an interview on 06/25/2024 at 11:26 AM. with the DM, he stated the cups should have been separated from the trays with air-drying nets to allow for proper air-drying and prevent the potential growth of microorganisms. The DM further stated he would ensure the facility procured the nets as soon as possible.</p> <p>(continued on next page)</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>4. Observation on 06/25/2024 at 11:28 AM of the analogue thermometer inside Freezer #1 outside the kitchen revealed the reading fluctuated between 40 and 42 degrees Fahrenheit. Further observation of several food items in Freezer #1 (a 6.5-lb. container of sliced strawberries, biscuit dough from a closed case, and a sealed, uncooked pork butt of unknown weight) were all in a completely thawed state.</p> <p>Record review of the temperature log attached to Freezer #1 revealed the temperature of Freezer #1 was 1.4 in the AM on 06/25/2024, 1.5 the PM on 06/24/2024, 1.4 the AM on 06/24/2024, and -1 the PM on 06/24/2024.</p> <p>During an interview on 06/25/2024 at 11:29 AM with the DM, he stated the food items in Freezer #1 were completely thawed. The DM further stated the seal of the door to Freezer #1 was not working properly, he was aware of this situation and had put in a work order three weeks prior. He last checked on the contents of Freezer #1 on 06/21/2024 and there were no issues.</p> <p>During an interview on 06/25/2024 at 11:37 AM with the Corporate RN, she stated all the food in Freezer #1 was thawed and would be discarded.</p> <p>Observation on 06/25/2024 at 1:00 PM with the Corporate RN revealed the analogue thermometer inside Freezer #1 displayed a temperature of approximately 40 degrees Fahrenheit and the digital display outside the freezer read 32 degrees Fahrenheit.</p> <p>During an interview on 06/25/2024 at 1:30 PM with the Maintenance Director, he stated he was told the middle door gasket on Freezer #1 was not sealing properly 1.5 weeks prior. He ordered the part and it came in on 06/23/2024. He had not opened Freezer #1 and checked the status of the food items inside the freezer because he did not have the key to the freezer. He further stated it was possible the external digital display on Freezer #1 had inadvertently changed from displaying the temperature in Fahrenheit measurements to Celsius measurements, which could occur with machines that had temperature displays. Therefore, the recorded temperature of 1.4 on the temperature log would convert to between 34 - 35 degrees Fahrenheit. While this was a safe storage temperature for foods that needed to be kept cold, it still indicated Freezer #1 did not work properly and was not freezing food items.</p> <p>During an interview on 06/25/2024 at 1:40 PM with the Administrator, he stated Freezer #1 should not have been used once it was noted the door was not sealing properly.</p> <p>Record review of the work order provided by the facility revealed it was placed on 05/23/2024 by the Maintenance Director and stated: 3-Door Freezer the middle door gasket is coming off and one of the doors is not closing right and it's locked all the time and when someone is trying to open with locks on one of the doors stays propped open and temp drops so need a better locking method so door stays closed. Further review of the work order revealed the part was expected on 5/29/2024, it was delayed, and delivered on 06/10/2024. The Maintenance Director changed the status to completed on 06/10/2024 at 12:40 PM.</p> <p>5. Observation on 06/27/2024 at 11:47 AM revealed DA'S G and H were in the kitchen in the food preparation area. DA G stood several inches away from the stove, where several food items were being prepared for the lunch meal. DA G had long hair secured in a bun at the nape of her neck. She was not wearing a hair restraint.</p> <p>(continued on next page)</p>		

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NAME OF PROVIDER OR SUPPLIER  Colonial Manor Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  821 US Hwy 81 W New Braunfels, TX 78130	
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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Observation on 06/28/2024 at 11:50 AM revealed DA H stood next to a steel preparation table where food for modified diets were prepared. DA H had a full head of hair approximately 3-4 in length around his head, and he was not wearing a hair restraint.</p> <p>Attempts to interview DAs G and H on 06/28/2024 at 11:49 and 11:51 were unsuccessful, as both employees spoke little to no English.</p> <p>During an interview on 06/27/2024 at 11:53 AM with the DM, he stated he ensures all employees passed the food handlers course, which covered employee hygiene, and he also trained employees on the importance of wearing hair restraints prior to entering the kitchen.</p> <p>Record review of facility policy 04.001 dated 10/01/2018, revealed: Policy: The Nutrition &amp; Foodservice employees of the facility will practice good sanitation practices in accordance with the state and US Food Codes in order to minimize the risk of infection and food borne illness. Employee Sanitation: 3. Employee Cleanliness Requirements. b. Hairnets, headbands, caps, beard coverings or other effective hair restraints must be worn to keep hair from food and food-contact surfaces.</p> <p>Review of facility policy 03.003 revised 06/01/2019 revealed: Food Storage: To ensure that all food served by the facility is of good quality and safe for consumption, all food will be stored according to the state, federal and US Food Code and HACCP guidelines. 1. Dry Storage. d. To ensure freshness, store opened and bulk items in tightly covered containers. All containers must be labeled and dated. 2. Refrigerators. d. Date, label and tightly seal all refrigerated foods using clean, nonabsorbent, covered containers that are approved for food storage. e. Use all leftovers within 72 hours. Discard items that are 72 hours old. 3. Freezers: a. Store all frozen meats, poultry, seafood, fruits and vegetables, and some dairy products, such as ice cream, in the freezer at a temperature that maintains the frozen state of food. h. Place a thermometer inside freezers near the door where the temperature is warmest. Check the temperature of all freezers using the internal thermometer to make sure the temperature stays at 0 F or below. Temperatures should be checked each morning and again on the PM shift. Record the temperatures on a log that is kept near the freezer. i. Once frozen food has been thawed, it must be maintained at 41 F or less prior to cooking.</p> <p>Record review of facility policy 04.006, approved 10/01/2018, revealed: Mechanical Cleaning and Sanitizing of Utensils and Portable Equipment. Policy: The facility will follow the cleaning and sanitizing requirements of the state and US Food Codes for mechanical cleaning in order to ensure that all utensils and equipment are thoroughly cleaned and sanitized to minimize the risk of food hazards. 9. Store all cleaned and sanitized utensils and equipment and all single-service articles at least 6 inches above the floor in a clean, dry location in a way that protects them from contamination by splash, dust and other means.</p> <p>Review of the Food Code, U.S. Public Health Service, U.S. FDA, 2022, U.S. Department of H&amp;HS, 2-402.11, revealed, (A) Except as provided in (B) of this section, Food employees shall wear hair restraints such as hats, hair coverings or nets, beard restraints, and clothing that covers body hair, that are designed and worn to effectively keep their hair from contacting exposed food; clean equipment, utensils, and linens; and unwrapped single service and single-use articles.</p> <p>(continued on next page)</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Record review of the Food Code, U.S. Public Health Service, U.S. FDA, 2022 U.S. Department of H&amp;HS, revealed 3-501.17 Ready-to-Eat/Time Temperature Control for Safety Food, Date Marking. (B) Except as specified in (E) -(G) of this section, refrigerated, ready-to-eat, time/temperature control for safety food prepared and packaged by a food processing plant shall be clearly marked, at the time the original container is opened in a food establishment and if the food is held for more than 24 hours, to indicate the date or day by which the food shall be consumed on the premises, sold, or discarded, based on the temperature and time combinations specified in (A) of this section and: (1) The day the original container is opened in the food establishment shall be counted as Day 1; and (2) The day or date marked by the food establishment may not exceed a manufacturer's use-by date if the manufacturer determined the use-by date based on food safety.</p> <p>Review of the Food Code, U.S. Public Health Service, U.S. FDA, 2017, U.S. Department of H&amp;HS, revealed, 3-305.1, Food Storage, (A) Food shall be protected from contamination by storing the food: (1) in a clean, dry location; (2) Where it is not exposed to splash, dust, or other contamination.</p> <p>Review of the Food Code, U.S. Public Health Service, U.S. FDA, 2022, U.S. Department of H&amp;HS, revealed: 4-901.11 Equipment and Utensils, Air-Drying Required. Items must be allowed to drain and to air-dry before being stacked or stored. Stacking wet items such as pans prevents them from drying and may allow an environment where microorganisms can begin to grow. Cloth drying of equipment and utensils is prohibited to prevent the possible transfer of microorganisms to equipment or utensils.</p> <p>Review of the Food Code, U.S. Public Health Service, U.S. FDA, 2022, U.S. Department of H&amp;HS, revealed: 3-302.11 Packaged and Unpackaged Food - Protection Separation, Packaging, and Segregation. The freezer equipment should be designed and maintained to keep foods in the frozen state. Corrective action should be taken if the storage or display unit loses power or otherwise fails.</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 42031</p> <p>Based on observations, interviews, and record review the facility failed to maintain an infection prevention and control program designed to provide a safe, sanitary, and comfortable environment and to help prevent the development and transmission of communicable diseases and infections for 1 of 4 residents (Resident #385), reviewed for infection control.</p> <p>LVN B failed to sanitize or wash her hands between glove changes during wound care for Resident #385.</p> <p>This failure could place residents at risk of cross contamination, infection, delayed wound healing, and illness.</p> <p>The findings were:</p> <p>Record review of Resident #385's face sheet dated 6/28/24 revealed the resident was a [AGE] year-old female admitted to the facility on [DATE]. Her diagnoses included osteomyelitis (inflammation of the bone caused by an infection, which may spread to the bone marrow, and tissues near the bone), surgical amputation of toes to right foot (surgical removal of toes), and type 2 diabetes mellitus with diabetic peripheral angiopathy with gangrene (reduced circulation of blood to a body part other than the brain or heart caused by damaged cells in the blood vessels due to high levels of glucose resulting in tissue death).</p> <p>Record review of Resident #385's Admission MDS dated [DATE] revealed the resident had a BIMS score of 15 indicating the resident was cognitively intact. (The MDS was in process and no diagnoses, skin conditions, or special treatments were marked).</p> <p>Record review of Resident #385's care plan dated 6/27/24 revealed a problem for surgical amputation of all digits to right foot with a goal and target date of 9/27/24 the surgical wound will heal without complications (infection, ., and interventions included to change dressing per physician order daily.</p> <p>During a wound care observation on 6/28/24 at 11:50 a.m. LVN B provided ordered wound care for Resident #385. During this observation LVN B cleansed the surgical wound, changed her gloves, and continued with the wound care without sanitizing or washing her hands between the glove change.</p> <p>In an interview on 6/28/24 at 12:05 p.m. LVN B stated she did not sanitize or wash her hands for that one glove change only but she should have sanitized or washed her hands after removing her gloves and prior to putting on another pair.</p> <p>In an interview on 6/28/24 at 12:10 p.m. the DON stated not sanitizing or washing hands between glove changes could create a potential for infection, and or contamination.</p> <p>(continued on next page)</p>		

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F 0880  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Few	Review of the facility's policy on handwashing/hand hygiene revised 1/20/23 indicated This facility considers hand hygiene the primary means to prevent the spread of infections . 3. Wash hands with soap and water . 4. Use an alcohol-based hand rub .5. Hand hygiene must be performed prior to donning and after doffing gloves.		

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<p>F 0908</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Keep all essential equipment working safely.</p> <p>36232</p> <p>Based on observation, interview, and record review the facility failed to maintain all mechanical, electrical, and patient care equipment in safe operating condition for 1 of 2 reach-in freezers (Freezer #1) reviewed for essential equipment.</p> <p>The facility did not ensure Freezer #1 was in safe operating condition.</p> <p>This failure could place the residents at risk of foodborne illness for consuming food not stored at a safe temperature.</p> <p>Findings included:</p> <p>Observation on 06/25/2024 at 11:28 AM of the analogue thermometer inside Freezer #1 revealed the reading fluctuated between 40 and 42 degrees Fahrenheit. Further observation of several food items in Freezer #1 (two 6.5-lb. containers of sliced strawberries, a sample of biscuit dough from a closed case, and a sealed, uncooked pork loin of unknown weight) were all in a completely thawed state.</p> <p>Record review of the temperature log attached to Freezer #1 revealed the temperature of Freezer #1 was 1.4 in the AM on 06/25/2024, 1.5 the PM on 06/24/2024, 1.4 the AM on 06/24/2024, and -1 the PM on 06/24/2024.</p> <p>During an interview on 06/25/2024 at 11:29 AM with the DM, who was present during the observation of the analog thermometer's reading, he stated the food items in Freezer #1 were completely thawed. The DM further stated the seal of the door to Freezer #1 was not working properly, he was aware of this situation, and had put in a work order three weeks prior. He last checked on the contents of Freezer #1 on 06/21/2024 and there were no issues.</p> <p>During an interview on 06/25/2024 at 11:37 AM with the Corporate RN, she stated all the food in Freezer #1 was thawed and would be discarded.</p> <p>Observation on 06/25/2024 at 1:00 PM with the Corporate RN revealed the analogue thermometer inside Freezer #1 displayed a temperature of approximately 40 degrees Fahrenheit and the digital display outside the freezer read 32 degrees Fahrenheit.</p> <p>During an interview on 06/25/2024 at 1:30 PM with the Maintenance Director, he stated he was told the middle door gasket on Freezer #1 was not sealing properly 1.5 weeks prior. He ordered the part and it arrived on 06/23/2024. He had not opened Freezer #1 and check the status of the food items inside the freezer because he did not have the key to the freezer. He further stated it was possible the external digital display on Freezer #1 had inadvertently changed from displaying the temperature in Fahrenheit measurements to Celsius measurements, which could occur with machines that had temperature displays. Therefore, recorded temperature of 1.4 on the temperature log would convert to between 34 - 35 degrees Fahrenheit. While this was a safe storage temperature for foods that needed to be kept cold, it still indicated Freezer #1 did not work properly and was not freezing food items.</p> <p>(continued on next page)</p>		

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<p>F 0908</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 06/25/2024 at 1:40 PM with the Administrator, he stated Freezer #1 should not have been used once it was noted the door was not sealing properly.</p> <p>Record review of the work order provided by the facility revealed it was placed by on 05/23/2024 by the Maintenance Director and stated: 3-Door Freezer the middle door gasket is coming off and of the doors is not closing right and it's locked all the time and when someone is trying to open with locks on one of the doors stays propped open and temp drops so need a better locking method so door stays closed. Further review of the work order revealed the part was expected on 5/29/2024, it was delayed, and delivered on 06/10/2024. The Maintenance Director changed the status to completed on 06/10/2024 at 12:40 PM.</p> <p>During an interview on 06/26/2024 at 2:40 PM with [NAME] E, he stated he reported the problem with the freezer door on Freezer #1 not sealing properly several times to the DM and the Maintenance Director over the past month and was told they were working on it and waiting on parts. He worked the AM shift and [NAME] F worked the night shift. Neither he nor [NAME] F had used any food for residents from Freezer #1 over the past 2 weeks. This freezer is used to store items such as biscuits and ice-cream. The pork loin was excess from a recently served meal and not needed.</p> <p>Record review of facility policy 03.003 Food Storage, 2018, revealed, Policy: To ensure that all food served by the facility is of good quality and safe for consumption, all food will be stored according to the state, federal and US Food Codes and HACCP guidelines. 3. Freezers. a. Store all frozen meats, poultry, seafood, fruits and vegetables, and some dairy products, such as ice cream, in the freezer at a temperature that maintains the frozen state of the foods. h. Place a thermometer inside freezers near the door where the temperature is warmest. Check the temperature of all freezers using the internal thermometer to make sure the temperature stays at 0 F or below. Temperatures should be checked each morning and again on the PM shift. Record the temperatures on a log that is kept near the freezer.</p> <p>Review of the Food Code, U.S. Public Health Service, U.S. FDA, 2022, U.S. Department of H&amp;HS, revealed: 3-302.11 Packaged and Unpackaged Food - Protection Separation, Packaging, and Segregation. The freezer equipment should be designed and maintained to keep foods in the frozen state. Corrective action should be taken if the storage or display unit loses power or otherwise fails.</p>		

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<p>F 0921</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public.</p> <p>27923</p> <p>Based on observation, interview, and record review, the facility failed to provide a safe, functional, sanitary, and comfortable environment for residents, staff, and the public for 1 of 1 facility reviewed for environmental concerns.</p> <p>The facility failed to repair a gap surface on a wall in a resident's room, repair a penetration in a resident's bathroom wall, replace light bulbs in a shower stall in a hallway shower room, repair a cracked corner surface of a shower stall in a hallway shower room, clean the dirt/dust particles a bathroom ceiling vent in two residents' rooms, and remove mold from the floor surface of a shower stall in a hallway shower room.</p> <p>This deficient practice could place residents at risk of not living in a safe, functional, sanitary, and comfortable environment.</p> <p>The findings included:</p> <p>During an observation on hallway A from 10:20 a.m., to 11:30 a.m., revealed the following:</p> <ol style="list-style-type: none"> <li>1. Resident room # 51 on the B-side had a 4 foot gap in the wall surface behind the resident's headboard.</li> <li>2. Resident room# 51 had a 6- inch round wall penetration in the bathroom.</li> <li>3. The shower room in the hallway corridor had two of three lights above the sink vanity that were not working.</li> <li>4. The shower stall in the shower room on the hallway corridor had a cracked surface measuring approximately 2x4 inches on the lower right section of the shower stall.</li> </ol> <p>During an observation on the men's secure unit from 11:30 a.m., to 1:15p.m., revealed the following:</p> <ol style="list-style-type: none"> <li>5-Resident rooms#85 and #87 had dust and dirt particles on the bathroom ceiling vents.</li> <li>6-The shower stall in the shower room which had a 4 foot perimeter had mold around all sections of the floor surface.</li> </ol> <p>During an interview with the Maintenance Director at 1:15 p.m., he stated that all of the areas noted that needed replacement or repair in the resident's room on resident hallway A, in the shower room of resident hallway A, in the residents' rooms of the men's secure unit, and in the shower room of the men's secure unit were the responsibility of the Maintenance Director. The Maintenance Director stated that he had not received any work order requests for the repairs. He stated that all of the repairs would be important for resident comfort and safety.</p> <p>(continued on next page)</p>		

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<p>F 0921</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview with the Administrator on 6/27/24 at 3:45p.m., he stated that all of the areas that needed repair in the resident room and shower room on A-hallway and the resident rooms and shower room on the men's secure unit would be addressed for repair. The Administrator stated that having the repairs completed would be important for resident safety and comfort.</p> <p>During a record review of the facility policy on Homelike Environment dated 2/2021 revealed residents are to be provided with a safe, clean, comfortable, and homelike environment.</p> <p>41651</p>		