

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 455497	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/07/2024
NAME OF PROVIDER OR SUPPLIER Creekside Terrace Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 1555 Powell Avenue Belton, TX 76513	

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 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42949</p> <p>Based on observation, interview, and record review, the facility failed to treat each resident with dignity and respect and care for residents in a manner and in an environment that promotes maintenance or enhancement of his or her quality of life for one (Resident #1) of six residents reviewed for dignity.</p> <p>The facility failed to ensure MA A treated Resident #1 with dignity and respect when she spoke to the resident in a rude manner in front of others .</p> <p>This failure could place residents at the risk for psychosocial harm due to diminished self-esteem and quality of life.</p> <p>The findings were:</p> <p>Record review of Resident #1's face sheet, dated 08/07/24, reflected a [AGE] year-old-male who was admitted to the facility on [DATE]. His diagnoses included Severe protein-calorie malnutrition, Mood disorder, BMI 19.9 or less (Low body weight), Nausea with vomiting, Muscle weakness, Abnormalities of gait and mobility, Hypertension and chronic kidney disease .</p> <p>Record review of Resident #1's quarterly MDS assessment, dated 07/30/24. reflected a BIMS of 15, which indicated his cognition was intact.</p> <p>Record review of Resident #1's quarterly Care Plan, dated 07/30/24, reflected Resident #1 made verbal expressions of distress related to feeling depressed (Sad), fearful (not feeling safe), and anxiety (over needs and care) .</p> <p>The relevant interventions were:</p> <ol style="list-style-type: none"> 1. Establish a trusting relationship with the resident and family. 2. Maintain a calm environment and approach to the resident. 3. Convey an attitude of acceptance toward the resident. 4. Acknowledge to the resident that the current situation must be difficult. <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 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 08/07/24 at 2:30 PM, MA B stated she was present in the dining room when the incident occurred and Resident #1 asked MA A something at the dining room door. MA B said the only thing she heard was MA A telling the resident where the water station in his hall was. She said, when Resident #1 asked if could go to the hall close to the dining hall for filling his water pitcher, MA A asked him to go to his hallway and fill the water. MA B stated MA A could be stubborn and sometimes got into arguments with the residents.</p> <p>During an interview on 08/07/24 at 3:00 PM with the ADON, she stated at about 6:00 PM Resident #1 approached her to report MA A was very unkind with him when he asked for help. She stated, Resident #1 was visibly upset about it. The ADON stated there was no such rule stated that residents must let the dietary team know any meal changes before 3:00 PM. She said residents could request for a meal change anytime they wanted, and residents were free to collect drinking water from any hall. She stated ideally the staff ensured regular supply of water in residents' rooms, however some residents occasionally liked to collect it personally as well. The ADON stated MA A was under suspension until the facility investigation on the incident was completed.</p> <p>During an interview on 08/07/24 at 3:00 pm, the ADM stated the incident was under investigation and MA A was suspended until the investigation was completed. She stated the expectation from all the staff was treating every individual at the facility with dignity, respect and empathy. She stated any violation to this would never be tolerated and the facility was committed to ensure this policy was implemented.</p> <p>Record review of the policy Social Services Policies and Procedures: Resident Rights revised on 06/09/2023, reflected:</p> <p>The Facility employs measures to ensure patient and resident personal dignity, well-being, and self-determination are maintained and will educate patients and residents regarding their rights and responsibilities .</p> <p>The resident has a right to a dignified existence, self-determination, and communication with and access to persons and services inside and outside the facility, including those specified in this section.</p> <p>A facility must treat each resident with respect and dignity and care for each resident in a manner and in an environment that promotes.</p>		