

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  455513	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  12/06/2024
NAME OF PROVIDER OR SUPPLIER  Lampasas Nursing and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE  611 N Broad St Lampasas, TX 76550	

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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46708</b></p> <p>Based on observation, interview, and record review, the facility failed to ensure residents who were unable to carry out activities of daily living received necessary services to maintain personal hygiene for 1 resident out of 10 residents (Resident #1) reviewed for Activities of Daily Living care.</p> <p>The facility failed to provide nail care to Resident #1 as her nails were long, jagged, and sharp.</p> <p>This deficient practice placed residents at risk of a decline in their hygiene, at risk of skin breakdown, a decreased level of satisfaction with life, and a decreased feeling of self-worth.</p> <p>Findings included:</p> <p>Review of the face sheet for Resident #1, dated 12/06/24, reflected a [AGE] year-old female admitted to the facility on [DATE] with diagnoses of chronic venous hypertension with ulcer of lower extremity (a condition that occurs when the valves in the leg veins are damaged, causing blood pressure to remain high in the veins) muscle wasting, and dyspnea (the uncomfortable feeling of not being able to breath well enough)</p> <p>Review of Resident #1's Brief Interview for Mental states, dated 11/07/2024, revealed it did not reflect a score but indicated the resident's cognition was moderately impaired.</p> <p>Review of Section GG functional abilities of Resident #1's quarterly MDS dated [DATE] reflected the resident was dependent on personal hygiene and used a manual wheelchair.</p> <p>Review of the care plan for Resident #1 with a start date of 08/13/2024 and revisited 08/14/24 reflected [Resident #1] is at risk for alterations is [in] skin integrity and pressure injury r/t requires max assist with med mobility. She is often resistant to and or refuses care. Admit with vascular wound right shin. There was no documentation regarding nail care maintenance.</p> <p>Review of the care plan for Resident #1 with a start date of 08/13/2024 reflected Resident #1 had a self-care deficit related to: impaired cognition/dementia and weakness. She was currently on physical and speech therapy. Interventions provide all the effort with the following tasks as this resident is dependent toilet, hygiene, bathing, dress, personal hygiene date initiated 08/13/24. There was no documentation regarding refusal of care for toenail care.</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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Observation and interview on 12/06/2024 at 1:37 pm revealed the toenails on Resident #1's left foot were broken, frayed, uneven in length, and some nails were very sharp. She did not want to talk about her toenails, and she did not want to reveal the toenails on her right foot.</p> <p>Interview on 12/06/2024 at 3:32 pm with the DON revealed nail trimming was to be done during residents' showers by the CNAs unless the resident was diabetic. She stated nail care should be care planned for both weekly and PRN and nailcare was important because unkempt nails could cause skin tears, infections, and resident could scratch themselves.</p> <p>Interview on 12/06/2024 at 3:57 with the Administrator revealed nail care should be care planned because they are part of resident activities of daily living and if a resident refuses nail care, that should be documented. The Administrator revealed they did not have a activities of daily living policy. The Administrator stated that if residents didn't get their nails trimmed, they could sustain skin injuries and possible infection.</p>		