STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	455513	A. Building B. Wing	10/31/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Lampasas Nursing and Rehabilitation Center	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)
F 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49099 Based on observation, interview, and record review, the facility failed to ensure each resident was treated with respect, dignity, and care in a manner and in an environment that promoted maintenance or enhancement of his or her quality of life for 1 (Resident #143) of 5 residents reviewed for resident rights and dignity. The facility failed to promote Resident 143's independence and dignity while assisting her to eat lunch in the dining room. This failure could place residents at risk for a loss of dignity, decreased self- worth, and decreased self-esteem. Finding included: Record review of Resident #143's Face Sheet dated 10/31/24 revealed an [AGE] year-old female initially admitted to the facility on [DATE] with a diagnosis of unspecified fracture of the right forearm- subsequent encounter for closed fracture with routine healing, age related osteoporosis (disease that weakens bones) with current pathological fracture (bone break caused by an underlying disease that weakens the bones), left humerus subsequent encounter for fracture with routine healing, and fracture of left shoulder girdle- part unspecified- subsequent encounter for fracture with routine healing. Record review revealed no MDS had been completed, resident had been at the facility for 3 days by date of exit; MDS was still in progress. Record review of Resident #143's BIMS assessment dated [DATE] revealed a BIMS score of 15 indicating cognition intact. Record review of Resident #143's Baseline Care Plan dated 10/28/24 revealed barriers to transition included: strength/ endurance, self-care, meal prep/ homemaking, and diet management. Dietary interventions included assistance with eating. Baseline assessment was completed by RN-A. (continued on next page)

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Record review of Resident #143's nursing progress notes revealed a nursing note dated 10/28/24: patient admits from [rehab facility] diagnosis of left humerus fracture, right wrist fracture, patient oriented to room and call bell system, patient agrees to use call bell for assistance. Patient was max assist for transfers. Patient has cast to right wrist and brace to left upper arm. An observation on 10/29/24 at 12:42 PM in the dining room for lunch services, RN-A was observed assisting Resident #143 with eating her meal. RN-A was observed standing to the right of Resident #143's wheelchair, standing over her, and leaning against her wheelchair with her left hand while feeding the resident with her right. After feeding Resident #143 for only a few minutes she was then observed at 12:48 PM leaving Resident #143 and going to assist another resident. RN-A did not return to continue to feed Resident #143. Approximately 10 minutes later, CNA-B was observed sitting next to Resident #143. CNA-B was heard acknowledging to the resident that the food was now cold from sitting there for too long and let her know she would have the kitchen provide her a warm meal. CNA-B was then observed pulling up a chair and returning to assist Resident #143 eat her meal while sitting at eye level with her through the remaining duration of her meal. An interview on 10/29/24 at 12:55 PM with RN-A, she stated that she should have sat next to Resident #143 while she assisted her with her meal. She stated that she did not see a chair available for her to sit in (other chairs were observed at tables that were not completely occupied by residents). RN-A stated that a negative outcome to leaning against a resident's wheelchair while standing over them to feed them was a dignity issue and stated she should be at eye level and be giving undivided attention to the resident. An interview on 10/31/24 at 10:52 AM with Resident #143, she stated her first few days in skilled nursing have been a humbling experience. When asked about the interaction with RN-A during lunch on 10/29/24 she stated that having someone stand over her while feeding her did not make her feel good. She stated both of her arms had fractures and she was not able to use them to feed herself so that she relies on staff completely with her meals. Resident #143 stated that since she arrived at the facility, not receiving timely assistance with her meals has been a common occurrence and that by the time someone does help her eat her meal, it is cold. An interview on 10/31/24 at 4:32 PM with the DON, she stated it was her expectation that when staff assist residents that require feeding assistance, they were expected to sit with the resident and begin feeding them the moment their tray is brought out to them and set down. The DON stated that a negative outcome of not being at eye level while feeding a resident is a dignity issue, they could feel like they are not worthy of companionship while being fed. An interview on 10/31/24 at 4:45 PM with the ADM she stated that it was her expectation that while feeding a resident, care staff should be at eye level and not doing so is a dignity issue. Record review of the facility policy titled Residents Rights and Quality of Life dated 05/01/12 revealed: It is the policy that all residents have the right to a dignified existence, self-determination, and communication with an access to people and services inside and outside of the facility. A resident has the right to exercise his/her rights as a resident of the facility and a citizen or resident of the U. S. (continued on next page)

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F 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Record review of the Texas Health and Human Services/ Texas Long-Term Care Ombudsman Nursing Facility Residents [NAME] of Rights dated November 2021 revealed: Residents Rights Residents of Texas nursing facilities have all the rights, benefits, responsibilities, and privileges granted by the Constitution and laws of this state and the United States. They have the right to be free of interference, coercion, discrimination, and reprisal in exercising these rights as citizens of the United States. Dignity and Respect You have a right to be treated with dignity, courtesy, consideration, and respect.

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0558 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Reasonably accommodate the needs and preferences of each resident. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49048 Based on observation, interview, and record review the facility failed to provide services with a reasonable accomodation to 1 of 5 residents (Resident #143) by failing to equip the resident with a device to call for staff assistance through a communication system which relays the call directly to a staff member or to a centralized staff work area. The facility failed to ensure Resident #143 was accommodated with a device to call for staff assistance. This failure could place residents at risk of not being able to get assistance when needed. Findings included: Record review of Resident #143's Face Sheet dated 10/31/24 revealed an [AGE] year-old female initially admitted to the facility on [DATE] with a diagnosis of unspecified fracture of the right forearm- subsequent encounter for closed fracture with routine healing, age related osteoporosis (disease that weakens bones) with current pathological fracture (bone break caused by an underlying disease that weakens the bones), left humerus subsequent encounter for fracture with routine healing, and fracture of left shoulder girdle- part unspecified- subsequent encounter for fracture with routine healing. Record review revealed no MDS was completed, resident had been at the facility for 3 days by date of exit; MDS was still in progress. Record review of Resident #143's BIMS assessment dated [DATE] revealed a BIMS score of 15 indicating cognition intact. Record review of Resident #143's Baseline Care Plan dated 10/28/24 revealed barriers to transition included: strength/ endurance, balance, transfers, walking, stairs, self-care, toileting, bathing, meal prep/ homemaking, pain management, and diet management. The safety section of the baseline care plan indicated history of falls with initial goal remain free from falls and injury and interventions of use call bell, use gait belt, two-person assist with transfers. Record review of Resident #143's nursing progress notes revealed a nursing note dated 10/28/24: patient admits from [rehab facility] diagnosis of left humerus fracture, right wrist fracture, patient oriented to room and call bell system, patient agrees to use call bell for assistance. Patient is max assist for transfers. Patient has cast to right wrist and brace to left upper arm. (continued on next page)

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F 0558 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	An interview and observation on 10/31/24 at 10:52 AM with Resident #143, upon entering the room she was observed in her wheelchair at bedside; two pillows that were used to provide support to each of her fractured arms were observed on the floor, the call light was observed also on the floor to her left approximately 2 feet away, not within reach. Across from the resident, a posted sign was observed on the closet door with the words CALL DON'T FALL. The resident expressed that she had been attempting to get help for a while but has not been able to call due to the limited use of both arms because of her fractures. The call light observed was a specialized call pad that if within reach, gentle pressure applied to the end of the pad would allow the resident to call for assistance. The resident stated she needed her arms readjusted to a comfortable position and she also needed water because she was thirsty. The resident expressed it made her feel vulnerable not being able to call for help or do things for herself. Assistance was requested for Resident #143 and CNA-B entered the room acknowledged the residents' concerns, picked up the pillows off the floor and adjusted them underneath the residents' arms providing her support and ensuring comfort and then bringing a cup of fluids to her mouth for a drink of water; indicating she was completely dependent on staff to meet her needs. The call light was then observed being clipped to her shirt near her arms so that Resident #143 would be able to apply pressure on it if assistance was needed. An interview on 10/31/24 at 11:04 AM with CNA-B, she stated she was not sure how long the call light was on the floor or how long Resident #143 had been needing assistance, but that it could have been quite a bit of time. CNA-B stated that it was the expectation that call lights are within reach of the resident, at all times. She stated that Resident #143 was fully depended on staff to do anything, she needs significant help. CNA-B stated a potential negative outcome of Resident #143 not having the call light in reach would be she could fall if she was trying to reach the call light and her needs would not be met. An interview on 10/31/24 at 04:32 PM with the DON, she stated that it was her expectation that call lights are within reach of the residents and answered in a timely manner. She said a potential negative outcome would be the resident not being able to call for assistance which could result in a fall. An interview on 10/31/24 at 04:45 PM with the ADM, she stated call lights should always be in reach and accessible to the resident and they should be answered in a timely manner. The ADM stated a potential negative outcome would be there was the potential for a negative outcome and did not further specify. The call light policy was requested on 10/31/24 at 1:51 PM, the ADM stated there was not a call light policy and instead offered a Call Light In-Service which was what was used to train care staff on the standards and expectations. The undated Call Light In-Service sheet provided revealed: Requirements for Call Lights in Nursing Homes Failure to implement a call system that adheres to these regulations could result in fines, license revocations, or even closures. Here are some requirements for call light systems in nursing homes that you should look for as a resident or family member. Placement (continued on next page)

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F 0558 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Nurse call systems must be accessible within resident rooms. Generally, a call system is required beside the bed and in bathing or toilet facilities. Common areas should also allow access to nurse call systems. The purpose of a call light system is to enable residents to ask for assistance, so they must be placed in all locations where residents may be present. Accessibility Call lights must also be accessible to all residents, including those with disabilities. If they are placed out of reach on a wall, some patients may be unable to call for help. For patients with limited mobility, a call system must be within reach of their bed and other locations. The nursing home is responsible for setting up each resident's call system to meet their needs. Functionality Call systems in nursing homes must be functional and reliable at all times. This system includes a working call light above the resident's door, a functioning station that is always staffed for incoming calls, and loud volumes that staff can hear. Additionally, there are requirements surrounding the response time to each request for assistance. Usually, nurses must respond to the call within a timely manner of the alert.

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F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49048 Based on interviews and record review the facility failed to develop and implement a comprehensive person-centered care plan for each resident, consistent with the resident rights, that included measurable objectives and timeframe's to meet a resident's medical, nursing, and mental and psychosocial needs that were identified in the comprehensive assessment for 1 of 5 residents (Resident #25) reviewed for comprehensive care plans. The facility failed to ensure Resident #25's comprehensive care reflected Resident #25 Advance Directive status of DNR (Do Not Resuscitate). This deficient practice could place residents at risk for receiving improper care and services due to inaccurate care plans. Findings included: A record review of Resident #25's face sheet dated 10/02/24 reflected an [AGE] year-old female who was admitted to the facility on [DATE]. Resident #25's diagnosis is Chronic Obstructive Pulmonary Disease (COPD), Unspecified (a common lung disease that causes breathing problems and restricted air flow). A record review of Resident #25's Initial MDS assessment, dated 10/08/2024, reflected the resident had a BIMS score of 10, which indicated moderate cognitive impairment. Resident #25's Initial MDS reflected Resident #25's current primary diagnosis of Chronic Obstructive Pulmonary Disease. A record review of Resident #25's care plan, dated 10/18/2024, did not reflect or address Resident #25's Advanced Directive status as DNR. A record review of Resident #25 physician's orders, dated 10/17/2024, reflected Resident #25 had an order dated 10/17/24 Which reads: Do Not Resuscitate (DNR)-10/7/2024 Gentiva Diagnoses: Chronic Obstructive Pulmonary Disease, Pulmonary Fibrosis, Call for concerns. During an interview with the DON on 10/31/24 at 3:20pm, the DON stated that she was responsible for completing MDS and care plan assessments as the MDS Coordinator had recently resigned. She stated Resident #25's care plan should have reflected the residents' code status. The DON stated if a resident's care plan was inaccurate then the resident may not receive the appropriate care. The DON stated that in addition to the facility policy, the care plan should be compliant with the requirements outlined in the Resident Assessment Instrument (RAI). During an interview with the ADM on 10/31/2024 at 4:45pm, the ADM stated that Resident #25's code status of DNR should have been reflected on the resident care plan. The ADM stated if a resident care plan was inaccurate that could cause the resident not to receive the proper care. (continued on next page)

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F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	A record review of the facility's Care Plans, Comprehensive Person-Centered policy, dated 2001, reflected A comprehensive, person-centered care plan that includes measurable objectives and timetables to meet the resident's physical, psychosocial and functional needs is developed and implemented for each resident. A record review of an excerpt of the Long-Term Care Facility Resident Assessment Instrument 3.0 User's Manual, version 1.19.1(RAI) dated 10/2024 stated the comprehensive care plan is an interdisciplinary communication tool. It must include measurable objectives and time frames and must describe the services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being.

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49099 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 in 1 of 1 kitchen reviewed for dietary services in that: The facility failed to correctly label and date food, dispose of expired items within the expiration dates, and effectively store frozen items in sealed containers. These failures could place residents at risk for food contamination and foodborne illness. The findings included: During the initial tour of the kitchen on [DATE] at 09:00 AM the following was observed: - Reach in freezer 1 contained two bags of frozen breaded chicken patties in a clear zip seal bag, and 1 bag of frozen pineapple slices all with an expiration date of [DATE]. - Reach in freezer 2 contained a clear bag of frozen French fries, the bag was punctured and was observed to have a hole the size of a golf ball which exposed the contents to open air. - 1 clear container of corn flakes was observed with a label that had an open date and use by date of [DATE]. In an interview on [DATE] at 09:15 AM with the DM she stated that she believed that the pineapple bag was mislabeled after the original zip seal bag it was in ripped and was transferred to a new bag. The DM also claimed the frozen chicken patties and container with the cereal were also mislabeled. In an interview on [DATE] at 11:30 AM with the DTN who stated it was her expectation that items in the freezer are labeled with a date the item is received along with the expiration date. She stated packaged items should contain an open date, and a use by date, and items prepared and stored for later (leftovers) should have a prepared date and a use by date. The DTN stated that there should not be any expired food items in the freezers/ refrigerators, and that it was her expectation that all items are sealed properly. She stated a potential negative outcome to having expired items was the potential for it to be served which could have led to illness and that items which are not properly sealed could have led to contamination of the food. An interview on [DATE] at 10:10 AM with the DM who stated that it was her expectation that expired items or items that they are aware of being mislabeled should be thrown away. The DM said food items should have a received/ prepared date along with a use by date. The DM stated that expired items have the potential to make residents sick if they made it to them. She stated that not properly labeling items could result in use of an expired item because nobody would know when it was opened and when it expires. The DM stated all food items should be properly sealed and said a negative outcome to punctured bags in the freezer would cause food items to have frostbite saying, it would affect the food quality and make it taste old. (continued on next page)

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	An interview on [DATE] at 4:45 PM with the ADM who stated it was her expectation that items in the refrigerator and freezers are properly labeled and dated to include a received date/ prepared date, and use by date. She stated that no food items should be punctured and expected food items to be properly sealed. The ADM stated that a potential negative outcome of expired items is it could lead to illness if they made it to a resident. She stated food items that are in a punctured bag and not properly sealed would lead to food inconsistency. Review of the facility Food Storage: Cold Foods policy last revised ,d+[DATE] revealed: All Time/ Temperature Control for Safety (TCS) Foods, frozen and refrigerated will be appropriately stored in accordance with guidelines of the FDA Food Code. - All foods will be wrapped or in covered containers, labeled and dated, and arranged in a manner to prevent cross contamination. Review of the facility Receiving policy last revised ,d+[DATE] revealed: Safe food handling procedures for time and temperature control will be practiced in the transportation, delivery, and subsequent storage of all food items. - All food items will be appropriately labeled and dated either through manufacturer packaging or staff notation. - All food items will be stored in a manner that ensures appropriate and timely utilization based on principles of first in-first out (FIFO) inventory management. Review of the facility Food Storage: Dry Goods policy last revised ,d+[DATE] revealed: All dry goods will be appropriately stored in accordance with the FDA Food Code. - Storage areas will be neat, arranged for easy identification, and date marked as appropriate. Review of the 2022 U.S. Food and Drug Administration Food Code revealed: ,d+[DATE].17 Ready-to-Eat, Time/Temperature Control for Safety Food, Date Marking. (A) Except when PACKAGING FOOD using a REDUCED OXYGEN PACKAGING method as specified under S ,d+[DATE].12, and except as specified in (E) and (F) of this section, refrigerated, READY-TO-EAT, TIME/TEMPERATURE CONTROL FOR SAFETY FOOD prepared and held in a FOOD ESTABLISHMENT for more than 24 hours shall be clearly marked to indicate the date or day by which the FOOD shall be consumed on the PREMISES, sold, or discarded when held at a temperature of 5 C (41 F) or less for a maximum of 7 days. The day of preparation shall be counted as Day 1. (continued on next page)

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	(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: Pf (1) The day the original container is opened in the FOOD ESTABLISHMENT shall be counted as Day 1; Pf 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. ,d+[DATE].18 Ready-to-Eat, Time/Temperature Control for Safety Food, Disposition. (A) A FOOD specified in ,d+[DATE].17(A) or (B) shall be discarded if it: (1) Exceeds the temperature and time combination specified in ,d+[DATE].17(A), except time that the product is frozen; P (2) Is in a container or PACKAGE that does not bear a date or day; P or (3) Is inappropriately marked with a date or day that exceeds a temperature and time combination as specified in ,d+[DATE].17(A). ,d+[DATE].11 Packaged and Unpackaged Food - Separation, Packaging, and Segregation. FOOD shall be protected from cross contamination by: (4) Except as specified under Subparagraph ,d+[DATE].15(B)(2) and in (B) of this section, storing the food in packages, covered containers, or wrappings.