

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 455515	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/15/2024
NAME OF PROVIDER OR SUPPLIER Copperas Cove Ltc Partners Inc		STREET ADDRESS, CITY, STATE, ZIP CODE 607 W Ave B Copperas Cove, TX 76522	

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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46708</p> <p>Based on interviews 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 one (Resident #1) out of five residents reviewed for showers.</p> <p>The facility failed to provide showers to Resident #1, her preferred method of bathing. Resident #1 was administered two (2) showers, her preferred method of bathing, from her admission on 04/12/2024 until 07/15/2024.</p> <p>This failure placed residents at risk of a decline in hygiene, at risk of skin breakdown, level of satisfaction with life, and feelings of self-worth.</p> <p>Findings included:</p> <p>Review of Resident #1's face sheet dated 07/12/2024 reflected a [AGE] year-old female resident admitted on [DATE], diagnosed with neuromuscular dysfunction of bladder and type 2 diabetes.</p> <p>Review of Resident #1's quarterly MDS , dated 04/18/2024, reflected a BIMS score of 15, indicating no cognitive impairment. Section G (Functional Status) reflected she required extensive assistance with all ADLs.</p> <p>Review of Resident #1's care plan dated 04/19/2024 reflected staff will shower her as requested.</p> <p>Review of Resident #1's bathing task in her EMR, from 06/16/2024 - 07/12/2024, reflected no documentation that a shower/bath had been given.</p> <p>Review of Resident #1's shower sheets reflected she had a bed bath on 04/24/2024, 04/29/2024, 05/16/2024, 05/25/2024,</p> <p>Review of Resident #1's shower sheets reflected she had a shower on 04/18/2024 and 05/21/2024.</p> <p>Review of Resident #1's shower sheets reflected no indicator of if she had a shower or a bed bath, only the signature of a CNA on the shower sheet on 06/18/2024 and 06/7/24.</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>In an interview with Resident #1 on 07/15/2024 at 11:32 am she revealed she was not getting her showers. She said her hair gets oily and greasy and she feels dirty because she wore adult briefs. She did not feel like the wipes used to clean her removed all the dirt after she had a bowel movement. She felt she needed a shower to get her cleaned instead of bed baths .</p> <p>In an interview with the DON on 07/15/2024 at 1:02 pm she revealed that the residents made a choice of how they want to be cleaned and the residents were asked what they preferred. She said she did not know that there was an issue with Resident #1's bathing and the number of times Resident #1 has been cleaned. She stated it was not acceptable and it would be addressed. She said that the lack of bathing can cause pressure ulcers, infections, and many issues up to and including death.</p> <p>Review of in-service dated 07/08/2024 revealed that nursing staff was in-serviced that showers need to be done on every shift.</p> <p>Review of facility dignity policy dated 02/2021 reflected that reach resident will be cared for in a manner that promoted and enhanced his or her sense of wellbeing, level of satisfaction with life, and feelings of self-worth and self-esteem.</p> <p>Review of facility bath shower/tub policy dated 02/2028 reflected that the purpose of this procedure was to promote cleanliness, provide comfort to the resident, and to observe the condition of the resident's skin.</p>