

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  02/12/2025
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 0622</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Not transfer or discharge a resident without an adequate reason; and must provide documentation and convey specific information when a resident is transferred or discharged.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44700</b></p> <p>Based on record review and interviews the facility failed to ensure that one (1) resident (Resident #1) of eight residents reviewed for transfer or discharge had the required documentation in the resident's medical record made by the physician and failed to provide information to the receiving health care provider for a safe and effective transition of care.</p> <p>The facility discharged Resident #1 on 9/18/2025 without physician documentation in the EMR and without providing any clinical information for continuity of care to the receiving provider.</p> <p>This failure could put residents at risk for inappropriate discharge from the facility and cause psychological harm.</p> <p>The findings included:</p> <p>Review of Resident #1's Face Sheet dated 2/7/2025 reflected a [AGE] year-old female admitted to the facility on [DATE] with diagnoses that included acute kidney failure, anemia (low iron count in the blood), anxiety disorder, sleep disorder, chronic pain syndrome, hypertension (high blood pressure), and traumatic brain injury.</p> <p>Review of Resident # 1's order dated 9/18/2025 reflected Discharge immediately to law enforcement after assault and resisting arrest. Resident is a danger to herself and others.</p> <p>Review of the MD letter dated 2/11/2025 reflected: By allowing [Resident #1] to remain in the facility I felt it would pose an immediate threat to the safety and wellbeing of the other residents residing in the facility.</p> <p>Review of Resident #1's progress notes dated 9/18/2025 at 12:20 pm reflected MD called regarding residents' behavior and new order given to immediately discharge resident [due to] her being a danger to herself and others. Further review reflected Resident #1 had become verbally and physically aggressive towards staff by ramming her walker into the staff. The police were called and had come to the facility and arrested Resident #1. Additional review of progress notes reflected no progress note from the MD regarding clinical or medical reasons for immediate discharge of Resident #1.</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 0622</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 2/12/2025 at 10:50 am the former MD stated Resident #1 had an escalation of behaviors on 9/18/2025 where she verbally and physically assaulted staff. He had given an order for her immediate discharge because the police had come to the facility and arrested Resident #1. The MD stated he had not provided any progress note in the EMR explaining how resident was a danger to herself or others until 2/12/2025. The MD provided a written letter regarding Resident #1's discharge at the time of this interview on 2/12/2025.</p> <p>During an interview on 2/12/2025 at 12:30 pm, the ADM stated the police did not tell the facility where Resident #1 was being taken, so no medical records or clinical information was provided for Resident #1 at the time of her arrest and discharge. She stated to her knowledge, no one from the behavioral health hospital contacted the facility for information and no nursing staff from the facility had contacted the behavioral health hospital where Resident #1 was admitted providing medical or clinical records for continuity of care. The ADM also stated she was not aware the former MD had not put a progress note in the EMR when Resident #1 was discharged .</p> <p>During an interview on 2/12/2025 at 12:35 pm, the DON stated that Resident #1 left with the police, she did not attempt to find out what behavior health facility Resident #1 had been taken to for treatment. The DON stated she did not provide any clinical information or medical records to the behavior health hospital where Resident #1 was taken after she was arrested. The DON stated the facility never heard from the behavior health hospital and once [Resident #1] was discharged I didn't think about it. It wasn't something we thought we needed to do. The DON stated a safe discharge was important to keep residents safe and ensure they would get the care they need.</p> <p>During an interview on 2/12/2025 at 1:01 pm, the MR staff stated she had not been contacted by anyone from the behavioral health hospital for medical records for Resident #1 and MR staff stated she had not provided any medical records for continuity of care when Resident #1 was arrested. MR staff stated the place where Resident #1 would not have known anything about her care without the facility providing medical records.</p> <p>During an interview on 2/12/2025 at 4:49 pm, the ADM stated her expectation was that all residents receive a safe discharge. The ADM stated her concerns with an unsafe discharge included a resident having adequate living space and adequate care. The ADM further stated for emergency discharges there should have been a progress note from the former MD to address the safety concerns with having Resident #1 on the facility.</p> <p>Review of the facility policy Transfer or Discharge, Emergency revised August 2018 reflected:</p> <p>Residents will not be transferred unless: c. The safety of individuals in the facility is endangered due to the clinical or behavioral status of the resident, d. The health of individuals in the facility would otherwise be endangered.</p> <p>Further review of the policy reflected:</p> <p>4. Should it become necessary to make an emergency transfer or discharge to a hospital or other related institution, our facility will implement the following procedures: a. Notify the resident's Attending Physician; b. Notify the receiving facility that the transfer is being made; c. Prepare the resident for transfer; d. Prepare a transfer form to send with the resident.</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>49099</p> <p>Based on observations, interviews, and record review the facility failed to store, prepare, and distribute food in accordance with professional standards for food service safety in 1 of 1 kitchen reviewed for kitchen and food sanitation.</p> <p>1. The facility failed to ensure food in the refrigerator was properly sealed from air-borne contamination.</p> <p>2. The facility failed to ensure food stored in 1 of 1 reach in freezer and 2 of 2 reach in refrigerators were labeled and dated with use by date.</p> <p>These failures could place residents at risk for food contamination and foodborne illness.</p> <p>Findings Included:</p> <p>Observations on 02/12/25 at 09:32 AM in the facility's only kitchen revealed:</p> <p>1 of 1, 3-door reach in refrigerator contained:</p> <p>- 1 large metal tray of cheesecake was not covered or sealed from air-borne contaminants or labeled with use by date.</p> <p>- 1 large metal tray of gelatin, 1 medium plastic container of diced tomatoes, 1 medium plastic container of grape jelly, 1 medium plastic container of caramel, 1 medium plastic container of pumpkin filling, 1 medium plastic container of ketchup, 2 medium plastic containers marked BKF, 2 large zip-sealed bags of tortillas, and 1 large zip-sealed bag containing individually wrapped sandwiches were not labeled or dated with use by date.</p> <p>2 of 2 reach in freezers contained 1 medium zip-sealed bag of enchiladas, 3 large bags of okra, 3 large bags of French fries, 1 large bag of French toast sticks, and 1 small zip-sealed bag of ice cream that were not labeled or dated with use by date.</p> <p>In an interview on 02/12/25 at 09:40 AM with the DM, she stated it was her expectation that all items stored in the refrigerator and freezers were covered and sealed off from contaminants. She stated the cheesecake tray should've been covered and not exposed. She stated it was her expectation that all food items were labeled to identify what the item was and dated with the open date or the prepared date. She stated she did not believe items needed to have the use by date. She stated the dietary staff were trained on when to throw items out. She stated a potential negative outcome to not having food items covered or dated was that's how you get sick from items not being covered or knowing when it's made.</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>In an interview on 02/12/25 at 03:21 PM with [NAME] A, she stated that items stored in the refrigerator and freezers should be completely covered and have the date the item was opened or prepared as well as the use by date. She stated items were rotated every 3 days and said, I am not sure why they don't have the use by date, but I am sure we will get penalized for it .</p> <p>In an interview on 02/12/25 at 4:44 PM with the ADM, she stated it was her expectation that items stored in the freezers and refrigerator were covered, labeled, and dated with the date the item was prepared or placed in the refrigerator/ freezer. She stated she did not believe items needed to be labeled with the use by date and said she didn't think the facility policy stated that either. She stated that food items that were left uncovered could cause food borne illness. She stated food borne illnesses have the potential to affect all residents when food items were not dated.</p> <p>Review of the facility Food Receiving and Storage policy last revised November 2022 reflected:</p> <p>Food shall be received and stored in a manner that complies with safe food handling practices.</p> <p>All foods stored in the refrigerator or freezer are covered, labeled, and dated (use by date).</p> <p>Refrigerated foods are labeled, dated, and monitored so they are used by their use-by date, frozen, or discarded.</p> <p>Review of the 2022 U.S. Food and Drug Administration Food Code revealed:</p> <p>3-501.17 Ready-to-Eat, Time/Temperature Control for Safety Food, Date Marking.</p> <p>(A) Except when PACKAGING FOOD using a REDUCED OXYGEN PACKAGING method as specified under S 3-502.12, 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.</p> <p>(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: P if</p> <p>(1) The day the original container is opened in the FOOD ESTABLISHMENT shall be counted as Day 1; Of and</p> <p>(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>3-501.18 Ready-to-Eat, Time/Temperature Control for Safety Food, Disposition.</p> <p>(A) A FOOD specified in 3-501.17(A) or (B) shall be discarded if it:</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>(2) Is in a container or PACKAGE that does not bear a date or day; or</p> <p>3-302.11 Packaged and Unpackaged Food - Separation, Packaging, and Segregation.</p> <p>FOOD shall be protected from cross contamination by:</p> <p>(4) Except as specified under Subparagraph 3-501.15(B)(2) and in (B) of this section, storing the food in packages, covered containers, or wrappings.</p>