

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 455522	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/15/2025
NAME OF PROVIDER OR SUPPLIER Tlc West Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 1700 Marlandwood Rd Temple, TX 76502	

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 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49048</p> <p>Based on interview and record review, the facility failed to ensure that all allegations involving abuse, neglect, and misappropriation were reported immediately to the State Survey Agency (HHSC), but no later than 2 hours after the allegation is made, if the events that cause the allegation involve abuse, for 1 of 4 residents (Resident #1) reviewed for abuse.</p> <p>The facility did not report to the State Survey Agency (HHSC) an incident of alleged abuse/neglect for Resident #1.</p> <p>This failure could place residents at risk for harm to include physical abuse, a diminished quality of life, and psychosocial harm.</p> <p>The findings included:</p> <p>Record review of Resident #1 's face sheet, dated 4/15/2025 reflected a [AGE] year-old female resident readmitted to the facility on [DATE] with diagnoses that included: Acute Respiratory Failure with Hypercapnia (occurs when the lungs fail to adequately remove carbon dioxide from the blood), Congestive Heart Failure (a condition where the heart can't pump enough blood to meet the body's needs), and Chronic Obstructive Pulmonary Disease (a condition caused by damage to the airways or other parts of the lung). The resident is her own responsible party.</p> <p>Record review of Resident#1's quarterly MDS, dated [DATE], revealed: the resident's BIMS score was fifteen (intact cognition).</p> <p>During an interview on 4/15/2025 at 8:45 AM the ADM stated Resident #1 came to him seven days after the alleged incident on 2/26/2025. Resident #1 stated a male CNA, who previously worked for the facility and was visiting his girlfriend who worked there, came into her room around 2:00 AM and made a suggestive, vulgar comment to her. Resident #1 stated the male did not touch her.</p> <p>The ADM investigated the allegation, Resident #1 was assessed, and was deemed inconclusive. The ADM said he would normally report this type of situation and I did not report the allegation because Resident #1 said she did not want it reported. Later we decided to report it because we felt like she was playing games with us, as she shared the allegation with other staff and residents.</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 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 4/15/2025 at 9:33 AM, Resident #1 stated, I do not feel unsafe here. I did not want to stir up anything. I did not want my family to know because they would have come in and tried to take things over. I said I did not want the state, or the police called. Resident #1 stated a male, who previously worked for the facility and was visiting his girlfriend who worked at the facility, came into her room around 2:00 AM and made a suggestive, vulgar comment to her. Resident #1 stated the male did not touch her.</p> <p>During a telephone interview on 4/15/2025 at 12:42 PM, the SW stated, Resident #1 reported the allegation to me after she reported to the ADM. She said she did not want it reported and I informed her I had to report it. I spoke with the ADM and told him we should report the allegation , he agreed. She said she was unsure why the ADM did not report it. Resident #1 stated a male, who previously worked for the facility and was visiting his girlfriend who worked at the facility, came into her room around 2:00 AM and made a suggestive, vulgar comment to her. Resident #1 stated the male did not touch her. Resident #1 stated she did not feel unsafe.</p> <p>During an interview on 4/15/2025 at 3:30 PM the ADM stated he did not report the allegation because he was honoring Resident #1's request to not have it reported. The ADM is the Abuse Coordinator and received the initial allegation.</p> <p>Review of the facility's policy titled Abuse, Neglect, Exploitation or Misappropriation - Reporting and Investigating (MED-PASS, Inc. Revised September 20222) reflected the following:</p> <p>Reporting Allegations to the Administrator and Authorities</p> <p>2. The administrator or the individual making the allegation immediately reports his or her suspicion to the following persons or agencies:</p> <ul style="list-style-type: none"> a. The state licensing/certification agency responsible for surveying/licensing the facility; b. The local/state ombudsman; c. The resident's representative; d. Adult protective services (where state law provides jurisdiction in long-term care); e. Law enforcement officials; f. The resident's attending physician; and g. The facility medical director. <p>3. Immediately is defined as:</p> <ul style="list-style-type: none"> a. within two hours of an allegation involving abuse or result in serious bodily injury; or b. within 24 hours of an allegation that does not involve abuse or result in serious bodily injury. <p>(continued on next page)</p>		

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<p>F 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>4. Verbal/written notices to agencies are submitted via special carrier, fax, e-mail, or by telephone.</p> <p>5. Notices include, as appropriate:</p> <ul style="list-style-type: none"> a. the resident's name; b. the resident's room number; c. the type of abuse that is alleged (i.e., verbal, physical, sexual, neglect, etc.); d. the date and time the alleged incident occurred; e. the name(s) of all persons involved in the alleged incident; and f. what immediate action was taken by the facility. <p>6. Upon receiving any allegations of abuse, neglect, exploitation, misappropriation of resident property or injury of unknown source, the administrator is responsible for determining what actions (if any) are needed for the protection of residents.</p>