

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 455589	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/24/2024
NAME OF PROVIDER OR SUPPLIER Fortress Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 1105 Rock Prairie Rd College Station, TX 77845	

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** 40884</p> <p>Based on observations, interviews, and record review, the facility failed to ensure residents unable to conduct activities of daily living (ADLs) received the necessary services to maintain good grooming and personal hygiene for three of eight residents (Resident #17, Resident #24, and Resident #35) reviewed quality of life.</p> <ol style="list-style-type: none"> The facility failed to ensure Resident #17 and Resident #24 nails were cleaned. The facility failed to ensure Resident #35 nails were trimmed and did not have any rough edges. <p>These failures could place residents at risk for poor hygiene, dignity issues, and decreased quality of life.</p> <p>Findings include:</p> <ol style="list-style-type: none"> Record review of Resident # 17's Face Sheet dated, 10/23/2024, reflected a [AGE] year-old male admitted on [DATE] and readmitted on [DATE] with diagnoses of lack of coordination (uncoordinated movement due to a muscle control problem that causes inability to coordinate movements), neuroleptic induced parkinsonism (slowed movements, difficulty with fine motor tasks, problems with balance, walking, and resting tremor), tremor unspecified (a neurological condition that causes involuntary shaking or trembling in one or more parts of the body), and cognitive communication deficit (difficulty with communication that is caused by an impairment such as memory, attention, or problem-solving). <p>Record review of Resident #17's Annual MDS Assessment, dated 08/20/2024, reflected the resident had a BIMS score of 5 indicating his cognition was severely impaired. Resident #17 required supervision or touching assistance with personal hygiene, lower body dressing, showers, transfers, and toileting hygiene.</p> <p>Record review of Resident #17's Comprehensive Care Plan, revised on 09/10/2024 reflected Resident #17 had an ADL self-care performance deficit. Interventions: Bathing- Check nail length, trim and clean on bath day and as necessary. Report any changes to the nurse. Resident #17 had an alteration in neuroleptic induced Parkinson. Intervention: cueing, reorientation as needed. Monitor/ document/ report to MD as needed signs and symptoms of tremors, rigidity, dizziness changes in level of consciousness, and slurred speech.</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 on 10/22/2024 at 9:37 AM, resident #17 was propelling self in his wheelchair from his room into the hall. Resident #17 had blackish / brownish substance underneath all of his nails on his right hand.</p> <p>In an interview on 10/22/2024 at 9:38 AM, Resident #17 stated he thinks he knows what it is underneath his nails but he was not going to tell anyone. Resident #17 stated he did request for his nails to be cleaned yesterday and the girl that works here told him someone would clean them when he got a shower.</p> <p>Record review of Resident #24's Face Sheet, dated 10/23/2024, reflected a [AGE] year-old male admitted to the facility on [DATE] with a diagnoses unspecified lack of coordination (uncoordinated movement due to a muscle control problem that causes inability to coordinate movements), unspecified dementia, unspecified severity, without behavioral disturbance, psychotic disturbance , mood disturbance and anxiety (a group of symptoms that affect the brain, such as memory loss, personality changes, and difficulty thinking can be mild or mixed without any behaviors), and personal history of traumatic brain injury (an injury to the brain caused by an external force, such as a blow to the head or an object penetrating the skull).</p> <p>Record review of Resident #24's Quarterly MDS Assessment, dated 09/23/2024, reflected Resident #24 had a BIMS score of a 3 indicating his cognition was severely impaired. Resident #24 was assessed to be dependent on staff for the following ADLs: personal hygiene, dressing, showers, toileting hygiene, chair to bed, and bed to chair transfers.</p> <p>Record review of Resident #24's Comprehensive Care Plan revised on 07/21/2024 and target date of 10/22/2024 reflected Resident #24 had an ADL self-care deficit. Intervention: Resident #24 required assistance with bathing: check nail length, trim, and clean on bath day and as necessary. Report any changes to the nurse. If diabetic, the nurse will provide toenail care. Resident #24 was dependent on staff for activities, cognitive stimulation, social interaction related to dementia. Interventions: Resident #24 needed assistance with ADLs as required during the activity.</p> <p>Observation on 10/22/2024 at 9:40 AM, Resident #24 was lying in bed. Resident #24 had blackish/brownish hard substance underneath his forefinger and middle fingernails.</p> <p>In an interview on 10/22/2024 at 9:42 AM, Resident #24 was asked if he reported to anyone about his nails having a blackish/brownish substance underneath two of his nails on his right hand. He stated, yes but don't know who. Resident #24 did not respond to any other questions such as: when he reported his nails being dirty and how long they had been dirty.</p> <p>2. Record review of Resident #35's Face Sheet, dated 10/23/2024, reflected a [AGE] year-old female was admitted on [DATE] and readmitted on [DATE] with a diagnosis of multiple sclerosis (a chronic disease that damages the central nervous system, including the brain and spinal cord- this damage can slow or block messages between the brain and body, leading to a range of symptoms such as muscle weakness, difficulty with coordination and balance, numbness, thinking and memory problems, etc.), muscle wasting and atrophy (muscle wasting or thinning of your muscle mass).</p> <p>(continued on next page)</p>		

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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>Record review of Resident #35's Quarterly MDS Assessment, dated 10/04/2024, reflected the resident had a BIMS score of 8 indicated her cognition status was moderately impaired. Resident # 35 was dependent on staff for personal hygiene, dressing, showers, toileting hygiene, oral hygiene, and transfers.</p> <p>Record review of Resident 35's Comprehensive Care Plan, revised on 10/17/2024, reflected Resident #35 had an ADL Self Care Performance Deficit. Resident #35 will maintain or improve current level of function in personal hygiene. Resident #35 required assistance with bathing. Resident #35 had multiple sclerosis. Intervention: Pain management as needed. Give medications as ordered. Resident #35 was at risk for falls related to multiple sclerosis and muscle wasting and atrophy. Interventions: anticipate and meet the resident's needs. Be sure the resident's call light is within reach and encourage the resident to use it for assistance as needed. Resident #35 needed activities that minimize the potential for falls while providing diversion and distraction.</p> <p>Record review of Resident #35's Physician Orders and she did not have a diagnosis of diabetes or being administered any type of diabetic medication.</p> <p>Observation on 10/22/2024 at 10:13 AM, Resident #35 was in her room lying in bed. Resident #35 had approximately 2-inch nails on both hands. Resident #35 had rough edges around her ring and middle fingernails on her right hand. There were no scratch marks on her left or right hands or arms.</p> <p>In an interview on 10/22/2024 at 10:16 AM, Resident #35 stated she asked someone few days ago if they would trim her nails and file them. She stated she explained two of her nails were broken and she was scratching herself and leaving scratch marks on her left arm first of October (2024). She stated she bent one of her nails back and it broke. Resident #35 stated this is when the nails became rough and had a point on the corner of two of her nails(she pointed to the ring and middle finger of her right hand). She stated staff she talked to about her nails stated the aides was not allowed to cut or trim nails that was the nurses job. She stated she was not a diabetic. Resident #35 did not recall the CNA's name or the day this conversation occurred in Resident #35's room.</p> <p>In an interview on 10/22/2024 at 9:32 AM, CNA C stated the CNAs was responsible for cleaning, trimming, and filing all residents' nails except for the residents with diagnosis of diabetes. She stated the nurses was responsible for all residents' nails with diagnosis of diabetes. CNA C stated residents nails were usually cleaned on their shower days and as needed. She stated if there was a blackish substance on the residents' fingertips or underneath their nails and the resident swallowed the blackish substance there was a possibility a resident may become ill such as vomiting and diarrhea. CNA C stated there were also a possibility a resident may become severely dehydrated and may need to be transferred to emergency room to determine what type of bacteria was underneath the residents' fingernails. CNA C stated a resident may scratch their face or their arm. She stated a resident may cause a skin tear on their skin if the nail was not filed. CNA C stated she had been in-serviced on cleaning, filing and trimming residents' nails but she did not recall the date. CNA C stated she was not aware of Resident #17, Resident #24 or Resident #35 refusing nail care. She stated Resident #24 sometimes refused to be shaved.</p> <p>(continued on next page)</p>

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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 on 10/22/2024 at 10:00 AM, CNA B stated the nurses completed all diabetic fingernails, and the CNAs were responsible for all other residents' nails. She stated the CNAs were responsible to complete nail care such as trimming, filing, and cleaning the nails during showers. CNA B stated if a resident's nails needed to be cleaned, trimmed, or filed and it was not their shower day, the staff were expected to do any type of nail care as needed. CNA B stated if a resident had blackish substance underneath their nails, it was probably some type of bacteria. CNA B stated if a resident swallowed bacteria it was a potential the resident may develop major stomach problems such as nausea and/or diarrhea. CNA B stated if a resident became severely ill the resident may need to be transferred to emergency room for more care. CNA B stated if a resident had rough edges around their nails it was a possibility the resident may scratch themselves and develop a skin tear or scratch another resident. She stated Resident # 17, Resident #24 and Resident #35 did not refuse nail care. CNA B stated Resident #24 would refuse to be shaved. She stated she had been in-service on nail care but did not remember the date of the in-service. She stated it had been approximately 6 months to a year.</p> <p>In an interview on 10/24/2024 at 9:45 AM, RN A stated the CNAs was responsible for cleaning, trimming, and filing all residents' nails except for the residents with diagnosis of diabetes. RN A stated the nurses was responsible for all residents' nails with diagnosis of diabetes. RN A stated residents' nails were usually cleaned, filed, and trimmed on their shower days. She stated if a resident had a hang nail or their nails were dirty, nail care was expected to be completed as needed. RN A stated if a resident had nails that were rough around the edges, there was a possibility a resident may scratch themselves and develop a skin tear. RN A stated if there was a blackish substance on the residents' fingertips or underneath their nails and the resident swallowed the blackish substance there was a possibility a resident may become ill with stomach issues such as vomiting. RN A stated there was a potential for a resident to develop or a throat infection. RN A stated she had been in-serviced on cleaning, filing and trimming residents' nails. RN A stated she did not remember the date of the in-service. She stated she was not aware of Resident #24, Resident #17 or Resident #35 refusing nail care. She stated sometimes Resident #24 would refuse clothes to be changed and to be shaved.</p> <p>In an interview on 10/24/2024 at 10:30 AM, the Administrator stated he would need to refer to the facilities policy on nail care when he was asked of his expectations of cleaning and trimming residents nails.</p> <p>In an interview on 1024/2024 at 10:43 AM, the Corporate Regional Director stated the nurses was expected to perform nail care including trimming and cleaning on the residents with diagnosis of diabetes (a disease that occurs when your blood glucose, also called blood sugar, was too high). The Corporate Regional Director stated the CNAs was expected to trim and clean all other residents' nails during showers and as needed. She stated if there was a blackish/ brownish substance underneath a resident's nails there was a possibility it may be bacteria. She stated if a resident ingested some bacteria there was a possibility a resident may have stomach issues, however, it was according to what type of bacteria was underneath the residents fingernails.</p> <p>(continued on next page)</p>		

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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 on 10/24/2024 at 8:45 AM, Director of Nurses stated if a resident ingested blackish substance on their fingers or underneath their fingernails, there was a possibility the substance may be some type of bacteria. She stated a resident may become physically with infection of their stomach. She stated there was a possibility a resident may develop vomiting or diarrhea. She stated all residents was expected to receive nail care during showers and as needed. Director of Nurses stated the CNAs completed nail care on all residents except for the residents with diagnosis of diabetes (a disease when your blood sugar was too high). She stated it was the nurse's supervisor responsibility to monitor residents nail care.</p> <p>The facility Policy on Nail Care, dated 2003, reflected Nail management is the regular care of the toenails and fingernails to promote cleanliness, and skin integrity of tissues, to prevent infection, and injury from scratching by fingernails or pressure of shoes on toenails. It includes cleansing, trimming, smoothing, and cuticle are and is usually done during the bath. Nails can become thinner and more brittle in the elderly and thicker if peripheral circulation is impaired. Nail care will be performed regularly and safely. The resident will be free from abnormal nail conditions and the resident will be free from infection.</p>		