

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 455601	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/10/2025
NAME OF PROVIDER OR SUPPLIER Alvarado Meadows Nursing & Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 101 N Parkway Alvarado, TX 76009	

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 0558</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Reasonably accommodate the needs and preferences of each resident.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to ensure the resident had the right to reside and receive services in the facility with reasonable accommodations of resident needs and preferences except when to do so would endanger the health or safety of the resident or other residents for 1 of 6 residents (Resident #3) reviewed for resident rights.</p> <p>The facility failed to ensure Resident #3's call light was within reach on 06/05/2025.</p> <p>This failure could place residents at risk of their needs not being met.</p> <p>Findings include:</p> <p>Record review of Resident #3's admission record, dated 06/10/2025, reflected a [AGE] year-old female who was admitted to the facility on [DATE]. Resident #3 had diagnoses which included: Alzheimer's disease with late onset (brain disorder that causes memory loss), bipolar disorder (mental health condition that cause extreme shifts in mood), essential primary hypertension (high blood pressure), and cognitive communication deficit (difficulty with thinking and using language).</p> <p>Record review of Resident #3's Quarterly MDS assessment, dated 05/08/2025, reflected the resident had a BIMS score of 00, which indicated severe cognitive impairment. Resident #3 was dependent in the area of toileting hygiene. Resident #3 required substantial/maximal assistance in the areas of shower/bathe self, lower body dressing, putting on/taking off footwear and personal hygiene.</p> <p>Record review of Resident #3's care plan, dated 06/05/2025, reflected Resident #3 was care planned for ADL self care performance deficit Alzheimer's had an intervention of ensure the resident to use bell to call for assistance.</p> <p>During an interview and observation on 06/05/2025 at 9:05 AM., Resident #3's call light was observed pinned to the back upper left side of her bed, out her reach. Resident #3 was awake in bed at the time of the observation but could not be interviewed due to her cognitive impairment. The ADM observed Resident #3's call light pinned to the back upper left side of her bed and out of the resident's reach.</p> <p>During an interview with CNA C on 06/06/2025 at 2:10 PM, CNA C stated CNAs make rounds at least every two hours to check to see if residents' need assistance. CNA C stated it's everyone's responsibly to ensure call lights are within reach at all times. CNA C stated that if a resident's call light was not within reach, then the resident would not be able to call for assistance if needed.</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 0558</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview with the DON on 06/06/2025 at 4:00 PM, the DON stated all residents' call lights should be always within reach. The DON stated it was everyone's responsibility to ensure residents' call lights were always within reach. The DON stated if a resident's call light was not within reach, the resident would not be able to receive assistance if they needed it.</p> <p>During an interview with the ADM on 06/06/2025 at 5:00 PM, the ADM stated call lights should always be within reach. The ADM stated it was everyone's responsibility to ensure the call lights were within reach. The ADM stated if a residents' call light was not within reach, then the resident's needs would not be met in a timely manner. The ADM stated his expectation was for staff members to ensure call lights were within reach prior to exiting the residents' rooms. ADM stated the facility doesn't have call light policy.</p> <p>A request was made for a policy on call lights but was told by the ADM the facility doesn't have a call light policy.</p>

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<p>F 0600</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review the facility failed to ensure the resident had the right to be free from abuse, neglect, misappropriation of resident property, and exploitation for 1 out of 6 residents (Resident #1) reviewed for abuse/neglect.</p> <p>The facility failed to protect Resident #1 from physical abuse when LVN A forcefully dragged him to his bed on 05/26/2025 after an unwitnessed fall.</p> <p>An Immediate Jeopardy (IJ) existed from 05/26/2025 - 06/02/2025. The IJ was determined to be at past noncompliance as the facility had implemented actions that corrected the deficient practice prior to the beginning of the investigation.</p> <p>This deficient practice could place residents at risk of abuse, injury, and psychosocial harm.</p> <p>Findings included:</p> <p>Record review of Resident #1's admission record, dated 06/10/2025, reflected a [AGE] year-old male who was admitted to the facility on [DATE]. Resident #1 had diagnoses which included: Alzheimer's disease (brain disorder that causes memory loss), chronic kidney disease stage 3 (when your kidneys are damage and can't filter blood properly), muscle wasting and atrophy (decrease in size and wasting of muscle tissues), and lack of coordination (having difficulty controlling your movements and making them work together smoothly).</p> <p>Record review of Resident #1's Quarterly MDS assessment, dated 05/07/2025, reflected the resident had a BIMS score of 00, which indicated severe cognitive impairment. Resident #1 required partial/moderate assistance in the areas of toileting hygiene, shower/bathe self, lower body dressing, putting on/taking off footwear and personal hygiene.</p> <p>Record review of Resident #1's care plan, dated 06/05/2025, reflected Resident #1 was care planned for impaired cognitive function/dementia or impaired though processes with an intervention Communication: use resident preferred name. Identify yourself at each interaction. Face the resident when speaking and make eye contact. Reduce any distractions- turn off TV, radio, close door etc. The resident understands consistent, simple, directive sentences. Provide the resident with necessary cues- stop and return if agitated.</p> <p>Record review of Resident #1's nursing progress note, dated 05/26/2025, reflected resident had an unwitnessed fall in the resident room. Resident found with BM on him, the bed, chair, and all over the floor.</p> <p>Record review of Resident #1's nursing progress note, dated 05/26/2025, reflected fall follow up. Location of bruise: bilateral upper extremity size of bruise in cm: unknown blue/purple, Pain appears to be present: No, Intervention: Fall mat</p> <p>(continued on next page)</p>		

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<p>F 0600</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>Record review of a written statement from CNA A, date 05/29/2025, reflected CNA A stated LVN A grabbed Resident #1 by the wrist and dragged him across the room so with me not knowing what to do I went under his arms and help him stand grabbing both sides of my arms to stay stable LVN A tried to take his hand away. I said no and help him to bed. From there LVN A took his vitals went out the room we assessed him saw elbow was bloody tried to tell LVN A she didn't respond. I then left to take care of my residents.[sic]</p> <p>Record review of a written statement from CNA B, date 05/29/2025, reflected CNA B stated LVN A grabbed Resident #1 by his wrist and proceeded to drag him back towards his bed.</p> <p>During an observation of Resident #1's room video surveillance, dated 05/26/2025, Resident #1 was observed laying on the floor unclothed. CNA A was observed attempting to clean Resident #1 when Resident #1 became combative. LVN A walked over to Resident #1 and stated that We are not going to do that today. Resident #1 then attempted to kick at LVN A. LVN A then grabbed Resident #1's right arm and pulled him up to a sitting position. LVN A then pulled Resident #1 by his right arm approximately three feet towards the resident's bed while CNA A & CNA B had his left arm. Resident #1 can be heard saying oh my arm and please don't during the improper transfer.</p> <p>Attempted to interview Resident #1 on 06/10/2025 at 11:30am., Resident #1 could not be interviewed due to his cognitive impairment.</p> <p>During an interview with the DON on 06/10/2025 at 2:45 PM, the DON stated Resident #1's RP showed the video of LVN A dragging Resident #1 towards his bed. The DON stated the incident is clearly abuse and that was not how staff were trained to assistance a resident from the floor after a fall. The DON stated the facility does not condone the behavior LVN A displayed and has referred her to the board of nursing. The DON stated that she expected for staff to report any witnessed or suspected abuse to ensure the residents' in the facility safety.</p> <p>During an interview with the ADM on 06/10/2025 at 3:00 PM, the ADM stated Resident #1's RP showed the video of LVN A dragging Resident #1 towards his bed. The ADM stated he considered the incident abuse because LVN A forcefully pulled the resident by his wrist/arm. The ADM stated that all staff have been inserviced on reporting abuse. The ADM stated that abuse would not be tolerated and expected for staff to report any witnessed or suspected abuse immediately.</p> <p>A record review of the facility's Abuse/Neglect policy, dated 09/09/24, reflected The resident has the right to be free of abuse neglect, and misappropriation of resident property, and exploitation as defined in this subpart. This includes but is not limited to freedom from corporal punishment, involuntary seclusion and any physical or chemical restraint not required to treat the resident's medical symptoms. Residents should not be subjected to abuse by anyone including, but not limited to, facility staff, other residents, consultants or volunteers, staff of other agencies serving the residents, family members or legal guardians, friends, or other individuals. The facility will provide and ensure the promotion and protection of resident rights. It is each individual's responsibility to recognize report, and promptly investigate actual or alleged abuse, neglect, exploitation, mistreatment or residents or misappropriation of resident property abuse and situations that may constitute abuse or neglect to any resident in the facility.</p> <p>Definitions</p> <p>(continued on next page)</p>		

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<p>F 0600</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>1. Abuse: Abuse is the willful infliction of injury, unreasonable confinement, intimidation, or punishment with resulting physical harm, pain, or mental anguish. Abuse also includes the deprivation by an individual, including caretaker, of good or services that are necessary to attain or maintain physical, mental, and psychosocial well-being. Instance of abuse of all residents, irrespective of any mental or physical condition cause physical harm, pain or mental anguish. It includes verbal abuse, sexual abuse, physical abuse, and mental abuse including abuse facilitated or enabled through the use of technology. Willful, as used in this definition of abuse, means the individual must have acted deliberately, not that the individual must have intended to inflict injury or harm.</p> <p>This noncompliance was identified as Past Noncompliance (PNC). The noncompliance began on 05/26/25 and ended on 06/02/25. The facility had corrected the noncompliance before the survey began. The facility took the following actions to correct the non-compliance:</p> <ul style="list-style-type: none"> - 05/29/25 LVN A, CNA A and CNA B and the ADM were suspended. - 05/29/25 All staff were in-serviced on ANE, trauma informed care, reporting allegations of abuse timely, pain management, notification in change of condition, fall prevention, fall risk, ambulatory, how to use Kardex, rounding Q2 hours, customer service, how to appropriately respond to a resident found on the floor initiated with nursing staff, safe surveys initiated with resident, skin assessment completed. - 05/29/25 All resident received a skin assessment. - 05/29/25 the facility held a QAPI meeting for ANE . - 05/29/25 - Gait Belt Transfer Skills Check list - 05/29/25 Family surveys - 05/29/25 ANE monitoring started and will continue from 6 weeks. - 05/30/25 Resident #1 had x-ray completed with no fractures. - 05/30/25 Administrator and DON inserviced on abuse and reporting. - 06/02/25 LVN A license was referred to the Texas Board of Nursing. <p>During interviews with the 3 LVNs and 3 CNAs on 06/05/2025 from 10:22 AM - 2:14 PM, all staff stated they were inserviced on ANE, trauma informed care, reporting allegations of abuse timely, pain management, notification in change of condition, fall prevention, fall risk, ambulatory, how to use Kardex, rounding Q2 hours, customer service, how to appropriately respond to a resident found on the floor initiated with nursing staff, safe surveys initiated with resident, skin assessment completed. All staff interviews gave examples of abuse and who to report any suspected abuse to in a timely manner.</p> <p>Review of a police report, dated 05/26/25, reflected the ADM completed a police report for the incident with Resident #1.</p> <p>(continued on next page)</p>		

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<p>F 0600</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>Review of the facility's Employee Disciplinary Report, dated 05/28/25, reflected LVN A, CNA A, and CNA B were terminated.</p> <p>Review of the facility's Ad Hoc QAPI Minutes, dated 05/29/25, reflected the ADM, DON, ADON, MD, SW, and ADO were in attendance.</p> <p>Review of witness statements, dated 05/29/25, reflected hand-written witness statements regarding the incident with Resident #1 from LVN A, CNA A, and CNA B.</p> <p>Review of a report of the residents' weekly skin assessments, dated 05/29/25, reflected all residents had a skin assessment completed with no new findings.</p> <p>Review of all resident Safe Surveys, dated 05/29/25, reflected all had been completed with no concerns.</p> <p>Review of an in-service, dated 05/29/25 - 05/30/25, reflected all staff from all shifts were in-serviced by the ADM on their Abuse and Neglect Policy.</p> <p>Review of Resident #1's x-ray results, results received 05/30/25, reflected no fractures or findings.</p> <p>An Immediate Jeopardy (IJ) existed from 05/26/2025 - 06/02/2025. The IJ was determined to be at past noncompliance as the facility had implemented actions that corrected the deficient practice prior to the beginning of the investigation.</p>

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<p>F 0644</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Coordinate assessments with the pre-admission screening and resident review program; and referring for services as needed.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review the facility failed to coordinate assessments with the pre-admission screening and resident review (PASRR) program to the maximum extent practicable to avoid duplicative testing and effort, which included incorporating the recommendations from the PASRR level II determination and the PASRR evaluation report into a resident's assessment, care planning and transitions of care for 2 of 2 residents (Resident #4 and Resident #5) reviewed.</p> <p>The facility failed to submit a complete and accurate request for NFSS in the LTC online portal within 20 days after the IDT meeting for Resident #4 and Resident #5.</p> <p>This failure could place residents at risk of not receiving necessary care or specialized services which could diminish the residents' quality of life and highest level of functioning.</p> <p>Findings include:</p> <p>Record review of Resident #4's admission record, dated 06/10/2025, reflected a [AGE] year-old male who was admitted to the facility on [DATE]. Resident #4 had diagnoses which included: autistic disorder (a neurodevelopmental condition that affects how people interacts with others, communicate, and behave), bipolar disorder (mental health condition that cause extreme shifts in moods), anxiety disorder (mental health condition that causes excessive and persistent worry, fear, and nervousness), and dementia (decline in thinking, remembering and reasoning skills that affect a person's daily life)</p> <p>Record review of Resident #4's Quarterly MDS assessment, dated 05/05/2025, reflected the resident had a BIMS score of 15, which indicated cognitively intact.</p> <p>Review of Resident #4's Habilitation Service Plan, dated 03/14/25, reflected in Section 5, Outcome Action Plan identify NF specialized services PT, OT, and ST.</p> <p>Record review of Resident #5's admission record, dated 06/10/2025, reflected a [AGE] year-old female who was admitted to the facility on [DATE]. Resident #5 had diagnoses which included: Dementia (decline in thinking, remembering and reasoning skills that affect a person's daily life), moderated intellectual disabilities (difficulty learning and understanding things), and Developmental disorder of scholastic skills (a learning difficulty that affects how a person acquires academic skills like reading, writing, and math.)</p> <p>Record review of Resident #5's Quarterly MDS assessment, dated 03/20 /2025, reflected the resident had a BIMS score of 03, which indicated severe cognitive impairment.</p> <p>Review of Resident #5's PASRR team IDT Sign-In Sheet), dated 01/13/25, reflected the purpose of the meeting to offer individual specialized services, habilitation coordination, and durable medical equipment to present CLO to the individual.</p> <p>(continued on next page)</p>		

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<p>F 0644</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview with the DOR on 06/10/25 at 1:35 PM, the DOR stated that the NFSS should be completed 20 days after the IDT meeting. DOR stated that the services offered to residents are OT, PT, ST, and day hab services. The DOR stated that PASRR representative, MDS Coordinator, DOR and a family representative usually attend the meetings. DOR stated she was not the DOR at the time of Resident #4 or Resident #5's meetings. The DOR stated a negative outcome for the NFSS not being completed in time could be the resident decline or the resident wouldn't receive services.</p> <p>During an interview with the ADM on 06/10/25 at 1:45 PM , the ADM stated that the NFSS should be completed 20 days after the IDT meeting. The ADM stated that it's the DOR's responsibility to complete the NFSS within the appropriate time frame. The ADM stated there would be no way to verify the resident was receiving PASSR services if the NFSS wasn't completed timely.</p> <p>A record review of the facility's PASRR PCSP /IDT policy, dated 03/06/19, reflected Policy: it is the policy of Creative Solutions in Healthcare facilities to ensure the IDT meetings are schedule per regulations (with 14 days of admission for Positive Confirmed PE). The LIDDA and/or LMHA are notified and invited to the IDT Meetings for all PASRR Positive Resident. The NF will enter the PCSP initial and/or annual meeting in the portal within 3 business days of the IDT Meeting. The NF will notify appropriate staff if the IDT determined Specialized Services are recommended.</p> <p>Procedure:</p> <p>Review of process prior to the IDT meeting: After an individual or resident is determined to have MI, ID, or DD from the PE or resident reviewed has been admitted to a nursing facility, the NF must:</p> <p>9. Once the IDT makes its determinations about specialized services, the NF must:</p> <p>Include all specialized services and support activities in the resident's comprehensive Care Plan;</p> <p>Provide the NF Specialized Services within 20 business days of the IDT Meeting; and</p> <p>Annually document all specialized services in the portal.</p>		

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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 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 timeframes to meet a resident's medical, nursing, and mental and psychosocial needs that were identified in the comprehensive assessment for 1 of 6 residents (Resident #2) reviewed for comprehensive care plans.</p> <p>Resident #2's comprehensive care plan did not reflect Resident #2 sustained a fracture to her upper right arm on 05/25/25.</p> <p>This deficient practice could place residents at risk for not receiving proper care and services due to inaccurate care plans.</p> <p>Findings include:</p> <p>Record review of Resident #2's admission record, dated 06/10/2025, reflected a [AGE] year-old female who was admitted to the facility on [DATE]. Resident #2 had diagnoses which included: unspecified dementia (the decline in thinking, remembering, and reasoning skills), cognitive communication deficit (difficulty with thinking and using language), muscle wasting and atrophy (decrease in size and wasting of muscle tissues), and lack of coordination (having difficulty controlling your movements and making them work together smoothly).</p> <p>Record review of Resident #2's Quarterly MDS assessment, dated 05/19/2025, reflected the resident had a BIMS score of 00, which indicated severe cognitive impairment. Resident #2 was dependent in the areas of toileting hygiene, shower/bathe self, lower body dressing, putting on/taking off footwear and personal hygiene.</p> <p>Record review of Resident #2's care plan, dated 06/05/2025, did not reflected Resident #2 sustained a fracture to her upper right arm on 05/25/25.</p> <p>A record review of Resident #2's progress notes dated 05/26/2025, reflected Resident #2 was transferred to a hospital on [DATE] 10:22am related to acute nondisplaced fracture of right humeral neck (a fracture to her upper right arm).</p> <p>Attempted to interview Resident #2 on 06/06/2025 at 11:10am., Resident #2 could not be interviewed due to his severe cognitive impairment.</p> <p>During an interview with LVN B on 06/06/2025 at 12:00 PM, LVN B stated that Resident #2 had a fall on 05/25/25 and sustained a fracture to her right upper arm. LVN B stated that a fracture/change of condition should be care planned so the resident could receive the proper care needed.</p> <p>(continued on next page)</p>		

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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview with the DON on 06/06/2025 at 4:00 PM, the DON stated Resident #2 sustained an acute nondisplaced fracture of right humeral neck from a fall on 05/25/25. The DON stated that Resident #2's fracture should be care planned. The DON stated if a resident's fracture was not care planned there would be a chance that staff may not know how to manage the fracture. The DON stated the ADON , MDS Coordinator, IDT team as well as herself were responsible for updating residents' care plans.</p> <p>During an interview with the ADM on 06/06/2025 at 5:00 PM, the ADM stated Resident #2 sustained a fracture to her right arm from a recent fall. The ADM stated he was not aware Resident #2's care plan had not been updated to reflect the resident's right arm fracture. The ADM stated staff may not know how to appropriately care for the resident if the resident's care plan was not updated to reflect the fracture. The ADM stated that the DON and ADON were responsible for updating the acute care plans. The ADM stated he expected that anytime a resident has a fracture/change of condition that the residents' care plan be updated.</p> <p>A record review of the facility's Comprehensive Care Planning policy, undated, reflected The facility will develop and implement a comprehensive person-centered care plan for each resident, consistent with the residents rights that includes measurable objectives and timeframes to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment.</p> <p>The comprehensive care plan will describe the following -</p> <p>The services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being; and</p> <p>Each resident will have a person-centered comprehensive care plan developed and implemented to meet his other preferences and goals, and address the resident's medical, physical, mental, and psychosocial needs.</p> <p>The comprehensive care plan will reflect interventions to enable each resident to meet his/her objectives. Interventions are the specific care and services that will be implemented .</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 455601	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/10/2025
NAME OF PROVIDER OR SUPPLIER Alvarado Meadows Nursing & Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 101 N Parkway Alvarado, TX 76009	
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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview , and record review, the facility failed to ensure that residents received treatment and care in accordance with professional standards of practice, the comprehensive person-centered care plan, and the residents' choices for 1 of 6 residents (Resident #1) reviewed for quality of care, in that:</p> <p>The facility failed to conduct weekly skin assessments for Resident #1 for the weeks of 05/11/25 through 05/17/25 and 05/18/25 through 05/24/25.</p> <p>These failures placed residents at risk of physical harm, pain, and a decreased quality of life.</p> <p>Findings included:</p> <p>Record review of Resident #1's admission record, dated 06/10/2025, reflected a [AGE] year-old male who was admitted to the facility on [DATE]. Resident #1 had diagnoses which included: Alzheimer's disease (brain disorder that causes memory loss), chronic kidney disease stage 3 (when your kidneys are damage and can't filter blood properly), muscle wasting and atrophy (decrease in size and wasting of muscle tissues), and lack of coordination (having difficulty controlling your movements and making them work together smoothly).</p> <p>Record review of Resident #1's Quarterly MDS assessment, dated 05/07/2025, reflected the resident had a BIMS score of 00, which indicated severe cognitive impairment. Resident #1 required partial/moderate assistance in the areas of toileting hygiene, shower/bathe self, lower body dressing, putting on/taking off footwear and personal hygiene.</p> <p>Record review of Resident #1's care plan, dated 06/05/2025, reflected Resident #1 was care planned for terminal prognosis and/or receiving hospice services, impaired cognitive function/dementia or impaired though processes, ADL self-care performance deficit, risk for falls r/t unsteady gait, and potential for pressure ulcer development.</p> <p>Review of Resident #1's weekly skin assessment in the EMR on 06/05/2024, reflect Resident #1 did not have a weekly skin assessment for the weeks of 05/11/25 through 05/17/25 and 05/18/25 through 05/24/25.</p> <p>Attempted to interview Resident #1 on 06/06/2025 at 11:30am., Resident #1 could not be interviewed due to his cognitive impairment.</p> <p>During an interview with LVN B on 06/06/2025 at 12:00 PM, LVN B stated she was the nurse working with Resident #1 for 06/06/25. LVN B stated all resident in facility should be receiving weekly skin assessments. LVN B stated she was not sure why Resident #1 did not receive skin assessments for the weeks of 05/11/25 through 05/17/25 and 05/18/25 through 05/24/25. LVN A stated the charge nurse was responsible to complete weekly skin assessments. LVN B stated if a weekly skin assessment wasn't not completed the resident could have skin issues that go untreated.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 455601	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/10/2025
NAME OF PROVIDER OR SUPPLIER Alvarado Meadows Nursing & Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 101 N Parkway Alvarado, TX 76009	
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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview with the DON on 06/06/2025 at 4:00 PM, the DON stated all residents were supposed to receive weekly skin assessments. The DON stated it was the nursing staffs' responsibility to complete the weekly skin assessments. The DON was not aware that Resident #1 had not had a skin assessment for the weeks of 05/11/25 through 05/17/25 and 05/18/25 through 05/24/25. The DON stated the purpose of a skin assessment was to identify and address any new skin concerns. The DON stated that if a resident did not receive weekly skin assessments, then the resident could have a skin condition go untreated. The DON stated she expected for weekly skin assessments to be conducted as scheduled.</p> <p>During an interview with the ADM on 06/06/2025 at 5:00 PM, the ADM stated all residents were supposed to receive weekly skin assessments. The ADM stated it was the nursing staffs' responsibility to complete the weekly skin assessments. The ADM was not aware that Resident #1 had not had a skin assessment for the weeks of 05/11/25 through 05/17/25 and 05/18/25 through 05/24/25. The ADM stated the purpose of a skin assessment was to ensure residents did not have any adverse skin issues from the previous week. The ADM stated that if a resident did not receive weekly skin assessments, then the resident could have a skin condition go untreated. The ADM stated she expected for weekly skin assessments to be conducted as scheduled.</p> <p>A record review of the facility's Skin Assessment policy, dated 12/24, reflected it is the policy of this facility to establish a method whereby nursing can assess a resident's skin integrity to allow of appropriate intervention be initiated in a timely manner.</p> <p>Procedure:</p> <p>2. All residents should have a skin assessment on a weekly basis completed in (EMR system) .</p>		