

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 455618	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/15/2024
NAME OF PROVIDER OR SUPPLIER Eden Home		STREET ADDRESS, CITY, STATE, ZIP CODE 631 Lakeview Blvd New Braunfels, TX 78130	

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 0638</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Assure that each resident's assessment is updated at least once every 3 months.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 39049</p> <p>Based on interviews and record review, the facility failed to assess a resident using the quarterly review instrument specified by the state and approved by CMS not less frequently than once every 3 months for 1 (Residents #1) of 18 residents reviewed for quarterly MDS assessments.</p> <p>The facility failed to complete a quarterly MDS for Resident #1 with the ARD of 10/10/2024.</p> <p>This failure could lead to residents not receiving necessary, complete, or correct care due to lack of current information for care plans.</p> <p>Findings included:</p> <p>Record review of Resident #1's face sheet, dated 11/15/2024, revealed the resident was an [AGE] year-old female admitted to the facility on [DATE] with diagnoses that included, but were not limited to, Alzheimer's disease (brain disorder that slowly destroys memory and think skills), paroxysmal atrial fibrillation (an irregular, often rapid heart rate that commonly causes poor blood flow), heart failure (heart muscle does not pump blood as well as it should), muscle wasting and atrophy (decrease in size and wasting of muscle tissue), and hypertension (high blood pressure).</p> <p>Record review of Resident #1's MDS (assessment) tab in the electronic health record revealed her last completed quarterly MDS had an ARD of 07/11/2024, and the resident had an incomplete quarterly MDS with the ARD of 10/10/2024. The quarterly MDS, dated [DATE], was still in progress.</p> <p>Record review of Resident #1's quarterly MDS completed on 07/11/2024 section C (cognitive) revealed a BIMS score of 99 which indicated Resident #1 was unable to complete the assessment due to Alzheimer's disease (brain disorder that slowly destroys memory and think skills).</p> <p>In an interview on 11/14/2024 at 11:25 a.m., the DON acknowledged Resident #1's quarterly MDS with the ARD of 10/10/2024 was not completed. It was still in progress. Resident #1's quarterly MDS with the ARD of 10/10/2024 should have been completed on 10/10/2024. The facility lost their MDS nurse over one month ago, and had a consultant working MDS assessments at that time, but the MDS consultant was part time, so the MDS consultant was a little bit behind.</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 0638</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>In an interview on 11/14/2024 at 12:22 p.m., the MDS Consultant acknowledged Resident #1's quarterly MDS with the ARD of 10/10/2024 was not completed. It was still in progress and should have been completed on 10/10/2024. Because the MDS consultant was working as part time, she was a little bit behind. The MDS consultant stated she completed the assessment, but did not perform data entry yet. The MDS consultant said the incomplete quarterly MDS for Resident #1 could lead to the residents not receiving correct care due to lack of current information for care plans.</p> <p>Record review of the facility policy, titled Resident Assessment, dated 05/05/2022, revealed 1. The current version of the RAI (MDS 3.0) will be utilized when conducting assessment. Completing CAAs, and care planning for each resident in accordance with the instructions and timeline dictated by the RAI Manual.</p> <p>Record review of Long-Term Care Facility Resident Assessment Instrument 3.0 User's Manual version 1.18. 11 dated October 2023 revealed the following regarding quarterly MDS: . The MDS completion date must be no later than 14 days after the ARD.</p>		