

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 455638	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/19/2025
NAME OF PROVIDER OR SUPPLIER Greenview Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 401 Owen LN Waco, TX 76710	

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** 41654</p> <p>Based on observations, interviews, and record review the facility failed to ensure residents received services in the facility with reasonable accommodations of resident's needs and preferences except when to do so would endanger the health and safety of the resident or other residents for 2 of 6 residents (Resident #68 and #55) reviewed for resident rights.</p> <p>The facility failed to ensure Resident's #68's call light was within reach on 03/17/25.</p> <p>The facility failed to provide Resident #55 with access to the call light when he was sitting in the middle of the room.</p> <p>This failure could place residents at risk of needs not being met.</p> <p>Findings included:</p> <p>Record Review of Resident #68's face sheet dated 03/18/25 reflected the resident was a [AGE] year-old female admitted on [DATE]. Her diagnoses included congestive heart failure (a serious condition that occurs when the heart can't pump enough blood to meet the body's needs), anxiety (intense, excessive, and persistent worry and fear about everyday situations), anemia (a condition marked by a deficiency of red blood cells or of hemoglobin in the blood), and cerebral infarction (a pathologic process that results in an area of necrotic tissue in the brain).</p> <p>Record Review of Resident #68's 5-Day MDS dated [DATE] reflected Resident #68 required supervision or touching assistance for eating, was dependent on staff for toileting, and required substantial or maximal assistance for bathing. MDS reflected Resident #68 had a BIMS score of 08 which indicated Resident #68 was moderately cognitively impaired.</p> <p>Record review of Resident #68's care plan dated 10/26/22, updated on 10/27/22 reflected: Resident was at risk for falls r/t impaired mobility/balance, impaired cognition, psychoactive medication, HTN, CVA with left hemiparesis, CHF, CAD, NSTEMI.</p> <p>Goal: Resident #68 would be free of falls through the review date.</p> <p>Interventions included: Call Light within reach at all times.</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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 455638	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/19/2025
NAME OF PROVIDER OR SUPPLIER Greenview Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 401 Owen LN Waco, TX 76710	
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>In an interview and observation on 03/17/25 at 10:57 AM, Resident #68 did not verbally answer the state surveyor but shook her head yes when asked if she was ok and if the staff treat her well. Resident #68 appeared pleasantly confused and was continuously grinding her teeth. Resident appeared clean and groomed. Resident #68's call light was observed out of residents reach and was at the end of Resident #68's bed on the floor. Resident #68 was not able to demonstrate if she could reach the call light.</p> <p>In an observation on 03/17/25 at 12:32 PM, Resident #68's call light was observed out of the residents reach and lying on the floor in front of the resident's bed.</p> <p>Review of Resident #55's undated face sheet reflected a [AGE] year-old male who was admitted to the facility on [DATE] with diagnoses including mood disorder, diabetes, anxiety, and schizophrenia.</p> <p>Review of Resident #55's most recent MDS, dated [DATE], reflected a BIMS of 2, indicating a severe cognitive impairment.</p> <p>Observation on 3/17/25 at 2:12 PM, revealed that Resident #55 was sitting in the middle of the room in a geri chair, . Resident #55 did not have the call light was not within the residents reach. close to him when Resident #55 was in the middle of the room. Resident #55 was moaning and wanting help, . Resident #55 was trying to get his sweater off, but he could not get the sweater off. Resident #55 was in the room for almost 10 minutes before staff came to help. resident #55.</p> <p>In an interview on 03/17/25 at 12:34 PM, CNA C stated Resident #68 was able to talk and communicate with her and the resident could use the call light to call for help if needed. She stated Resident #68 used the call light frequently when she needed help from staff. She stated Resident #68 would not have been able to reach her call light where it was located at that time. She stated she had been trained on call light placement. She stated if a resident could not reach their call light, they would not be able to call for help or the staff would not know if a resident was in distress.</p> <p>In an interview on 03/19/25 at 12:11 PM, the ADM stated the staff had been trained on resident rights and call light placement. He stated it was his expectation that all residents call lights be in reach at all times. He stated if a residents call light was not within the resident's reach, a resident could have possibly fell trying to get to the call light.</p> <p>In an interview on 03/19/25 at 12:18 PM, the DON stated the staff had been trained on resident rights and call light placement. She stated it was her expectation that all residents call lights be within their reach at all times. She stated if a residents call light was not within their reach, it could have caused potential falls, a lack of immediate assistance, or their needs may not have been properly met.</p> <p>During an interview on 3/19/2025 at 1:30 PM with CNA D, she stated that it is not expected that the resident will be put in the middle of the room where Resident #55 cannot get help and is without stimulation for an extended period. The CNA D said that if Resident #55 is left alone in the middle of the room, Resident #55 could fall and get injured. CNA D said that she had been trained on resident rights and dignity; the last time was around a month ago.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 455638	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/19/2025
NAME OF PROVIDER OR SUPPLIER Greenview Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 401 Owen LN Waco, TX 76710	
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>During an interview on 3/19/2025 at 1:40 PM with CNA E, she stated that it is not expected for Resident #55 to be in the middle of the room without the call light. CNA E said that it is not typical for a resident to be put in the middle of the room without being able to reach the call light. Resident #55 is not typically left in the middle of the room. CNA E said that if resident #55 is left in the middle of the room and out of reach of the call light, Resident #55 could be injured. CNA E said that she had been trained on resident rights and dignity; the last time was a month ago.</p> <p>During an interview on 3/19/2025 at 1:50 PM with LVN B, she said the call light needs to be within reach when a resident is in their room alone. LVN B said that residents are not expected to be left in the room with the call light within reach. LVN E said that she has been trained on resident rights and dignity, the last time being a month ago. LVN B said a resident could fall out of the chair or be injured.</p> <p>During an interview with DON on 3/19/2025 at 2:35 PM, she stated that leaving a resident in the middle of the room was not expected at the facility. The DON said leaving a resident like this was not acceptable at the facility at any time. The DON said she was trained on residents' rights and dignity when she started at the facility. The DON stated that a resident could fall and be injured if left in the room alone without being in reach of the call light. If the resident chooses to do that, it should be care planned .</p> <p>During an interview on 3/19/2025 at 3:10 PM, the ADM stated that leaving a resident in the middle of the room was unacceptable and that the facility does not expect that. The ADM said that he had been trained on resident rights and dignity.</p> <p>Record review of the facility policy titled Answering the Call Light and dated 2001 (revised July 2023) reflected Purpose: The purpose of this procedure is to ensure timely responses to the resident's requests and needs. General Guidelines: 5. Ensure that the call light is accessible to the resident when in bed, from the toilet, from the shower or bathing facility and from the floor .</p> <p>Review of the facility's Resident Rights Policy, dated 2003, reflected the following:</p> <p>Resident rights provide and ensure the promotion and protection of dignity and confidentiality, self-determination, and communication.</p> <p>Outcome:</p> <p>Protection and promotion of resident rights</p> <p>Improve resident outcomes by respecting resident rights.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 455638	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/19/2025
NAME OF PROVIDER OR SUPPLIER Greenview Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 401 Owen LN Waco, TX 76710	
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 0565</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Honor the resident's right to organize and participate in resident/family groups in the facility.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50042</p> <p>Based on observation, interviews and record review, the facility failed to provide the residents or family group with a private space; and consider the views of the resident or family group and act promptly upon the grievances and recommendations of such groups concerning issues of resident care and life in the facility or to demonstrate their response and rationale for such response for 1 of 1 resident council reviewed.</p> <p>The facility failed to provide a private meeting space for residents to conduct monthly resident council meetings.</p> <p>The facility failed to follow up on concerns and requests expressed in resident council meetings from [DATE] through [DATE].</p> <p>This failure placed residents at risk of not having the privacy needed to openly discuss their needs and preferences and have their preferences honored.</p> <p>Findings included:</p> <p>During an interview on [DATE] at approximately 3 PM, AD stated that the facility does not have a private meeting space for family or resident group meetings. The AD stated the facility's normal practice was to put up fabric curtains at the dining room entrance to prevent access by uninvited persons.</p> <p>Observation of the facility's dining room on [DATE] at 11 AM, revealed a temporary expandable curtain rod and blackout curtains being used to restrict access to the designated resident council meeting area which was in the open dining room. The curtains did not completely obstruct the view into the area and did not obstruct the sounds of conversation inside and outside of the meeting area, therefore providing no privacy.</p> <p>During interviews conducted on [DATE] at 11 AM at the resident council meeting, residents expressed the grievance official does not respond to the resident or family groups concerns and no rationales are provided relating to grievances filed. The group stated they do not know who the current grievance official is. The group stated that the process for filing a grievance involves filling out a grievance/concern report and putting it in the [grievance] box. The residents stated resolutions to grievances filed are not shared with them. Leaving the residents to believe that their grievances are not a priority, are not resolved, or that staff members don't care about their preferences or concerns. The resident council stated that their complaints regarding food, menus, and food temperatures continue to be unresolved issues. They stated that lost or missing clothing items that go to laundry continues to be an issue. Resident #29 stated that the facility continues to serve too much pasta and starchy foods that are not good for her health or her preferences. Resident #12 stated that she has continuously expressed her desire to have more fiber in her diet. Resident #12 said the drinks offered lack taste, are watered down, and sometimes are thick and chunky. The residents stated that they go weeks without their sheets being changed. Resident #49 stated that socks and other clothing items are often lost in the laundry or just never returned from laundry.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 455638	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/19/2025
NAME OF PROVIDER OR SUPPLIER Greenview Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 401 Owen LN Waco, TX 76710	

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 0565</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of Grievances on [DATE] at 12:00 PM, reflected in part the following:</p> <p>[DATE] 10:45 AM</p> <p>Grievance/Concern Report</p> <p>Communicated By: Resident Council</p> <p>Concern: Socks are missing.</p> <p>Resolution: None listed; Only documentation listed is Theft/Loss. No resident follow-up indicated.</p> <p>[DATE] 10:45 AM</p> <p>Grievance/Concern Report</p> <p>Communicated By: Resident Council</p> <p>Concern: Food is cold.</p> <p>Resolution: There (sic) working on fixing the steam table. It's not staying hot enough. [DATE] @ 12:35 PM 1.) took temps of plate warmer-one side was 110 [degrees] another was 115 [degrees]. 2.) steam table temp was 145 [degrees] and all lights were on-meaning they (sic) working. No resident follow-up indicated.</p> <p>[DATE] 1:10 PM</p> <p>Grievance/Concern Report</p> <p>Communicated By: Resident #29</p> <p>Concern: .dietary is serving too much pasta.</p> <p>Resolution: Resident to be informed when pasta is served so that she can choose something else. No resident follow-up indicated.</p> <p>[DATE] No time listed</p> <p>Grievance/Concern Report</p> <p>Communicated by: Resident #12</p> <p>Concern: No menu for Sunday</p> <p>Resolution: They forgot. I told them that's important for the residents to know what there (sic) meal is going to be for that day. No resident follow-up indicated.</p> <p>[DATE] 3:45 PM</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 455638	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/19/2025
NAME OF PROVIDER OR SUPPLIER Greenview Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 401 Owen LN Waco, TX 76710	
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 0565</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Grievance/Concern Report</p> <p>Communicated by: Resident #29</p> <p>Concern: Food. Last Resident Council meeting it was decided that the a la carte would come down on February 1st. Several residents complained .meat is not cooked well. Meat is greasy. Lemonade & tea are hot and not cold. When the food is supposed to be cold it is hot. When the food is supposed to be hot it is cold.</p> <p>Resolution: .cooks take the temps on there food before serving it. No resolution. No resident follow-up indicated.</p> <p>[DATE] 2:45 PM</p> <p>Grievance/Concern Report</p> <p>Concern: Missing sweat pants.</p> <p>Resolution: Keep looking. No resolution. No resident follow-up indicated.</p> <p>[DATE] 4:55 PM</p> <p>Grievance/Concern Report</p> <p>Communicated by: Resident #74</p> <p>Concern: He has gone all weekend without a TV cause (sic) the plug will not reach. It is almost 5:00 today & still no TV.</p> <p>Resolution: None listed. No resident follow-up.</p> <p>Review of Resident #12's face sheet dated [DATE], revealed resident #12 was originally admitted to the facility on [DATE], with her most recent admission being on [DATE]. Her diagnoses include chronic kidney disease (gradual loss of kidney function), Type 2 Diabetes (a chronic condition characterized by insulin resistance and high blood sugar levels), Heart Failure, Need for Assistance with Personal Care, and Dementia (a group of symptoms affecting memory, thinking, and social abilities) in other diseases classified elsewhere without behavioral disturbance, psychotic disturbance, mood disturbance, and anxiety. Review of Resident #12's Quarterly MDS assessment dated [DATE], indicated the resident's BIMS score to be 9, suggesting moderate cognitive impairment.</p> <p>Review of Resident #29's face sheet dated [DATE], revealed Resident #29 was originally admitted to the facility on [DATE], with her most recent admission being on [DATE]. Her diagnoses include Acute Posthemorrhagic Anemia (a condition in which a person quickly loses a large volume of circulating hemoglobin, Urinary Tract Infection (an infection in any part of the urinary system), and Type 2 Diabetes Mellitus (a chronic condition characterized by insulin resistance and elevated blood sugar). Review of Resident #29's Quarterly MDS assessment dated [DATE], indicated the resident's BIMS score to be 13, suggesting minimal cognitive impairment.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 455638	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/19/2025
NAME OF PROVIDER OR SUPPLIER Greenview Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 401 Owen LN Waco, TX 76710	

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 0565</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of Resident #49's face sheet on [DATE], revealed Resident #49 was originally admitted to the facility on [DATE], with his most recent admission being on [DATE]. His diagnoses include acute chronic combined systolic and diastolic heart failure (congestive heart failure), Type 2 Diabetes Mellitus (a chronic condition characterized by insulin resistance and elevated blood sugar), and Morbid Obesity (excessive body weight which could lead to death) due to excessive calories. Review of Resident #49's annual MDS assessment dated [DATE], indicated the resident's BIMS score to be 14, suggesting minimal cognitive impairment.</p> <p>Review of Resident #74's face sheet on [DATE], revealed Resident #74 was admitted to the facility on [DATE]. His diagnoses include Drug or Chemical Induced Diabetes Mellitus (a chronic condition characterized by insulin resistance and elevated blood sugar), acute kidney failure, and personal history of traumatic brain injury. The Resident's code status was full code. Review of Resident #74's quarterly MDS assessment dated [DATE], indicated the resident's BIMS score to be 9, suggesting moderate cognitive impairment.</p> <p>During observation of the facility on [DATE] at 10:25 AM, staff were observed searching residents' rooms for socks, and none could be found. Also, staff members were attempting to locate clean sheets for residents' beds that had already been stripped. An unidentified staff member was overheard saying that the sheets were in the dryer and would be ready soon.</p> <p>During an observation of the facility on [DATE] at approximately 2:30 PM, the ADM and other staff were seen going through piles and bags of clothing items stacked on top of tables in the dining room with residents gathered around in an effort to identify the owner of the clothing items and/or giving the items away to a resident in need.</p> <p>In an interview on [DATE] at 2:35 PM, the DON stated that she had been employed with the facility for 2 weeks. DON stated that the facility's SW would normally be designated as the facility's grievance official. The DON stated the facility does not currently have a SW on staff. The former SW left her position 2 weeks prior. The DON stated that she and ADM are handling the facility's grievances in the absence of a SW. The DON stated there were no unresolved grievances. The DON stated that she has handled one grievance herself and that she notified the person reporting the grievance of the outcome.</p> <p>In an interview on [DATE] at 2:35 PM, the CRN stated that he knew the former SW to prioritize grievances and complaints. The CRN stated that the facility SW would typically serve as the facility's grievance official, but the facility does not currently employ a SW. He stated that he has assisted in the resolution of grievances. The CRN stated that the resident's food choices and menu requests as stated on the grievance reports are regarded as a priority and changes have been made according to those requests. The CRN stated the kitchen staff try hard. He stated that it is his belief that all parties to any grievance filed have been notified of its outcome. The CRN stated that the makeshift privacy curtain/partition utilized for family and resident group meetings is sufficient as you can't hear what's being said on either side of the curtain. The CRN stated that AD sits directly on the outside of the curtain/partition to prevent anyone else from entering the area, not to listen to what is being said. He said he feels the grievance process here is a good process.</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 455638	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/19/2025
NAME OF PROVIDER OR SUPPLIER Greenview Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 401 Owen LN Waco, TX 76710	
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 0565</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>In an interview on [DATE] at approximately 3 PM, the ADM stated their grievance process involves the completion of a grievance form that is then forwarded to the SW for resolution. The SW is to resolve the grievance within ,d+[DATE] days. Currently the facility does not have a SW on staff, but a SW has been hired that will be starting soon. ADM stated that in the absence of a SW, he has been handling grievances filed. He stated that there are no unresolved grievances and residents have been notified of the resolution of grievances filed. He stated the importance of resolving grievances is to ensure residents feel heard and problems or issues are remedied . The ADM acknowledged lost or missing laundry items have been a problem. His expectation is the laundry schedule will be followed as stated in policy. ADM stated that he or other staff will personally search for missing items and go through unclaimed laundry items to identify its owner or give the item to another resident who can use them. Missing socks and clothing items is issue that has to be addressed on an ongoing basis.</p> <p>Review of the facility's policy revised on ,d+[DATE] entitled Resident Rights states in part the following:</p> <p>1. Federal and state laws guarantee certain basic rights to all residents of this facility. These rights include the resident's right to:</p> <p>t. privacy and confidentiality.</p> <p>v. have the facility respond to his or her grievances.</p> <p>Review of facility policy dated ,d+[DATE] entitled Grievances reflected the following: It is the policy of this facility to establish a grievance process that allows the residents a way to execute their right to voice concerns or grievances to the facility or other agencies/entity without fear of discrimination or reprisal. General concerns may be voiced at resident and/or family council meetings.</p> <p>A review of the action plan implemented by CRN on [DATE], in recognition of deficient practice, revealed the following in part:</p> <p>1. Develop a Comprehensive Grievance Policy</p> <p>a. Create a clean, written grievance policy that outlines the procedures for resident to voice concerns, the process for investigating grievances, and the timeline for resolution. This policy should be easily accessible and provided to all residents upon admission.</p> <p>2. Designate a Grievance Official .</p> <p>3. Educate Residents and Staff:</p> <p>a. Inform residents of their right to file grievances .</p> <p>b. Train staff on the importance of addressing complaints promptly and respectfully, emphasizing the facility's commitment to resolving issues.</p> <p>4. Implement a Reporting System .</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 455638	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/19/2025
NAME OF PROVIDER OR SUPPLIER Greenview Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 401 Owen LN Waco, TX 76710	

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 0565</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>5. Timely Investigation and Resolution:</p> <p>a. Investigate all grievances promptly upon receipt.</p> <p>b. Provide the resident with a written decision regarding their grievance, including steps taken to resolve the issue.</p> <p>6. Monitor and Evaluate .</p> <p>7. Protect Against Retaliation .</p> <p>8. Provide External Resources .</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 455638	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/19/2025
NAME OF PROVIDER OR SUPPLIER Greenview Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 401 Owen LN Waco, TX 76710	
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 0583</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Keep residents' personal and medical records private and confidential.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41654</p> <p>Based on observations, interviews, and record review, the facility failed to ensure that each resident has a right to personal privacy and confidentiality of his or her personal medical records for 1 of 6 residents when reviewed for privacy (Resident #246).</p> <p>The facility failed to ensure the RN provided privacy by closing the laptop and leaving the laptop unattended in the hallway which displayed Resident #246's information after closing Resident #246's door and while performing wound care on Resident 246's right arm on 03/18/25 at 11:45 AM.</p> <p>These failures could place residents at risk of having medical information personal or care instructions exposed to others and misuse of personal information.</p> <p>The findings included:</p> <p>Record review of Resident #246's face sheet dated 03/18/25 reflected a [AGE] year-old male with an admitted [DATE]. His diagnoses included sepsis (a potentially life-threatening condition that arises when the body's response to infection causes injury to its own tissues and organs), pleural effusion (accumulation of excessive fluid in the pleural space, the potential space that surrounds sac lung), dementia (a general name for a decline in cognitive abilities that impacts a person's ability to perform everyday activities), and chronic kidney disease (long standing disease of the kidneys leading to renal failure).</p> <p>Record Review of Resident #246's 5-Day MDS dated [DATE] reflected Resident #246 required set-up or clean up assistance for eating, was dependent on staff for toileting, and required substantial or maximal assistance for bathing. The MDS reflected Resident #246 had a BIMS score of 03 which indicated Resident #246 was severely cognitively impaired.</p> <p>Record review of Resident #246's care plan dated 02/23/25 reflected: Resident had alteration in skin integrity, fragile skin, poor nutrition, Stage 4 Pressure Ulcer of Contiguous Site of Back, Buttock and Hip, Unstageable Pressure Ulcer of Right Elbow.</p> <p>In an observation on 03/18/25 at 11:50 AM, Resident #246 was lying in bed with the head of bed elevated. The resident was awake and had his call light in reach. The resident did not appear to be in any pain or distress. The resident appeared pleasantly confused and did not answer questions when asked by the state surveyor.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 455638	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/19/2025
NAME OF PROVIDER OR SUPPLIER Greenview Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 401 Owen LN Waco, TX 76710	
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 0583</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>In an observation on 03/18/25 at 11:45 AM, RN A prepared her supplies to perform wound care for Resident #246. RN A locked her treatment cart and entered the resident's room, leaving her computer open with Resident #246's information displayed. RN A closed Resident #246's door and prepped Resident #246 for wound care. The State Surveyor stepped out of the resident's room prior to wound care being performed and other residents and staff were present in the hallway. RN A's computer screen was visible to the state surveyor and although facing toward Resident #246's door, it could have been picked up or viewed by other residents or staff. RN A performed wound care for Resident #246 without having closed the computer. RN A finished wound care and left the resident's room. RN A walked down the hallway to dispose of hazardous waste while the monitor remained open displaying Resident #246's information.</p> <p>In an interview on 03/18/25 at 11:57 AM, RN A stated she usually closed her computer and turned it over after she looked at her notes. She stated she had not meant to leave it open. She stated she had been trained on resident privacy and HIPPA. She stated if a device was left out in the open with a resident's information displayed, another resident could take a look at the information.</p> <p>In an interview on 03/19/25 at 12:11 PM, the ADM stated staff had been trained on resident rights and privacy and protecting resident health information. He stated it was his expectation that residents' records should be preserved and kept confidential by staff. He stated if a resident's information had been left exposed or out in the open, the resident's private information could have potentially been seen by others or gotten into the hands of the wrong person.</p> <p>In an interview on 03/19/25 at 12:18 PM, the DON stated staff had been trained on resident rights and privacy and protecting residents' health information. She stated it was her expectation that residents' records should be preserved and kept confidential by staff. She stated if a resident's information had been left exposed or out in the open, it would violate the HIPPA law.</p> <p>Record review of the facility policy titled Resident Rights and dated 2001 revised February 2021 reflected Policy statement: Employees shall treat with kindness, respect, and dignity. Policy Statement: 1. Federal and state laws guarantee certain basic rights to all residents of this facility. These rights include the resident's right to: a. a dignified existence; b. be treated with respect, kindness, and dignity; t. privacy and confidentiality .</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 455638	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/19/2025
NAME OF PROVIDER OR SUPPLIER Greenview Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 401 Owen LN Waco, TX 76710	
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 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41654</p> <p>Based on observations, record reviews, and interviews, the facility failed to provide a safe, functional, sanitary and comfortable environment for residents for 1 of 1 facility reviewed for environment.</p> <p>The facility failed to repair cracks and penetrations (holes) in residents' bedroom and bathroom walls, clean residents' toilets and bathroom floors, clean dust particles and dirt from the ceiling and air vents in residents' bedrooms, repair residents' bathroom toilet, clean residents' bedroom and bathroom walls, empty residents' trash in their bedrooms and bathrooms, properly repair residents' bathroom vents, and clean residents' bedroom blinds, windows and window sills.</p> <p>This deficient practice could place residents at risk of not living in a safe, functional, sanitary and comfortable environment.</p> <p>Findings included:</p> <p>Observation of Resident #59's shared bedroom and bathroom on 3/17/25 at 10 AM, revealed dust particles and dirt on the residents' ceiling and coming out of the air vents. There were black, furry spots in and around the bedroom air vent that appeared to be mold. Dirt, dust, food, and trash were observed on and in the corners of the room's floors and walls. The bedroom floors were discolored and dingy from past incidents of water leaks and standing water. The bathroom toilet was in disrepair, leaking at the base. A stained and discolored towel was observed around the base of the toilet. Clumps of dirt and other unidentified matter were observed on the bathroom floor. The toilet seat appeared to be stained with feces. The interior toilet rim contained what appeared to be smeared feces. The molding along the bathroom floor was dirty, stained and gapped. The trashcans in the room and bathroom were full. The bathroom wall contained holes. There were stains and splatters observed on the walls of the bathroom. Around the base of the toilet and near a used plunger, wet and soggy pieces of toilet paper were observed. The toilet base was also observed to be stained and the bolts securing it to the floor were rusty or missing.</p> <p>Observation of Resident #74's shared bedroom and bathroom on 3/17/25 at 10:37 AM, revealed wet coffee grounds in and around the edge of the sink. The bathroom floor and walls were observed to be dirty, scuffed and stained. The toilet seat and rim were observed to contain dirt, hair and feces smeared on and around them. A hole in the bathroom wall was observed. The bedroom floor appeared to be dirty, dingy and stained from past incidents of water leaks and standing water.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 455638	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/19/2025
NAME OF PROVIDER OR SUPPLIER Greenview Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 401 Owen LN Waco, TX 76710	
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 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Observation of Resident #6's shared bedroom and bathroom on 3/17/25 at 10:47 AM, revealed dirty floors containing dirt and dust. The bathroom walls were observed to be splattered and dirty. The trash can in the bathroom was full. The bathroom contained a toilet chair over the commode that was splattered with feces. The toilet rim and bowl also contained splattered, dried feces, and dirty water in the bowl containing urine and toilet paper that had not been flushed. The walls and doors in the bathroom were scuffed, scraped and discolored. The air vent in the bathroom was observed to be in disrepair as it was being held onto the ceiling by one piece of black tape at one corner but pulling away from the ceiling tile elsewhere leaving a gap around the vent. Toilet paper pieces were observed behind and around the toilet bowl. The air conditioning vent appeared to contain black, furry spots believed to be mold around its edges. The vertical window blinds were observed to be broken, dirty and stained. The windows in room were observed to have brown paper towel twisted and pushed into the cracks of the window, presumably to prevent water from leaking in. The bedroom floors were observed to be dusty, dirty and containing trash.</p> <p>In an interview on 3/17/25 at 9:52 AM, Resident #59 stated that his room and bathroom had not been cleaned since 3/14/25. He stated that his bedroom and bathroom are often unkept and dirty. He stated that housekeeping at the facility is irregular and inadequate. The Resident stated that he has had past problems with roaches in his room, but none at this time. The Resident stated that the staining and dinginess on the floor was caused by water leaking in at the windows. The Resident stated that the trash in his room and bathroom were emptied whenever housekeeping got around to it. The Resident stated that the toilet in his bathroom leaks. He stated that he has made staff aware of this, but no repairs have been done. The Resident stated that he puts a towel around the base of the toilet to keep the leaking water from standing on the bathroom floor.</p> <p>During interview with Resident #59, a member of the housekeeping staff came in the room and asked the Resident if he needed anything. The housekeeping staff then stated that he would come back later. After the housekeeping staff member left, Resident #59 stated that this was part of the problem. He said staff come in and ask if you need anything rather than coming in and completing basic housekeeping services.</p> <p>In an interview on 3/17/25, Resident #6 (who is mostly non-verbal) indicated that she would like her room cleaned by nodding her head.</p> <p>In an interview on 3/19/25 at 2:10 PM, LVN D stated that she is an agency nurse that had been assigned to the facility approximately 1 week prior. LVN D stated that her expectation regarding resident rooms and bathrooms is that they would be neat, orderly, clean and be free from hazards. LVN D stated that she would expect resident rooms and bathrooms to be cleaned daily. If this did not occur, the risk of danger to the residents and is maximized, including threats of infection or disease. LVN D stated that she had not observed any rooms in need of housekeeping services at the facility.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 455638	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/19/2025
NAME OF PROVIDER OR SUPPLIER Greenview Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 401 Owen LN Waco, TX 76710	
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 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>In an interview on 3/19/25 at approximately 2:15 PM, HK A stated that he has been employed at the facility in housekeeping services for 3 years. His supervisor is HKS. HK A stated he is familiar with housekeeping duties and their cleaning schedule. He stated that there is at least 2-3 housekeeping staff members present at the facility 7 days a week. HK A stated that he follows a published cleaning schedule that includes disinfectant cleaning of all hard surfaces and floors, daily cleaning of all bathrooms, and emptying trash cans. If an issue regarding housekeeping is brought to his attention, he is to handle that immediately. If there are any issues of disrepair in any part of the facility, he will notify nursing staff and they will create a digital workorder in PCC that is immediately routed to maintenance staff. HK A stated that he has been properly trained to conduct all aspects of his job and that he feels supported by management and other staff members.</p> <p>In an interview on 3/19/25 at 2:21 PM, HKS stated that she has been employed with the facility since 2013. She started out as a CNA, but was promoted to supervisor of housekeeping, laundry and floors in 2021. HKS stated that it is her expectation that she and her staff follow their published guidelines or processes as they pertain to their position in order to maintain a safe environment for the residents and others by preventing the spread of infection. HKS said that she actively participates in housekeeping and laundry duties where needed. She stated that her department is fully staffed, but due to the size of the facility and the extent of its needs, there are times when her departments are running behind in their scheduled duties. HKS stated that she typically has 3 staff on duty, including herself. She said she will come in on weekends as well and help if needed as well. HKS stated that she is familiar with the facility's policies and procedures pertaining to housekeeping, floors and laundry and makes she her staff are aware too. HKS said she is aware of the broken toilet in Resident #59's room and elsewhere. She stated that her department will handle minor types of maintenance issues if they can, but typically an electronic work order is input and assigned to the maintenance team to complete. HKS stated that management is very supportive of her department and its needs.</p> <p>In an interview on 3/19/25 at approximately 2:30PM, the MT stated that he has been employed with the facility for 1 month. MT said that his department is made aware of maintenance issues throughout the building through an electronic work order system. The work orders are routed to him or his supervisor. Those work orders are then completed based on the seriousness of the issue being reported. MT stated that his priority tasks today have been repairing toilets and plumbing in the 100 hall. MT stated that unresolved maintenance issues and lack of proper housekeeping could lead to hazards to the residents' safety.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 455638	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/19/2025
NAME OF PROVIDER OR SUPPLIER Greenview Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 401 Owen LN Waco, TX 76710	
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 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>In an interview on 3/19/25 at 2:35 PM, the CRN acknowledged that housekeeping has been an ongoing issue of concern that the facility is addressing. CRN stated that housekeeping staff are invested in remedying the identified problems and try hard. However, CRN said that some of the problems lie with the residents. He stated that housekeeping staff get a lot of push back from residents in that they don't want their space touched or moved around in order to properly clean. CRN stated that this became such an issue that they had to engage the assistance of their ombudsman. According to CRN, the ombudsman was able to get a handful of residents to agree to allow housekeeping to come in and do a deep clean and organization of their rooms. CRN said things have improved since they began doing mock surveys and focusing on housekeeping services. CRN stated that they implemented a new cleaning schedule that staff are still getting familiar with. CRN stated that maintenance issues are handled by that department. He stated that an electronic work order is created and routed to the maintenance team for assessment and completion. CRN said there are only 2 members of the maintenance staff so some work orders are delayed in completion. He said the maintenance supervisor is good at work order prioritization. CRN said if something needs to be done such as cleaning or minor maintenance, he will do the task himself to get things done quickly. CRN said the lack of housekeeping and maintenance could lead to serious hazards and danger to the residents and put them at risk of further illness.</p> <p>In an interview on 3/19/25 at 2:35 PM, the DON stated that maintenance and housekeeping staff are on-call or available 24/7. She stated that CRN is always available to her and the rest of the facility staff for support and guidance. DON said she feels housekeeping and maintenance do a good job and work hard. The supervisors in those areas are also knowledgeable and good managers per DON. DON said a lack of proper housekeeping and maintenance could lead to illnesses.</p> <p>In an interview on 3/19/25 at approximately 2:45PM, the ADM stated that he is the interim administrator and has been assigned to this facility since February 2025. He stated that he is familiar with the housekeeping and maintenance processes and needs within the facility. He believes all staff follow the policies implemented at the facility. He stated that housekeeping is to follow a daily housekeeping schedule that all have been trained on. This includes the weekends. ADM stated that if this schedule is not followed, residents and others could be put at risk for illness and could lead to infection control issues. ADM stated that the maintenance department utilizes a digital work order system within the PCC system. ADM stated that when a maintenance issue is discovered and a work order input in the system, the maintenance supervisor gets an alert. The supervisor is to prioritize completion of these issues, but is expected to resolve the issues right away. ADM said the negative impact of not resolving maintenance issues timely is that the problem can turn into something bigger that could cause and environmental hazard and lead to a lack of infection control.</p> <p>Review of Resident #59's face sheet revealed the resident is a [AGE] year-old male who was originally admitted to the facility on [DATE], with his most recent admission on 3/17/23. Resident #59's diagnoses include cerebral infarction (stroke), hypertension (high blood pressure), major depressive disorder (low mood, loss of interest, pleasure, or happiness); blindness of the right eye, and insomnia. Resident #59's quarterly MDS assessment dated [DATE], indicated a BIMS score of 15, suggesting no cognitive impairment.</p> <p>Review of resident #74's face sheet revealed resident #74 was admitted to the facility on [DATE]. His diagnoses include Drug or Chemical Induced Diabetes Mellitus (a chronic condition characterized by insulin resistance and elevated blood sugar), acute kidney failure, and personal history of traumatic brain injury. Review of resident #74's quarterly MDS assessment dated [DATE], indicated the resident's BIMS score to be 9, suggesting moderate cognitive impairment.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 455638	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/19/2025
NAME OF PROVIDER OR SUPPLIER Greenview Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 401 Owen LN Waco, TX 76710	
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 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of Resident #6's face sheet revealed the resident is a [AGE] year-old female who was originally admitted to the facility on [DATE], with her most recent admission on 3/11/23. Resident #6's diagnoses include chronic obstructive pulmonary disease (progressive lung condition which causes breathing difficulties), Type 2 Diabetes Mellitus (chronic condition characterized by insulin resistance and elevated blood sugar), unspecified asthma (a breathing disorder), and moderate protein calorie malnutrition (deficiency of energy, protein and micronutrients). Review of Resident #6's quarterly MDS assessment dated [DATE], indicated the resident's BIMS score to be 15, suggesting no cognitive impairment.</p> <p>Review of the facility's policy entitled Cleaning and Disinfection of Surfaces revised August 2019, states</p> <p>Environmental surfaces will be cleaned and disinfected according to current CDC recommendations for disinfection of healthcare facilities and the OSHA Bloodborne Pathogens Standard.</p> <p>Review of the facility's policy entitled Cleaning and Disinfecting Residents' Rooms revised August 2013, states in part:</p> <p>Housekeeping surfaces will be cleaned on a regular basis, when spills occur and when the surfaces are visibly dirty.</p> <p>Environmental surfaces will be cleaned on a regular basis, when spills occur and when the surfaces are visibly dirty.</p> <p>Walls, blinds, and window curtains in resident areas will be cleaned when these surfaces are visibly dirty.</p> <p>Clean medical waste containers intended for reuse .daily or when such receptacles become visibly contaminated .</p> <p>Review of the facility's policy entitled Maintenance Services revised December 2009, states in part:</p> <p>The Maintenance Department is responsible for maintaining the buildings, grounds and equipment in a safe and operable manner at all times.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 455638	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/19/2025
NAME OF PROVIDER OR SUPPLIER Greenview Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 401 Owen LN Waco, TX 76710	

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 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50774</p> <p>Based on observation, interviews, and record review, the facility failed to store, prepare, distribute, and serve food following professional standards for food service safety for 1 of 1 kitchen reviewed for kitchen sanitation to maintain an infection prevention and control program (IPCP) designed to provide a safe, sanitary, and comfortable environment to help prevent the development and transmission of communicable diseases and infections in 1 of 2 dining rooms observed for infection control. in that:</p> <ul style="list-style-type: none"> - Food items were not labeled and/or dated. Some food items that were labeled were out of date. - Dirty vents and vents with leaves in the kitchen. - Utensils in a dirty plastic drawer. Dirty fryer and grease in the kitchen. - Dirty Juice dispenser not cleaned. - Not all the food is being temped at lunch. - Blood on the walk-in floor. - Food temps not being taken. - Moldy and rotten food is present during walk-in. - Cereal containers are not labeled/dated correctly, and the lid is not closed. <p>LVN C and CNA A failed to practice proper hand hygiene while distributing food and drinks in the secure unit dining room.</p> <p>These failures could place all residents who received meals from the kitchen at risk for food-borne illness and placed residents at risk of cross contamination and the spread of infection</p> <p>Findings include:</p> <p>An observation on 3/17/2025 at 9:15 a.m. of the pantry reflected the following:</p> <p>The dried pantry had food that was not dated and some food that was out of date,</p> <ul style="list-style-type: none"> - [NAME] Sugar is in a zip lock bag dated 3/17, with no end date on the bag. - Tortillas dated 2-14 with no end date. <p>Observation on 3/17/20225 at 9:15 a.m. of the walk-in refrigerator reflected the following:</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 455638	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/19/2025
NAME OF PROVIDER OR SUPPLIER Greenview Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 401 Owen LN Waco, TX 76710	
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 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>The walk-in had food that was molded, rotten, not dated correctly, and some food that was out of date,</p> <ul style="list-style-type: none"> - Grated cheese in a zip lock bag dated 2-18 with no end date. - Sliced cheese in a zip lock bag dated 3-18-2005 with no end date - Lunch meat dated 3-8-25 that was out of date. - Sausage patties that were dated 3-16-25 with no end date. - Lunch meat with a hole in the package not wrapped up or dated. - Small containers of cheese with no date. - Mold on the bell pepper. - Rotten tomatoes that were leaking. - Blood on the walk-in refrigerator floor. <p>Observation on 3/17/20225 at 9:25 a.m. of the kitchen reflected the following:</p> <p>There were leaves in a vent, dirty vents. Utensils were in a dirty plastic drawer, the fryer was dirty, grease was in the fryer, and the cereal was not dated or closed properly.</p> <ul style="list-style-type: none"> - The vent by the entry door that was extended one foot down had been left inside the vent. - Several other vents in the kitchen were black and dirty. - Utensils stored in a plastic drawer contained dirt on the bottom of the drawer. - The fryer was dirty, and there was dirty grease in the fryer. <p>Observation on 3/17/20225 at 11:40 a.m. of the food temperatures reflected the following:</p> <p>Temperature was not taken of all the food that was being served to the residents.</p> <ul style="list-style-type: none"> - The temperature of the hot dogs was not taken. - The temperature of the beans was not taken. - The temperature of the chili was not taken. - The temperature of the mechanical soft meatloaf was not taken. - The temperature of the un-sauced meatloaf in the oven was not tempted. <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 455638	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/19/2025
NAME OF PROVIDER OR SUPPLIER Greenview Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 401 Owen LN Waco, TX 76710	
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 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>- The temperature of the mashed potatoes was not taken.</p> <p>- Staff did not retake the temp of the meatloaf after reheating it when it was 158 degrees.</p> <p>Observation of dining services and food distribution to residents in the secure dining room on 3/17/2025 starting at approximately 12:30 PM revealed:</p> <p>LVN C and CNA A failed to practice proper hand hygiene while distributing food and drinks in the secure unit dining room.</p> <p>In an interview on 3/17/25 at 1:15 PM, LVN C stated she had been employed at the facility since December 2024. She stated the proper procedure for handling and distributing food items and drinks is to wash or disinfect their hands before and after each tray pass and drink distribution. LVN C stated that she is familiar with the facility's policy regarding hand hygiene. LVN C said she forgot to sanitize her hands per policy but showed me that she keeps a personal bottle of hand sanitizer on her person. LVN C acknowledged that hand sanitation is a necessary component of resident care and is necessary to prevent the spread of infection and disease.</p> <p>In an interview on 3/17/25 at 1:25 PM, CNA A stated that she has been employed at the facility for 1 year and 3 months. She stated that hand sanitation practices should be followed prior to and after food and drink distribution. She stated that she usually practices proper hand hygiene but overlooked it on this date. She stated proper hand hygiene is necessary to stop the spread of infection.</p> <p>Observation on 3/18/20225 at 11:40 a.m. of the food temperatures reflected the following:</p> <p>Temperature was not taken of all the food that was being served to the residents.</p> <p>- The temperature of the Tomato soup was not taken .</p> <p>- The temperature of the gravy was not taken.</p> <p>- The temperature of the un-sauced Salisbury was not taken.</p> <p>LVN C and CNA A failed to wash or sanitize their hands before and after obtaining and distributing food trays and drinks to residents on the secure unit.</p> <p>Observation of the secure unit and its dining room on 3/17/2025, at 12 PM, revealed hand sanitizer dispensers throughout the unit that were easily accessible.</p> <p>During an interview with the KC C on 03/19/2025 at 1:20 pm, KC C said he has been at the facility for 2 years. KC C said that he cooks and does everything else in the kitchen. KC C said that he temps all the food served to the residents. KC C said he logs all the temps in the logbook for food temps. KC C said that residents would be upset if food were not hot KC C said that leftover food is only kept for two days, and then it is thrown out. KC C said that when dating food, there should be a date that it is put in and an expiration date. KC C said that the walk-in is checked daily. KC C said that produce is checked every day. KCC said that a resident can get sick if the food temps are not checked or if food is not dated correctly.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 455638	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/19/2025
NAME OF PROVIDER OR SUPPLIER Greenview Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 401 Owen LN Waco, TX 76710	
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 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>During an interview with the KC B on 03/19/2025 at 1:40 pm, KC B said all food was temped before it is served to the residents. The temperature is logged in the book. KC B said food placed in Ziploc bags should be dated when they are put in the walk-in refrigerator and a used-by date. KC B said the walk-in refrigerator should be checked every night for outdated products. KC B said that any food that is found outdated is to be thrown in the trash. KC B said that residents could get sick if the food is not temped, or out of date food is used to serve the residents.</p> <p>During an interview with KA A on 03/19/2025 at 1:50 p.m., KA A said that she does not temp foods in the kitchen. KA A said that she does not check the walk-in refrigerator because it is not her responsibility to check walk-in refrigerator. KA A said that if she sees out-of-date food, then she throws it in the trash. KA A said that if residents are served out-of-date food, then they could get sick. KA A said that the juice machine is cleaned daily.</p> <p>During an interview with KM on 03/19/2025 at 1:55 p.m. KM said staff should have been using the thermometer when they were temping food. KM said that residents complain when the food is cold. KM said that she tries to check the walk-in refrigerator daily. KM said they have a company that is supposed to come to clean the juice machine. They said that they still use it even though it hasn't been cleaned, but they tried to clean the outside. KM said that they have someone who was supposed to come to clean the vents once a month, but that has not been done. KM Set that items placed in zip lock bags should have the date they were placed in a zip lock bag and the expiration date. KM said that all foods cooked in the kitchen are supposed to be temped before they are given to the residents. KM said that residents could get sick if they're giving food that is not the correct temperature or outdated food labeled wrong.</p> <p>In an interview on 3/19/25 at 2:45PM, the DON stated that all staff are expected to practice proper hand hygiene and staff should wash or sanitize their hands thoroughly using the proper technique after any resident contact. This is to minimize the spread of infection.</p> <p>In an interview on 3/19/25, the CRN stated that staff on the secure unit acknowledged their deficient hand sanitation practices observed on 3/17/25. The CRN stated that upon learning of staff's deficient hand sanitation practices on the secure unit, an action plan was implemented to address their non-compliance. The CRN stated that hand sanitation is necessary to maintain the safety of the residents, themselves, and others.</p> <p>In an interview on 3/19/25 at approximately 3 PM, the ADM stated his expectation is that staff will properly wash or sanitize their hands before, during and after passing resident food trays and drinks. Failure to do so could lead to an infection or illness outbreak. He acknowledged that staff are properly trained on these practices.</p> <p>Record review of Policy Statement: Foods shall be received and stored in a manner that complies with safe food labeling practices dated/undated. Indicated :</p> <p>Policy Interpretation and Implementation</p> <p>7. All foods stored in the refrigerator or freezer will be covered, labeled, and dated ('use by date).</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 455638	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/19/2025
NAME OF PROVIDER OR SUPPLIER Greenview Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 401 Owen LN Waco, TX 76710	

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 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>9. Refrigerated foods will be stored in a way that promotes adequate air circulation around food storage containers. Refrigerators/walk-ins will not be overcrowded.</p> <p>Record review of the facility's Infection Control policy revised October 2018 states in part the following:</p> <p>The facility's infection control policies and practices are intended to facilitate maintaining a safe, sanitary and comfortable environment and to help prevent and manage transmission of disease and infections.</p> <p>All personnel will be trained on our infection control policies and practices upon hire and periodically thereafter, including where and how to find and use pertinent procedures and equipment related to infection control. The depth of employees training shall be appropriate to the degree of direct resident contact and job responsibilities.</p> <p>A review of the action plan implemented by CRN on or about 3/19/25, in recognition of deficient practice, revealed the following:</p> <p>Action Plan to Address Hand-Hygiene Non-Compliance:</p> <p>1. Immediate Correction Action:</p> <p>a. Retraining: The CNA [and nurse] observed not sanitizing hands between handling meal trays will undergo immediate retraining on proper hand hygiene protocols, including the importance of sanitizing hands before and after resident contact and between different tasks.</p> <p>2. Education and Training:</p> <p>a. Regular In-service Training-Implement mandatory hand hygiene training sessions for all CNAs [and nurses], emphasizing the '5 Moments for Hand Hygiene' as outlined by the World Health Organization (WHO)</p> <p>i. Before touching a resident.</p> <p>ii. Before a clean/aseptic procedure.</p> <p>iii. After body fluid exposure risk.</p> <p>iv. After touching a resident.</p> <p>v. After touching resident surroundings.</p> <p>3. Monitoring and Feedback:</p> <p>a. Direct Observation: Conduct regular, unannounced observations of CNAs [and nurses] during their shifts to monitor hand hygiene compliance.</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 455638	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/19/2025
NAME OF PROVIDER OR SUPPLIER Greenview Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 401 Owen LN Waco, TX 76710	
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 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>b. Feedback Mechanism: Provide immediate, constructive feedback to staff following observations, highlighting areas of improvement and acknowledging proper practices .</p> <p>4. Accessibility Improvements:</p> <p>a. Hand Sanitizer Placement: Ensure that alcohol-based hand rubs [NAME] readily available at all points of care, including resident rooms and common areas, to facilitate easy access for staff.</p> <p>5. Policy Reinforcement:</p> <p>a. Review and Update Protocols as needed: Reassess current hand hygiene policies to ensure they align with CDC and WHO guidelines.</p> <p>b. Staff Acknowledgment: Require all CNAs [and nurses] to read and acknowledge understanding of updated hand hygiene protocols.</p> <p>6. Cultivating a Culture of Safety:</p> <p>a. Leadership Engagement: Encourage leadership to model proper hand hygiene practices and promote a culture where safety and infection prevention are prioritized.</p> <p>b. Just Culture Approach: [NAME] an environment where staff feel comfortable reporting non-compliance or barriers to proper hand hygiene without fear of punitive action, focusing instead on systemic improvements.</p> <p>7. Evaluation and Continuous Improvement:</p> <p>a. Regular Audits: Implement routine audits to assess hand hygiene compliance rates and identify trends or recurrent issues .</p> <p>b. Continuous Feedback Loop: Use audit results to inform ongoing training and process improvements, ensuring that hand hygiene practices evolve with emerging best practices.</p> <p>This action plan was signed by LVN C and CNA A.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 455638	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/19/2025
NAME OF PROVIDER OR SUPPLIER Greenview Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 401 Owen LN Waco, TX 76710	
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 0849</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Arrange for the provision of hospice services or assist the resident in transferring to a facility that will arrange for the provision of hospice services.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47926</p> <p>Based on interviews and record review, the facility failed to obtain the hospice nursing documentation, most recent hospice plan of care specific to each patient, hospice election form, physician certification and recertification of the terminal illness specific to each patient, names and contact information for hospice personnel involved in hospice care of each patient, hospice medications information, hospice physician and attending physician orders for one (Resident #246) of six residents reviewed for hospice services and records.</p> <p>The facility failed to obtain the required hospice documentation for Resident #246 when he was admitted to hospice.</p> <p>This failure could affect residents by placing them at risk for services and treatments not being coordinated for end-of-life care.</p> <p>Findings included:</p> <p>Record review of Resident #246's Face Sheet dated 03/18/25 reflected he was a [AGE] year-old male admitted on [DATE] with active diagnoses of sepsis (an infection of the blood), heart failure (a condition in which the heart is unable to pump blood around the body properly), hypertension (elevated blood pressure), and chronic kidney disease.</p> <p>Record review of Resident #246's census report dated 03/18/25 reflected his primary payor was Hospice Medicaid Texas as of 03/14/25.</p> <p>Review of Resident #246's progress notes type Nurses Notes dated 03/16/25 at 1:02 pm reflected Received report from The Hospital on what are the wishes of resident's family. They will continue comfort measures with Hospice. nurse came to drop off orders and this nurse asked if resident may be able to get a bariatric bed to help. She said she would ask and be back later. She dropped off some updated orders to DC and some to add. Resident returned via emergency medical services and was transferred to his bed without further incidents. Per report, there were not any other injuries than existing skin issues. Resident in bed with two family members at bedside. He was medicated with 4 MG of hydromorphone and 1 MG of Ativan. Resident received new orders for antibiotic Cefdinir & Fluconazole for urinary tract infection Orders updated in PCC. Hospice nurse here. Signed by LVN B</p> <p>Review of Resident #246's care plan dated 03/16/25 reflected he was receiving anti-anxiety medications related to comfort care. There were no Hospice care plans for Resident #246.</p> <p>Review of Resident #246's Nursing Facility follow up exam progress notes dated 03/17/25 at 8:30 am reflected Resident #246 was a [AGE] years old male, is being seen today for a nursing facility follow-up visit. The patient is now on hospice care after recent hospitalization . Discussed with Family Member at bedside desire to keep patient comfortable. Electronically signed by Nurse Practitioner</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 455638	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/19/2025
NAME OF PROVIDER OR SUPPLIER Greenview Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 401 Owen LN Waco, TX 76710	
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 0849</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Record review of Physician Orders Summary for the month of March 2025 reflected there was no order for hospice services. The physician orders also reflected an order for Hydromorphone (a pain medication) oral tablets for pain hospice, end of life care dated 03/16/25.</p> <p>Review of Resident #246's Significant change in status MDS assessment dated [DATE] was in progress and reflected a BIMS score of 03 which indicated severe cognitive impairment. The MDS was incomplete at the time of review.</p> <p>In an interview on 03/19/25 at 1:41 PM LVN B stated Resident #246 was on hospice services. She stated there was normally a physician's order for hospice services to evaluate and initiate hospice care. The charge nurses obtain the hospice physicians order and places it into the resident's electronic medical record. She stated Resident #246 had a palliative order from the hospital upon his recent discharge on 3/16/25. She stated there was no order to specify what hospice company was to provide care. She stated hospice communicates with the facility staff with any type of changes in the residents' condition or needs when they come into the facility. She stated the hospice aide visits twice a week to assist with bathing and the nurse comes 2 times weekly for Resident #246. LVN B stated Hospice does provide a folder located at the nurses' station with the resident's hospice plan of care in it. LVN B stated Resident #246 did not have a folder yet available from hospice. She stated by not having a folder containing the hospice plan of care, orders, certification, contact information, or appropriate physicians order in the medical record it could cause confusion related to what company the resident was receiving services from leading to not receiving the care that was needed.</p> <p>In an interview on 03/19/25 at 1:59 PM the DON stated she has worked at the facility for 2 weeks. She stated she was unsure when Resident #246 was admitted to hospice. She stated the charge nurses were responsible for checking orders upon readmission from the hospital and placing the hospice order into the computer. She stated administration staff were now doing a daily white board meeting where they review orders. She stated the DON and the ADONs were running an order recap report from the electronic medical records to review residents for changes in conditions, new orders received, labs, and 24-hour report information to assist in catching errors. She stated not having a hospice plan of care available, certification, hospice medication list, contact information, or orders to admit to hospice can create confusion. She stated the nurses would not know who to call for Resident #246. The DON stated the hospice medical director was also Resident #246's primary physician so the nurses would still have a contact if a change in residents condition occurred.</p> <p>Review of the facility's policy titled, Hospice Program, revised July 2017 reflected,</p> <p>Hospice services are available to residents at the end of life.</p> <p>In general, it is the responsibility of the facility to meet the resident's personal care and nursing needs in coordination with the hospice representative and ensure that the level of care provided is appropriately based on the individual resident's needs. These include:</p> <p>Twenty-four-hour room and board care.</p> <p>Administering prescribed therapies, including those therapies determined appropriate by the hospice and delineated in the hospice plan of care.</p> <p>Notifying the hospice about the following:</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 455638	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/19/2025
NAME OF PROVIDER OR SUPPLIER Greenview Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 401 Owen LN Waco, TX 76710	
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 0849</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>(1) A significant change in the resident's physical, mental, social, or emotional status.</p> <p>(2) Clinical complications that suggest a need to alter the plan of care.</p> <p>(3) A need to transfer the resident from the facility for any condition.</p> <p>(4) The resident's death.</p> <p>Communicating with the hospice provider (and documenting such communication) to ensure that the needs of the resident are addressed and met 24 hours per day; and</p> <p>Our facility has designated (Name) (Title) to coordinate care provided to the resident by our facility staff and the hospice staff. (Note: this individual is a member of the IDT with clinical and assessment skills who is operating within the State scope of practice act). He or she is responsible for the following:</p> <p>a. Collaborating with hospice representatives and coordinating facility staff participation in the hospice care planning process for residents receiving these services.</p> <p>b. Communicating with hospice representatives and other healthcare providers participating in the provision of care for the terminal illness, related conditions, and other conditions, to ensure quality of care for the resident and family.</p> <p>c. Ensuring that the Long term Care facility communicates with the hospice medical director, the resident's attending physician, and other practitioners participating in the provision of care to the resident as needed to coordinate the hospice care with the medical care provided by other physicians.</p> <p>d. Obtaining the following information from the hospice:</p> <p>(1) The most recent hospice plan of care specific to each resident.</p> <p>(2) Hospice election form.</p> <p>(3) Physician certification and recertification of the terminal illness specific to each resident.</p> <p>(4) Names and contact information for hospice personnel involved in hospice care of each resident.</p> <p>(5) Instructions on how to access the hospice's 24-hour on-call system.</p> <p>(6) Hospice medication information specific to each resident; and</p> <p>(7) Hospice physician and attending physician (if any) orders specific to each resident.</p> <p>e. Ensuring that our facility staff provides orientation on the policies and procedures of the facility, including resident rights, appropriate forms, and record keeping requirements, to hospice staff furnishing care to the residents.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 455638	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/19/2025
NAME OF PROVIDER OR SUPPLIER Greenview Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 401 Owen LN Waco, TX 76710	

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 0849</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>13. Coordinated care plans for residents receiving hospice services will include the most recent hospice plan of care as well as the care and services provided by our facility (including the responsible provider and discipline assigned to specific tasks) in order to maintain the resident's highest practicable physical, mental, and psychosocial well-being.</p> <p>14. The coordinated care plan will reflect the resident's goals and wishes, as stated in his or her advance directives and during ongoing communication with the resident or representative, including:</p> <ul style="list-style-type: none"> a. Palliative goals and objectives. b. Palliative interventions; and c. Medical treatment and diagnostic tests. <p>15. The coordinated care plan shall be revised and updated as necessary to reflect the resident's current status including, but not limited to:</p> <ul style="list-style-type: none"> a. Diagnosis. b. Problem list. c. Symptom management (pain, nausea, vomiting). d. Bowel and bladder care. e. Nutrition and hydration needs. f. Oral health. g. Skin integrity. h. Spiritual, activity and psychosocial needs; and i. Mobility and positioning.