

|   |  |  |  |
|---|--|--|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION          | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>455673 | (X2) MULTIPLE CONSTRUCTION<br>A. Building<br>B. Wing                             | (X3) DATE SURVEY COMPLETED<br><br>02/12/2025 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Parkwood IN the Pines |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>902 Hill Street<br>Lufkin, TX 75904 |  |

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<br>(Each deficiency must be preceded by full regulatory or LSC identifying information)  |
| <p>F 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 46273</p> <p>Based on observation, interview, and record review, the facility failed to immediately inform the resident, consult with the resident's physician, and notify, consistent with his or her authority, the representative when there was a significant change in the resident's physical, mental, or psychosocial status for 1 of 4 residents (Resident #39) reviewed for resident rights.</p> <p>The facility failed to ensure Resident #39's Responsible Party was notified after she experienced pain in her right leg and had an X-ray ordered.</p> <p>This failure could place residents at risk of not being informed of illness, injury, and uncontrolled pain.</p> <p>Findings included:</p> <p>Record review of a facility face sheet dated 2/10/25 for Resident #39 indicated that she was an [AGE] year-old female admitted to the facility 12/16/21 with diagnoses including Alzheimer's disease and type 2 diabetes mellitus.</p> <p>Record review of a Comprehensive MDS assessment dated [DATE] for Resident #39 indicated that she had a BIMS score of 4, which indicated that she had severely impaired cognition. She required maximal assistance with all ADLs, and she was incontinent to bowel and bladder.</p> <p>Record review of a comprehensive care plan dated 10/31/24 for Resident #39 indicated that she had a potential for psychosocial well-being problem and had an intervention that read: .Increase communication between resident/family/caregivers about care and living environment: Explain all procedures and Treatments, Medications, Results of labs/tests, Condition, All changes, Rules, Options .</p> <p>Record review of a progress note dated 1/23/25 at 11:27 am for Resident #39 read .Resident complain of leg pain to the right leg. This nurse assessed resident and noticed swelling to the joint in the inner right ankle. Resident has pain when the foot is pushed toward her and when her leg if lifted. Resident doesn't have pain to the hip when the leg is moved. States only radiating type pain. Ankle is tender as well as knee. Hip is not tender to touch. No bruising noted to the right leg. Spoke with [name] NP for Dr. [name] regarding this information and order is given to obtain an x-ray of the right leg. Order placed with National Mobile x-ray . and was signed by LVN H.</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:<br><br>455673  | (X2) MULTIPLE CONSTRUCTION<br>A. Building<br>B. Wing                             | (X3) DATE SURVEY COMPLETED<br><br>02/12/2025 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Parkwood IN the Pines  |   | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>902 Hill Street<br>Lufkin, TX 75904 |  |
| 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<br>(Each deficiency must be preceded by full regulatory or LSC identifying information)   |  |  |
| <p>F 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>                     | <p>Record review of a progress note dated 1/24/25 at 06:42 am for Resident #39 indicated that Xray results were reviewed and negative and was signed by LVN H.</p> <p>Record review of an electronic medical record from 1/23/25 to 2/11/25 for Resident #39 indicated no documentation of responsible party notification was found for Xray on 1/23/25.</p> <p>During an interview on 2/10/25 at 4:40 pm FM E said Resident #39 had begun complaining of pain the week before last and the facility ordered an Xray for her leg or knee, she could not remember which one, but the facility never called and told her. She said she had found out from the sitter. She said she wished the facility had called and told her themselves.</p> <p>During an interview on 2/12/25 at 2:20 pm DON said the nurse had told the sitter that day but should have called the RP as well. She said it could cause family to get upset if they are not kept informed, messages could be misunderstood or not relayed, and family would not know about their family members conditions. She said the nurse should have called the family member themselves.</p> <p>During an interview on 2/12/25 at 2:35 pm Administrator said the sitter had been in the room and had said she would call and tell the family member. Administrator said the nurse should have called themselves and informed the family. She said family should be notified by the facility and not a sitter.</p> <p>Record review of a facility policy titled Change in a Resident's Condition or Status dated 2001 and revised in May 2017 read .Our facility shall promptly notify the resident, his or her Attending Physician or Nurse Practitioner and the resident representative of changes in the resident's medical/mental condition and/or status (e.g., changes in level of care, billing/payments, resident rights, etc.) . and .regardless of the resident's current mental or physical condition, a Nurse, Physician or Nurse Practitioner will inform the resident of any changes in his/her medical care or nursing treatments .</p> |  |  |

|  |  |  |  |
|--|--|--|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION   | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>455673   | (X2) MULTIPLE CONSTRUCTION<br>A. Building<br>B. Wing                             | (X3) DATE SURVEY COMPLETED<br><br>02/12/2025 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Parkwood IN the Pines  |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>902 Hill Street<br>Lufkin, TX 75904 |  |
| 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<br>(Each deficiency must be preceded by full regulatory or LSC identifying information)  |  |  |
| <p>F 0637</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>                     | <p>Assess the resident when there is a significant change in condition</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 43994</p> <p>Based on interviews and record review, the facility failed to complete a significant change MDS assessment within 14 days after a significant change in the resident's mental and physical condition for 1 of 6 residents (Resident #82) reviewed for assessments.</p> <p>The facility failed to reassess Resident #82 following a hospice admission (specific care for the sick or terminally ill) on 12/17/2024.</p> <p>This failure could place residents at risk for not having their individual needs met due to inaccurate assessments.</p> <p>The findings included:</p> <p>Record review of an Admission Record for Resident #82 dated 2/11/2025 indicated he admitted to the facility on [DATE] and was [AGE] years old with diagnoses of atherosclerotic heart disease (hardened arteries that prevent blood flow), hypertension, and Alzheimer's disease.</p> <p>Record review of active physician orders dated 2/11/2025 for Resident #82 indicated an order to admit to hospice services with an order date of 12/17/2024.</p> <p>Record review of a Quarterly MDS Assessment for Resident #82 dated 12/26/2024 indicated he had severe impairment in thinking with a BIMS score of 5. Special Treatments, procedures, and programs during the look back period within the last 14 days indicated he received hospice care.</p> <p>Record review of a care plan for Resident #82 dated 12/17/2024 indicated he had terminal prognosis related to Alzheimer's disease and was under the care of hospice.</p> <p>Record review of a facility notification of admission for Resident #82 dated 12/17/2024 indicated care for hospice started on 12/17/2024 at the facility.</p> <p>During an interview on 2/11/2025 at 4:15 PM, MDS Coordinator said he had been employed at the facility for two years and was responsible for completing the Medicaid assessments for the residents in the facility. He said Resident #82 admitted to the facility on [DATE] but did not admit to hospice services until December 2024. He said a significant change assessment should be done when a resident was admitted to hospice and when they were discharged from hospice if there was an ADL decline in more than three areas and if the resident improved. He said a significant change was done in November 2024 for Resident #82 but there was not one completed in December 2024 when he admitted to hospice services. He said Resident #82 had a readmission to the facility on [DATE] and a quarterly assessment was completed on 12/26/2024. He said he did not know why a significant change assessment was not done for Resident #82 on admission to hospice and it should have been. He said he had training on completing MDS assessments when he hired. He said there could be reimbursement problems that occur when assessments were not done timely, and the assessments were done to let the staff know what was going on with the residents.</p> <p>(continued on next page)</p> |  |  |

|  |  |  |  |
|--|--|--|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION   | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>455673   | (X2) MULTIPLE CONSTRUCTION<br>A. Building<br>B. Wing                             | (X3) DATE SURVEY COMPLETED<br><br>02/12/2025 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Parkwood IN the Pines  |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>902 Hill Street<br>Lufkin, TX 75904 |  |
| 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<br>(Each deficiency must be preceded by full regulatory or LSC identifying information)  |  |  |
| <p>F 0637</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>                     | <p>During an interview on 2/11/2025 at 4:23 PM, the Regional Reimbursement Consultant said an in-service was started that morning on 2/11/2025 for the MDS Coordinator on significant MDS assessments and when to do them. She said the significant change assessment should be done when a resident admitted to hospice and when they discharged from hospice. She said staff would not know who to contact if they were not done timely or know the plan of care for the residents if assessments were not done timely. She said they did not have a policy for significant change assessments, and they followed the RAI manual for guidance.</p> <p>During an interview on 2/12/2025 at 1:31 PM, the DON said the MDS nurses were responsible for completing the MDS assessments and sometimes she had to sign them. She said significant change assessments should be completed when a resident was admitted to hospice and when they were discharged and anytime a resident had significant changes. She said every morning at the facility they had a meeting to discuss significant changes and the MDS nurses were present, and she was not sure how it was missed. She said during the meetings they discussed who was admitted to hospice or would be admitted . She said the MDS assessments captured the care for the residents in the facility.</p> <p>During an interview on 2/12/2025 at 1:43 PM, the Administrator said the MDS nurses were responsible for completing the MDS assessments and they updated care plans quarterly with changes. She said significant change assessments were due when there were changes with the resident and if the resident admitted to hospice. She said they would conduct audits of the assessments going forward and would continue to provide training to the MDS nurses. She said staff would not know what plan of care to follow if assessments were not done.</p> <p>Record review of an in-service training record dated 2/11/2025 by the Regional Reimbursement Specialist indicated training was provided to the MDS nurses on significant change assessments and when to complete the significant change assessments.</p> <p>Record review of the CMS RAI version 2.0 revised December 2002 indicated, .A Significant Change in Status Assessment must be completed within 14 days after a determination has been made that a significant change in the resident's status from baseline occurred. A Significant Change in Status MDS is required when: a resident enrolls in a hospice program .</p> |  |  |

|  |   |  |  |
|--|---|--|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION   | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>455673  | (X2) MULTIPLE CONSTRUCTION<br>A. Building<br>B. Wing                             | (X3) DATE SURVEY COMPLETED<br><br>02/12/2025 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Parkwood IN the Pines  |   | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>902 Hill Street<br>Lufkin, TX 75904 |  |
| 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<br>(Each deficiency must be preceded by full regulatory or LSC identifying information)   |  |  |
| <p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>                     | <p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 46273</p> <p>Based on interview and record review the facility failed to ensure a resident who was unable to carry out activities of daily living received the necessary services to maintain grooming, and personal and oral hygiene were provided for 1 of 6 residents (Resident #6) reviewed for ADL care.</p> <p>The facility failed to ensure Resident #6 had nail care done on 2/12/25 and 2/13/25.</p> <p>This failure could place residents at risk of not receiving care/services, decreased quality of life, and loss of dignity.</p> <p>Findings included:</p> <p>Record review of a facility face sheet dated 2/10/25 indicated that Resident #6 was a [AGE] year-old male admitted to the facility on [DATE] with diagnoses including Dementia, epilepsy (seizures), and diabetes mellitus.</p> <p>Record review of a Quarterly MDS assessment dated [DATE] for Resident #6 indicated he had a BIMS score of 9, which indicated he had moderate cognitive impairment. He required moderate assistance with all ADL's.</p> <p>Record review of a comprehensive care plan dated 8/8/24 for Resident #6 indicated he was a diabetic and had an intervention that read .Refer to podiatrist/foot care nurse to monitor/document foot care needs and to cut long nails .</p> <p>During an observation and interview on 2/11/25 Resident #6 was observed with long and dirty fingernails on his right hand. The thumb and first finger on his right hand had a dark brown substance caked underneath them and the third and fourth finger on right hand had long, thick, yellow nails. When asked the last time the staff cleaned his nails, he answered no and when asked if he would like his nails cleaned and trimmed, he said yes.</p> <p>During an observation and interview on 2/12/25 at 9:38 am Resident #6 was observed to still have long, dirty nails on his right hand. When asked if anyone had offered to clean and trim his nails, he said no. He said he would feel better if his nails were cleaned and trimmed.</p> <p>During an interview on 2/12/25 at 9:44 am CNA C said Resident #6 was diabetic, and the nurses were responsible for diabetic nail care and a foot doctor would come do their toenails if needed. She said CNAs were not allowed to touch the nails of diabetic residents.</p> <p>During an interview on 2/12/25 at 9:49 am LVN B said nurses were responsible for nail care on diabetic residents. She said she had not noticed his nails today, but she would go and clean them for him and trim them. She said residents could be at risk of infections, scratching themselves, or possibly a long nail being broken into the quick causing pain and infection risk.</p> <p>(continued on next page)</p> |  |  |

|  |  |  |  |
|--|--|--|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION   | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>455673   | (X2) MULTIPLE CONSTRUCTION<br>A. Building<br>B. Wing                             | (X3) DATE SURVEY COMPLETED<br><br>02/12/2025 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Parkwood IN the Pines  |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>902 Hill Street<br>Lufkin, TX 75904 |  |
| 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<br>(Each deficiency must be preceded by full regulatory or LSC identifying information)  |  |  |
| <p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>                     | <p>During an interview on 2/12/25 at 2:20 pm DON said diabetic residents nail care was the responsibility of the nurses. She said nail care should be done and nails cleaned with every shower. She said residents could be at risk of scratching themselves and be at risk for infection if nails were not kept clean and trimmed.</p> <p>During an interview on 2/12/25 at 2:35 pm Administrator said she expected her staff to keep residents' nails clean and trimmed. She said they had identified an issue with nail care last month and she was monitoring and doing random checks to try and improve nail care. She said residents could be at risk of infection if nails were not kept clean and trimmed.</p> <p>Record review of an active Performance Improvement Plan dated 1/17/25 indicated that the facility had identified an issue with nail care not being completed as per facility regulations in January 2025. Plan indicated that inadequate nail care could put residents at risk for infection control issues. Plan included a goal for each resident to be treated with respect regarding having their nails cleaned. Goal date was 3/17/25. Monitoring documented on plan read .1/28 Discussed c (with) Medical Director - in-services completed c (with) staff weekly monitoring for compliance, monitoring continues .</p> <p>Record review of a facility policy titled Care of Fingernails/Toenails dated 2001 and revised October 2010 read .General Guidelines: 1. Nail care includes daily cleaning and regular trimming .</p> |  |  |

|  |   |  |  |
|--|---|--|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION   | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>455673  | (X2) MULTIPLE CONSTRUCTION<br>A. Building<br>B. Wing                             | (X3) DATE SURVEY COMPLETED<br><br>02/12/2025 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Parkwood IN the Pines  |   | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>902 Hill Street<br>Lufkin, TX 75904 |  |
| 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<br>(Each deficiency must be preceded by full regulatory or LSC identifying information)   |  |  |
| <p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>                    | <p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 43994</p> <p>46273</p> <p>Based on observations, interviews, and record review, the facility failed to ensure the residents' environment remained as free of accident hazards as possible for 4 of 12 residents (Residents #75, #61, #58 and #79) reviewed for accidents/hazards.</p> <p>The facility failed to remove worn and damaged mechanical lift slings from service from 2/10/2025-2/12/2025.</p> <p>This deficient practice could place residents at risk of a loss of quality of life due to injuries.</p> <p>Findings included:</p> <p>1. Record review of an Admission Record dated 2/11/2025 for Resident #75 indicated she admitted to the facility on [DATE] and was [AGE] years old with diagnoses of fracture of left femur (broken thigh bone), osteoporosis (brittle bones), and Alzheimer's disease.</p> <p>Record review of active physician orders dated 2/11/2025 for Resident #75 indicated there was not an order for the use of a mechanical lift for transfers.</p> <p>Record review of a Quarterly MDS assessment dated [DATE] for Resident #75 indicated she had moderate impairment in thinking with a BIMS score of 9. She was dependent on staff for chair/bed to chair transfers.</p> <p>Record review of a care plan dated 12/31/2024 for Resident #75 indicated she had an ADL self-care performance deficit with interventions for transferring when she required assistance. There was not a care plan for the use of a mechanical lift for transfers.</p> <p>During an observation and interview on 2/10/2025 at 9:21, in the room of Resident #75 said she had been at the facility for 2 months and was getting therapy. There was a mechanical lift sling sitting in a wheelchair by her bed that was faded in color.</p> <p>During an observation and interview on 2/12/2025 at 8:33 AM, Resident #75 was in her room in bed eating breakfast. She said the staff usually got her up with the mechanical lift. She said she would be getting up sometime that day after breakfast. A lift sling was in a chair by the bed that was faded in color.</p> <p>During an observation on 2/12/2025 at 9:13 AM, in the room of Resident #75, CNA C and CNA F were in the room to transfer Resident #75 from her bed to the wheelchair. Both staff transferred Resident #75 safely using the mechanical lift and the faded lift sling that was in the room on the chair.</p> <p>(continued on next page)</p> |  |  |

|  |   |  |  |
|--|---|--|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION   | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>455673  | (X2) MULTIPLE CONSTRUCTION<br>A. Building<br>B. Wing                             | (X3) DATE SURVEY COMPLETED<br><br>02/12/2025 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Parkwood IN the Pines  |   | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>902 Hill Street<br>Lufkin, TX 75904 |  |
| 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<br>(Each deficiency must be preceded by full regulatory or LSC identifying information)   |  |  |
| <p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>                    | <p>During an interview on 2/12/2025 at 9:26 AM, CNA C said she had been employed at the facility for 4 years on a prn basis and had been working fulltime for the past 2 weeks. She said when a resident had a lift sling that was left in the room, she normally would go and get another one from the shower room and would not use the one that was left in the room. She said they were to check the slings to make sure they were not torn or ripped and did not have any odors. She said she did not notice anything with the sling they used to transfer Resident #75 but only that it was faded. She said most of the lift slings in the facility were faded and thought the laundry bleached them. She said she was not sure if the lift slings were supposed to be bleached or not.</p> <p>During an interview on 2/12/2025 at 9:30 AM, CNA F said she had been employed at the facility for 1 1/2 years. She said the lift sling that was used to transfer Resident #75 was faded and they should be able to tell the color of the rings that attach to the mechanical lift. She said the facility had some newer ones in the facility. She said they were to check the slings before using them to make sure they were not ripped, without holes and they were long enough for the resident. She said there were more slings in the facility that were faded that were being used.</p> <p>2. Record review of an Admission Record for Resident #61 dated 2/11/2025 indicated he admitted to the facility 12/16/2021 and was [AGE] years old with diagnoses of Alzheimer's disease, cerebral infarction (stroke), and dementia.</p> <p>Record review of active physician orders for Resident #61 dated 2/11/2025 indicated an order for mechanical lift for all transfers with a start date of 10/23/2024.</p> <p>Record review of an Annual MDS Assessment for Resident #61 dated 12/27/2024 indicated he had moderate impairment in thinking with a BIMS score of 7. He was dependent on staff from chair/bed to chair transfers.</p> <p>Record review of a care plan for Resident #61 revised on 3/20/2024 indicated he had an ADL self-care performance deficit related to impaired balance that included interventions for transfers and he required a mechanical lift with 2 staff for transfers.</p> <p>During an observation on 2/10/2025 at 11:40 AM, Resident #61 was sitting in a wheelchair in the dining room. He had a lift sling that was faded in color that he was sitting on.</p> <p>3. Record review of an Admission Record for Resident #58 dated 2/11/2025 indicated she admitted to the facility 7/28/2023 and was [AGE] years old with diagnoses of peripheral vascular disease (decreased blood flow to the legs and feet), dementia and pseudobulbar effect (outbursts of inappropriate laughing or crying).</p> <p>Record review of active physician orders for Resident #58 dated 2/11/2025 indicated an order for mechanical lift for all transfers that started on 10/23/2024.</p> <p>Record review of a Quarterly MDS Assessment for Resident #58 dated 1/16/2025 indicated she was rarely/never understood. She required substantial/maximal assistance with chair/bed to chair transfers.</p> <p>Record review of a care plan for Resident #58 dated 10/11/2023 and revised on 10/1/2024 indicated she required staff assistance with all ADLs with interventions for transfer she was totally dependent on staff for transfers and required use of a mechanical lift.</p> <p>(continued on next page)</p> |  |  |

|  |  |  |  |
|--|--|--|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION   | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>455673   | (X2) MULTIPLE CONSTRUCTION<br>A. Building<br>B. Wing                             | (X3) DATE SURVEY COMPLETED<br><br>02/12/2025 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Parkwood IN the Pines  |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>902 Hill Street<br>Lufkin, TX 75904 |  |
| 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<br>(Each deficiency must be preceded by full regulatory or LSC identifying information)  |  |  |
| <p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>                    | <p>During an observation on 2/10/2025 at 11:41 AM, Resident #58 was sitting in a wheelchair in the dining room for lunch. She had a lift sling that she was sitting on that was faded in color.</p> <p>4. Record review of a facility face sheet dated 2/11/25 for Resident # 79 indicated that he was a [AGE] year-old male admitted to the facility on [DATE] with diagnoses that included cerebral infarction (stroke) and functional quadriplegia (weakness/paralysis to all 4 extremities).</p> <p>Record review of a Comprehensive MDS assessment dated [DATE] for Resident #79 indicated that he had a BIMS score of 11 which indicated that he had moderate cognitive impairment. He was dependent for transfers.</p> <p>Record review of a physician's order summary report dated 2/11/25 for Resident #79 indicated that he had no order for use of a mechanical lift device.</p> <p>Record review of a comprehensive care plan dated 4/17/24 for Resident #79 indicated that he had an ADL self-care performance deficit and had an intervention for the use of 2 staff for transfers with mechanical lift device.</p> <p>During an observation and interview on 2/10/25 Resident #79 was observed sitting up in the dining room in his wheelchair. He had a Hoyer sling underneath him that had faded sling loops and unreadable labels. He said he had been transferred using this sling this morning.</p> <p>During an interview on 2/12/2025 at 10:16 AM, Central Supply said she reordered new lift sling a couple months ago for the facility and ordered to replace them as needed. She said if staff found a lift sling one that was ripped or torn, they would take to her and then she would give them a new one. She said the slings were washed by themselves.</p> <p>During an interview on 2/12/2025 at 10:30 am, the Laundry Aide said she had been employed at the facility for over [AGE] years. She said she did not dry the lift slings; she hung them to dry. She said she did not launder the slings with bleach and washed them on setting 3, which was no bleach added because bleach could fade and damage the slings making them unsafe for use. She said she inspected the slings for loose strings, rips, and tears before hanging them for drying. She said they did not take the slings back to the floor, the CNAs came to the laundry to get the slings that were dry for use. She said if a sling that was unsafe was used for residents, it could tear causing the resident to fall and get hurt.</p> <p>During an interview on 2/12/2025 at 1:31 PM, the DON said the Central Supply person was responsible for the lift slings in the facility because she was over laundry and central supply. She said the lift slings should be checked about every 6 months and checked every time they were washed. She said she was not aware of the manufacturer's guidelines for the lift slings that the slings should not in be use if they were faded. She said they planned to conduct an audit and the facility had new slings in the facility. She said there could be risk for injury if the faded slings were being used.</p> <p>During an interview on 2/12/2025 at 1:43 PM, the Administrator said with the lift slings staff knew to report if they were torn or ripped and to throw them away. She said it was the responsibility of the DON or ADON to make sure they were not using worn or damaged lift slings. She said she was not aware that the faded slings could not be in use and there would be a potential risk for falls or injuries.</p> <p>(continued on next page)</p> |  |  |

|   |  |  |  |
|---|--|--|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION          | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>455673 | (X2) MULTIPLE CONSTRUCTION<br>A. Building<br>B. Wing                             | (X3) DATE SURVEY COMPLETED<br><br>02/12/2025 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Parkwood IN the Pines |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>902 Hill Street<br>Lufkin, TX 75904 |  |

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<br>(Each deficiency must be preceded by full regulatory or LSC identifying information)  |
|---|--|
| <p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>Record review of the manufacturer instruction for Medline full body slings undated indicated, .Full body slings are made of durable materials and are ideal for patient transferring and toileting activities. Always inspect slings prior to each use. Signs of color fading, bleached areas, indicate improper laundering which is unsafe and could result in injury. Any slings with signs of wear or improper laundering should be immediately removed from use .</p> |

|  |   |  |  |
|--|---|--|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION   | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>455673  | (X2) MULTIPLE CONSTRUCTION<br>A. Building<br>B. Wing                             | (X3) DATE SURVEY COMPLETED<br><br>02/12/2025 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Parkwood IN the Pines  |   | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>902 Hill Street<br>Lufkin, TX 75904 |  |
| 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<br>(Each deficiency must be preceded by full regulatory or LSC identifying information)   |  |  |
| <p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>                     | <p>Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.</p> <p>43994</p> <p>Based on interviews and record review the facility failed to establish a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation and follow a policy to provide pharmacy services in accordance with State and Federal laws or rules of the Drug Enforcement Administration for 1 of 4 months (July 2024) reviewed for pharmacy services.</p> <p>The facility failed to document the number of pages that were included and did not have the required witness signatures for drug destruction on 7/12/2024.</p> <p>This failure could put residents at risk for misappropriation and drug diversion.</p> <p>Findings included:</p> <p>Record review of facility drug destruction records for four of the 12 months (April 2024, July 2024, September 2024, and December 2024) reflected that on 7/12/2024 the cover page did not indicate the number of pages that were included, and the attached pages were only signed by the DON and did not include any additional witness signatures.</p> <p>During an interview on 2/12/2025 at 10:00 AM, the DON said the drug destruction sheets were normally signed by the Pharmacy Consultant, one of the ADON's and herself. She said the drug destruction was conducted at the facility about every 3 months and more often if necessary. She said in January 2024 she did not have an ADON at that time. She said the pharmacist completed the cover sheet and sometimes would initial the narcotic sheets. She said the drug destruction sheets needed the Pharmacist signature and two witness signatures and having witnesses could help prevent the risk of a drug diversion.</p> <p>During an interview on 2/12/2025 at 11:18 AM, the Pharmacy Consultant said she visited the facility monthly and conducted drug destruction quarterly and as needed. She said she was responsible for filling out the cover sheet for the drug destruction and it should have the signatures and number of pages that were included. She said she was not sure why in July 2024 she did not have the number of pages included because she was always careful. She said she always stapled the pages together so no other pages could be added. She said the additional pages should also have initials present. She said the DON and one of the ADON's were always present. She said there could be a risk of a drug diversion if the sheets were not signed or documented properly.</p> <p>During an interview on 2/12/2025 at 1:43 PM, the Administrator said the DON and the Pharmacist were responsible for the drug destruction in the facility. She said she was aware that the drug destruction pages needed to be filled out completely with signatures, dates and indicate how many pages were included. She said she knew the sheets had to be signed by at least two nurses. She said there was a risk for drug diversion if they did not have the appropriate signatures on the drug destruction pages.</p> <p>(continued on next page)</p> |  |  |

|   |  |  |  |
|---|--|--|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION          | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>455673 | (X2) MULTIPLE CONSTRUCTION<br>A. Building<br>B. Wing                             | (X3) DATE SURVEY COMPLETED<br><br>02/12/2025 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Parkwood IN the Pines |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>902 Hill Street<br>Lufkin, TX 75904 |  |

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<br>(Each deficiency must be preceded by full regulatory or LSC identifying information)   |
|--|---|
| <p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Record review of a facility policy titled Discarding and Destroying Medications revised April 2019 indicated, . Medications will be disposed of in accordance with federal, state and local regulations governing management of non-hazardous pharmaceuticals, hazardous waste and controlled substances. Destruction will be carried out by the Pharmacy Consultant and DON or designee. The individual resident narcotics record will be noted as medication being destroyed, then dated and signed by the Consultant Pharmacist and nurse .</p> |

|  |   |  |  |
|--|---|--|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION   | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>455673  | (X2) MULTIPLE CONSTRUCTION<br>A. Building<br>B. Wing                             | (X3) DATE SURVEY COMPLETED<br><br>02/12/2025 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Parkwood IN the Pines  |   | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>902 Hill Street<br>Lufkin, TX 75904 |  |
| 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<br>(Each deficiency must be preceded by full regulatory or LSC identifying information)   |  |  |
| <p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>                    | <p>Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 43994</p> <p>49017</p> <p>Based on observations, interviews, and record reviews the facility failed to ensure drugs and biologicals were store in locked compartments under proper temperature controls and permit only authorized personnel to have access to the keys for 3 of 12 residents (Resident #17, #18 and # 86) reviewed for medication storage.</p> <p>1.The facility failed to ensure Total Beets soft chews was not stored at the bedside of Resident #17 on 2/10/25 .</p> <p>2. The facility failed to ensure a bottle of OTC (over the counter) throat spray was not stored at the bedside of Resident #18 on 2/10/25.</p> <p>3. The facility failed to ensure aspercreme with lidocaine and nasal spray was not stored at the bedside of Resident #86 from 2/10/2025-2/11/2025.</p> <p>These failures could place residents at risk for adverse effects and reduced therapeutic effects of medication and supplies.</p> <p>Findings include:</p> <p>1.Record review of a face sheet indicated that Resident #17 was an [AGE] year-old female admitted to the facility on [DATE]. Diagnosis includes osteoarthritis (a type of degenerative joint disease that results from breakdown of joint cartilage and underlying bone), chronic obstructive disease (a condition that limits airflow into and out of the lungs) and macular degenerations (an age-related retinal condition).</p> <p>Record review of a quarterly MDS dated [DATE] indicated that Resident #17 had a BIMS score 12 indicating that the resident has moderate cognitive impairment. She required moderate assistance for all ADL's.</p> <p>Record review of a physician's order summary report dated 2/11/25 for Resident #17 indicated that she did not have an order for Total Beets dietary supplement.</p> <p>Record review of Resident #17 assessments indicated that she did not have a self-administration of medications assessment form.</p> <p>Record review of Resident #17 undated care plan * did not have a care plan reflecting that she could self-administer medications.</p> <p>(continued on next page)</p> |  |  |

|  |   |  |  |
|--|---|--|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION   | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>455673  | (X2) MULTIPLE CONSTRUCTION<br>A. Building<br>B. Wing                             | (X3) DATE SURVEY COMPLETED<br><br>02/12/2025 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Parkwood IN the Pines  |   | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>902 Hill Street<br>Lufkin, TX 75904 |  |
| 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<br>(Each deficiency must be preceded by full regulatory or LSC identifying information)   |  |  |
| <p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>                    | <p>During an observation and interview on 2/10/25 at 11:00 am a bottle of Total Beets soft chews was observed on a bedside table in Resident #17's room. Resident #17 was sitting up in her wheelchair in her room. Resident #17 stated that her family member had brought her the over-the-counter supplement. She said that she takes them daily. She stated she did not know if the staff was aware of the supplements in her room. She said she was able to administer medications because she had her wits about her. Resident #17 said she took the supplements to help her with her energy.</p> <p>2. Record review of a face sheet indicated that Resident #18 was a [AGE] year-old female admitted to the facility on [DATE]. Diagnosis includes hypertension (High blood pressure), chronic obstructive disease (a condition that limits airflow into and out of the lungs) and chronic heart failure (the heart muscle does not pump blood as well as it should).</p> <p>Record review of an admission MDS dated [DATE] indicated that Resident #18 had a BIMS score 14 indicating that the resident was cognitively intact. She required substantial assistance for all ADL's.</p> <p>Record review of a physician's order summary report dated 2/11/25 for Resident #18 indicated that she did have an order for Chloroseptic mouth/throat spray give one unit every 2 hours as needed for pain with a start date of 11/13/2024.</p> <p>Record review of Resident #18 assessments indicated she did not have a self-administration of medications assessment form.</p> <p>Record review of Resident #18 undated care plan * did not have a care plan reflecting that she could self-administer medications.</p> <p>During an observation and interview on 2/11/25 at 9:00 AM, a bottle of sore throat spray was on the bedside table upon inspection of room. Resident #18 was lying in her bed and stated the sore throat spray belonged to her. She was not able to recall who provided the sore throat spray to her. She stated she only uses the sore throat spray when she needs it. She could not recall the last time that she had used the sore throat spray.</p> <p>3. Record review of an Admission Record dated 2/12/2025 for Resident # 86 indicated she admitted to the facility on [DATE] and was [AGE] years old with diagnoses of Alzheimer's disease (affects memory, thinking, and behavior), type 2 diabetes, generalized osteoarthritis (joint stiffness and pain), and allergic rhinitis (a response triggered by exposure to allergens such as pollen, dust mites, pet dander and mold spores).</p> <p>Record review of active physician orders for Resident #86 dated 2/12/2025 revealed she did not have an order for the saline nasal spray or aspercream.</p> <p>Record review of a Quarterly MDS assessment dated [DATE] for Resident #86 indicated she had moderate impairment in thinking with a BIMS score of 10. She required supervision or touching assistance with all ADL's. During the look back period, the resident did not receive any scheduled pain medication or prn medications.</p> <p>Record review of a care plan dated 11/10/2024 for Resident #86 indicated there was not a care plan for the resident to keep medications at the bedside or to self-administer.</p> <p>(continued on next page)</p> |  |  |

|  |  |  |  |
|--|--|--|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION   | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>455673   | (X2) MULTIPLE CONSTRUCTION<br>A. Building<br>B. Wing                             | (X3) DATE SURVEY COMPLETED<br><br>02/12/2025 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Parkwood IN the Pines  |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>902 Hill Street<br>Lufkin, TX 75904 |  |
| 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<br>(Each deficiency must be preceded by full regulatory or LSC identifying information)  |  |  |
| <p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>                    | <p>During an observation and interview on 2/10/2025 at 9:21 AM, in the room of Resident #86 was alert to person, place, time and situation. She said she had been at the facility since September 2024. There was a bottle of aspercreme with lidocaine and simply saline nasal spray on her nightstand. She said she used the aspercreme often for arthritis pain and brought it from home when she admitted to the facility.</p> <p>During an observation and interview on 2/11/2025 at 4:35 PM, Resident #86 said the bottle of aspercreme, and saline spray were in the drawer in the nightstand and allowed the Surveyor to look inside the drawer where they were placed along with a box of gas x. She said the nurse on yesterday 2/10/2025 placed them there after she checked her blood sugar. She said she brought the medications into the facility when she admitted and was not aware if the facility knew she had them or not. She said no one at the facility told her she could not keep medications in her room.</p> <p>During an interview on 2/11/2024 at 3:39 PM, the DON stated that there were no residents in the facility that were assessed to self-administer medications. She stated the facility did have a policy for self administering of medications, but that she was not aware of any residents that had medications in their room for self-administration. The DON stated an assessment would need to be completed to ensure that the resident could safely administer medications and an order would be obtained if a resident requested to self-administer medications. She stated that there should not be any medications in the resident rooms at this time.</p> <p>During an interview on 2/11/2024 at 3:39 PM, the Administrator stated family members would bring in medications and leave them in the resident's room. She said nursing staff should remove any medications found in the rooms and obtain an order from the doctor for the medications. She said medications are to be kept secured in the medication cart.</p> <p>During an interview on 2/11/2025 at 4:40 PM, LVN G said she was the nurse assigned to hall 600 and even side of hall 500 and was assigned to care of Resident #86. She said she was not aware Resident #86 had medications in her room. She said there could be a risk of not knowing what medications they were taking, medications could have counteractions with other medications, staff not being aware of what they are taking and not aware of what to look for, and the possibility of an overdose of medications.</p> <p>During an interview on 2/11/2025 at 4:43 PM, the ADON said she was not sure if there were any residents in the facility that were able to self-medicate and keep medications at the bedside. She said medications should be stored in the medication room or in the medication cart and not at the bedside. She said only if a resident had an assessment to indicate they were safe to self-administer along with a physician order could they self-administer. She said there could be a risk of another resident wandering into rooms and taking the medications if they were left at the bedside. She said there could also be a risk of taking the wrong amount of a medications.</p> <p>During a follow-up interview on 2/12/2025 at 10:05 AM, the DON she said there were not any residents in the facility that had an order to self-administer, and she was not aware of any residents in the facility with medications at the bedside. She said residents could be at risk of taking too much of a medication or someone going in and taking the medications. She said they made rounds on yesterday 2/12/2025 facility wide and removed the medications in the rooms of the residents and educated the residents of notifying the nurses so they can get an order to be administered.</p> <p>(continued on next page)</p> |  |  |

|   |  |  |  |
|---|--|--|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION          | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>455673 | (X2) MULTIPLE CONSTRUCTION<br>A. Building<br>B. Wing                             | (X3) DATE SURVEY COMPLETED<br><br>02/12/2025 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Parkwood IN the Pines |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>902 Hill Street<br>Lufkin, TX 75904 |  |

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<br>(Each deficiency must be preceded by full regulatory or LSC identifying information)  |
|---|--|
| <p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>During an interview on 2/12/25 at 10:30 AM pm LVN A, said she provided care and administered medications to Resident #17 and Resident #18. She said she was not aware of any resident having medications in resident rooms and that she did not care for any residents that were allowed to self-administer medications. She stated if medications were found at the bedside, the medications were removed immediately. She said if there was an order for the medication then it was placed on the medication cart. She said if there was not an order for the medication then it was turned in to the director of nurses. She stated that the risk of residents having medications at the bedside include possible interactions with other medications that the resident was taking and residents taking inappropriate doses of the medication.</p> <p>During a follow up interview on 2/12/2025 at 1:43 PM, the Administrator said there were not any residents in the facility that could self-medicate or keep medicine at the beside. She did an audit on yesterday 2/11/2025 and talked to the residents that had medicines in their rooms and told them to take the medications to the nurse and told the nurses to get an order for the medicine. She said they educated the staff on OTC medications. She said there could be a risk of a resident overdosing on the medicine.</p> <p>Record review of a facility policy titled Self- Administration of Medications revised December 2016 read .Staff shall identify and give to the charge nurse any medications found at the bedside that are not authorized for self-administration, for return to the family or resident representative and .the interdisciplinary team will perform an assessment of Self Administration of Medications Form .</p> |

|  |  |  |  |
|--|--|--|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION   | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>455673   | (X2) MULTIPLE CONSTRUCTION<br>A. Building<br>B. Wing                             | (X3) DATE SURVEY COMPLETED<br><br>02/12/2025 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Parkwood IN the Pines  |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>902 Hill Street<br>Lufkin, TX 75904 |  |
| 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<br>(Each deficiency must be preceded by full regulatory or LSC identifying information)  |  |  |
| <p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>                     | <p>Provide and implement an infection prevention and control program.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 46273</p> <p>Based on observations, interviews, and record review the facility failed to establish and maintain an infection prevention and control program designed to provide a safe, sanitary, and comfortable environment and to help prevent the development and transmission of communicable diseases and infections for 1 of 6 residents (Resident #62) and 1 of 5 staff (CNA D) reviewed for infection control.</p> <p>The facility failed to ensure CNA D washed their hands before providing incontinent care to Resident #62 on 2/11/25.</p> <p>The facility failed to ensure CNA D appropriately changed gloves and washed hands while providing incontinent care to Resident #62 on 2/11/15.</p> <p>The facility failed to ensure CNA D properly cleaned the penis of Resident #62 while providing incontinent care on 2/11/25.</p> <p>These failures could place residents at risk of exposure to infectious diseases due to improper infection control practices.</p> <p>Findings included:</p> <p>Record review of a facility face sheet dated 2/11/25 for Resident #62 indicated that he was an [AGE] year-old male admitted to the facility on [DATE] with diagnoses that included asthma, malignant neoplasm of head (cancer), face, and neck, and dysphagia (trouble swallowing).</p> <p>Record review of a Quarterly MDS assessment dated [DATE] for Resident #62 indicated that he had a BIMS score of 9, which indicated he had moderate cognitive impairment. He required maximum assistance with toileting and personal hygiene. He was incontinent of bowel and bladder.</p> <p>Record review of a comprehensive care plan dated 6/10/24 for Resident #62 indicated that he had an ADL self-care performance deficit and had an intervention for assistance of 1 staff for personal hygiene and toileting.</p> <p>(continued on next page)</p> |  |  |

|  |   |  |  |
|--|---|--|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION   | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>455673  | (X2) MULTIPLE CONSTRUCTION<br>A. Building<br>B. Wing                             | (X3) DATE SURVEY COMPLETED<br><br>02/12/2025 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Parkwood IN the Pines  |   | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>902 Hill Street<br>Lufkin, TX 75904 |  |
| 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<br>(Each deficiency must be preceded by full regulatory or LSC identifying information)   |  |  |
| <p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>                     | <p>During an observation on 2/11/25 at 9:30 am CNA D entered room and did not wash hands. He then put on a pair of non-sterile gloves and proceeded to retrieve items from Resident #62's closet. He pulled the curtain to provide privacy. He then unfastened resident's brief, and still wearing the same gloves, he was observed to wipe outer groin/inner thigh area and downward on shaft of penis. He did not lift penis up to clean shaft or tip. He then rolled resident over and wiped bottom area. He then removed old brief and while still wearing the same gloves, he applied the new brief and put clean shorts and shoes on the resident. He then got the resident's wheelchair, while still wearing the same gloves, and placed the chair next to bed and locked the brakes; without removing the gloves or washing his hands. CNA D then transferred resident with gloved hand underneath the right arm of Resident #62 while resident used his left hand on the arm of the wheelchair to steady himself. CNA D removed Resident #62's shirt and put a clean shirt on him while still wearing the same gloves worn while providing incontinent care. He put resident's cap on resident's head while still wearing the same gloves; straightened the bed; got a clean waterproof pad from resident's closet and put it on the bed; straightened the sheets; opened the curtain and walked outside room to put dirty linens in barrel. He returned inside room and opened the resident's bathroom door with gloved hand while still wearing the same gloves worn during incontinent care. He still did not remove gloves or wash hands. CNA D picked up the wastebasket and took it to hall to empty trash into trash barrel. He came back into room while still wearing the same gloves and put the wastebasket down on the floor. He then proceeded to push resident's wheelchair out into the hallway while still wearing the same gloves that were worn during incontinent care. He began pushing the resident down the hallway and then removed gloves and used hand sanitizer from wall dispenser. He then pushed Resident #62 to the therapy room.</p> <p>During an interview on 2/11/25 at 9:50 am CNA D said he had been employed at the facility about 7 or 8 months. When asked if there was anything he would have done differently while providing care to Resident #62, he replied with No, not that I can think of. He was then asked if he washed his hands before providing care. CNA D said No, I did not He was then asked if he changed his gloves during care at all and he responded No, I did not. He said he had received training on infection control and incontinent care.</p> <p>During an interview on 2/11/25 at 10:10 am DON said residents could be at increased risk of infections if proper handwashing and perineal care were not provided. She said she would provide more trainings and education.</p> <p>During an interview on 2/12/25 at 2:20 pm DON said training in the facility was non-stop and all staff had been checked off, handwashing and PPE trainings were done monthly, and they had just recently completed check-offs. She said going forward she would provide more education and expect her staff to provide proper care. She said residents could be at risk for infections if proper infection control procedures were not followed.</p> <p>During an interview on 2/12/25 at 2:35 pm Administrator said going forward she would be doing random audits and more trainings. She said residents could be at risk of passing germs and causing infections if proper infection control procedures were not followed.</p> <p>(continued on next page)</p> |  |  |

|  |  |  |  |
|--|--|--|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION   | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>455673   | (X2) MULTIPLE CONSTRUCTION<br>A. Building<br>B. Wing                             | (X3) DATE SURVEY COMPLETED<br><br>02/12/2025 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Parkwood IN the Pines  |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>902 Hill Street<br>Lufkin, TX 75904 |  |
| 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<br>(Each deficiency must be preceded by full regulatory or LSC identifying information)  |  |  |
| <p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>                     | <p>Record review of a facility policy titled Handwashing/Hand Hygiene dated 2001 and revised December 22, 2023, read .This facility considers hand hygiene the primary means to prevent the spread of infections . and . Use an alcohol-based hand rub containing at least 60-90% alcohol; or, alternatively, soap (antimicrobial or non-antimicrobial) and water for the following situations: .b. before and after direct contact with residents; .h. Before moving from a contaminated body site to a clean body site during resident care .</p> <p>Record review of a facility policy titled Perineal Care dated 2001 and revised October 2010 read .The purposes of this procedure are to provide cleanliness and comfort to the resident, to prevent infections and skin irritation, and to observe the resident's skin condition . and .Steps in the procedure: .2. Wash and dry your hands thoroughly .7 .put on gloves .10. For a male resident: .b. Wash perineal area starting with urethra and working outward . (2) wash and rinse urethral area using a circular motion . (3) continue to wash the perineal area including the penis, scrotum, and inner thighs .12. Remove gloves and discard into designated container. Wash and dry your hands thoroughly .</p> |  |  |