

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 455676	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/16/2024
NAME OF PROVIDER OR SUPPLIER Community Care Center of Hondo		STREET ADDRESS, CITY, STATE, ZIP CODE 2001 Ave E Hondo, TX 78861	

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 0557</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to be treated with respect and dignity and to retain and use personal possessions.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41651</p> <p>Based on interview and record review, the facility failed to ensure the resident's right to be treated with respect and dignity for 1 (Resident #53) of 25 residents reviewed, in that:</p> <p>Resident #25 was referred to as a feeder within her clinical record.</p> <p>This deficient practice could cause psychosocial harm due to feelings of embarrassment and loss of dignity.</p> <p>The findings were:</p> <p>Record review of Resident #53's face sheet, dated 08/14/2024, revealed the resident was admitted to the facility on [DATE] with diagnoses including: altered mental status, dysphagia oral phase, and unspecified dementia.</p> <p>Record review of Resident #53's quarterly MDS assessment, dated 06/21/2024, revealed a BIMS score of 04 which indicated severe cognitive impairment. Further review revealed Resident #53 required assistance to complete activities of daily living, including eating.</p> <p>Record review of Resident #53's care plan, edited 07/09/2024, revealed, [Resident #53] is at risk for nutritional impairment [related to] receiving therapeutic diet .[Resident #53] requires a divided plate and queuing with meals. Further review revealed, Cognitive loss/ dementia or alteration in thought processes . Promote dignity. Converse with resident and ensure privacy while providing care.</p> <p>Record review of Resident #53's clinical record revealed a progress note, dated, 05/03/2024, spoke with dietitian regarding weight loss .did explain to dietitian that patient .is more of a feeder x 1 due to forgetfulness and [diagnosis] of Dementia. resident is spoon fed by staff x 1 assist for all meals in dining room.</p> <p>During an interview with the interim DON on 08/14/2024 3:14 p.m., the interim DON stated that the nurse who wrote the progress note, dated, 05/03/2024 was not a full-time staff member and was not scheduled to work in the facility during the survey period. The interim DON stated that it was unacceptable to refer to residents who require assistance with dining as feeders and that was her expectation that staff members do not do so.</p> <p>(continued on next page)</p>

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0557</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Record review of the facility policy, Quality of Life - Dignity, Revised August 2009, revealed, Each resident shall be cared for in a manner that promotes and enhances quality of life, dignity, respect and individuality. 1. Residents shall be treated with dignity and respect at all times. 2. Treated with dignity means the resident will be assisted in maintaining and enhancing his or her self-esteem and self-worth . 7. Staff shall speak respectfully to residents at all times, including addressing the resident by his or her name of choice and not labeling or referring to the resident by his or her room number, diagnosis, or care needs.</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>46677</p> <p>Based on observation, interview, and record review, the facility failed to store, prepare, distribute, and serve food in accordance with professional standards for 1 of 1 kitchen observed for food service.</p> <p>-Container of Thick-it had a scoop stored inside container</p> <p>-Two 5-gallon clear food storage containers with dry cereal did not have a label and was not dated.</p> <p>These failures could place residents at risk of food borne illnesses.</p> <p>Findings were:</p> <p>Observation of the facilities kitchen on 08/13/2024 at 9:08 AM revealed a clear container labeled Thick-it contained a scoop in it.</p> <p>Observation of the facility's dry storage in the kitchen on 08/15/2024 at 11:18 AM revealed two clear 5-gallon food storage containers each filled with dry cereal were unlabeled and not dated.</p> <p>Interview with Dietary Manager on 08/15/2024 at 11:48 AM revealed the containers with dry cereal were filled that day and she forgot to label the container. Dietary Manager stated it was the responsibility of all staff to label foods when they are opened. Dietary Manager stated by not labeling open foods it increased the chance of food born illness. Dietary Manager also stated that scoops should not be stored inside containers with foods or ingredients and the scoop that was observed in the container of thick-it was not common practice and could lead to cross contamination or food born illness.</p> <p>Record review of the facility's policy named Food Receiving and Storage, revised December 2008, revealed 6. Dry foods that are stored in bins will be removed from original packaging, labeled and dated (use by date). Such foods will be rotated using a first in - first out system.</p> <p>Review of the Food Code, U.S. Public Health Service, U.S. FDA, 2022, U.S. Department of H&HS, revealed, 3-304.12 In-Use Utensils, Between-Use Storage: (E) In a clean, protected location if the utensils, such as ice scoops, are used only with a food that is not time/temperature control for safety food.</p>		

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<p>F 0912</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Some</p>	<p>Provide rooms that are at least 80 square feet per resident in multiple rooms and 100 square feet for single resident rooms.</p> <p>46677</p> <p>Based on observation, record review, and interview, the facility failed to ensure that 4 of 35 multiple occupancy resident rooms (#A5, #A6, #A9, and #A11) provided a minimum of 80 square (sq.) feet (ft.) per resident.</p> <p>This deficient practice could place residents at risk of inadequate space for activities of daily living in their rooms.</p> <p>The findings were:</p> <p>Observation on 08/14/2024 beginning at 11:00 a.m. and measurement of rooms designated for three residents revealed</p> <p>room #A5 measured 217 sq. ft. (72.3 sq. ft. per resident) with one resident residing in the room,</p> <p>room #A6 measured 220.5 sq. ft. (73.6 sq. ft. per resident) with no residents residing in the room,</p> <p>room #A9 measured 228 sq. ft. (76.0 sq. ft. per resident) with two residents residing in the room, and</p> <p>room #A11 measured 225 sq. ft.(75.0 sq. ft. per resident) with one resident residing in the room. Observation of resident room # A11 revealed it had 2 light fixtures and 2 call light systems visible.</p> <p>Interview with the Administrator on 08/15/2024 at 9:20 a.m. confirmed that four of the facility's room were below 80 square feet required per resident. The rooms were #A5, #A6, #A9, and #A11, and he wanted to continue the room waivers for these rooms.</p> <p>Record Review of the Bed Classification Form, dated 08/15/2024, revealed resident rooms #A5, #A6, #A9, and #A11 were certified as rooms for 3 residents per room.</p>