

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 455700	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/19/2024
NAME OF PROVIDER OR SUPPLIER Willowbrook Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 227 Russell Blvd Nacogdoches, TX 75965	

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** 46273</p> <p>Based on observation, interview and record review, the facility failed to provide a safe, functional, sanitary, and comfortable environment for residents, staff, and the public for 3 (Residents #30, #71, #43) of 16 resident rooms reviewed for environmental conditions in that:</p> <p>The facility failed to ensure Resident #30's resident restroom did not have dark colored splatters on wall next to toilet and strong odor of urine.</p> <p>The facility failed to ensure Resident #71's resident room did not have crumbs in windowsill and splatters on wall.</p> <p>The facility failed to ensure Resident #43's divider curtain was clean and free of splatters and stains.</p> <p>This deficient practice could place residents at risk of living in an unsanitary environment.</p> <p>The findings included:</p> <p>Record review of a facility face sheet dated 6/18/24 for Resident #30 indicated that he was an [AGE] year-old male admitted to the facility on [DATE] and subsequently readmitted on [DATE] with diagnoses including: Chronic Obstructive Pulmonary Disease (a chronic inflammatory lung disease that causes obstructed airflow from the lungs), chronic respiratory failure (a long-term condition where the lungs can't adequately oxygenate the body or remove carbon dioxide), and hypothyroidism (a condition where the thyroid gland does not produce enough hormones).</p> <p>Record review of a quarterly MDS assessment dated [DATE] for Resident #30 indicated that he had a BIMS score of 14, which indicated that he had no cognitive impairment.</p> <p>Record review of a facility face sheet dated 6/18/24 for Resident #71 indicated that he was a [AGE] year-old male admitted to the facility on [DATE] and subsequently readmitted on [DATE] with diagnoses including: heart failure (a serious condition in which the heart can't pump enough blood to meet the body's needs), dementia (a group of symptoms that affects memory, thinking and interferes with daily life), and major depressive disorder (mental health disorder having episodes of psychological depression).</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 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Record review of a quarterly MDS assessment dated [DATE] for Resident #71 indicated that he had a BIMS score of 9, which indicated that he had moderate cognitive impairment.</p> <p>Record review of a Physician's order summary dated 6/19/24 for Resident #43 indicated he was a [AGE] year-old male admitted [DATE] with diagnoses including diabetes (high blood glucose) and hypertension (high blood pressure).</p> <p>Record review of a quarterly MDS assessment dated for Resident #43 indicated he had a BIMS score of 15, which indicated he was cognitively intact.</p> <p>During an observation on 6/17/24 at 9:40 am Resident #30's resident restroom was observed with dark colored splatter stains on wall next to toilet. Restroom had strong odor of urine.</p> <p>During an observation and interview on 6/17/24 at 10:17 am Resident #71 was observed lying in bed. Multiple dark colored crumbs noted in windowsill next to bed and multiple dark colored splatters observed on wall next to bed. Resident #71 said that it was food. He said housekeeping would clean his room every day, but they never cleaned his wall or his window. He said he would like it to be cleaned.</p> <p>During an observation and interview on 6/18/24 at 3:00 pm crumbs and splatters were observed to still be in windowsill and wall of Resident #71's room. CNA F said she had noticed them a while back and reported to housekeeping, but it had not yet been cleaned. She could not remember who she reported it to, but said it was approximately a month ago.</p> <p>During an observation and interview with Resident #43 on 6/19/24 at 09:00 am the divider curtain between bed A and bed B is soiled with a dark substance and has two large splatter stains. Resident #43 said he had never seen them take down the curtain in his room to wash it, but maybe he was gone when they removed it.</p> <p>During an interview on 6/19/24 at 8:30 am HSKP Supervisor said that his staff was responsible for daily cleaning in resident rooms and bathrooms. He said rooms were cleaned daily and if staff saw something dirty, they were expected to clean it. He said if there was nothing visible, then windowsills and walls were to be cleaned twice weekly. He said pests could be attracted to food crumbs. He said the maintenance department was responsible for taking the divider curtains down in the resident rooms and the laundry would wash them. He said he had no set schedule for them to be taken down and washed.</p> <p>During an interview on 6/19/24 at 4:00 pm DON said she had not been aware of the crumbs and splatters in Residents #30 and #71's rooms. She said if food crumbs were present in residents' rooms the residents could be at risk of pests.</p> <p>During an interview on 6/19/24 at 4:25 pm Admin said that he was not aware of the crumbs and splatters in residents' rooms. He was unsure why housekeeping had not cleaned it. He said he expected his staff to clean when needed. He said he would make rounds to check for room cleanliness going forward.</p> <p>(continued on next page)</p>		

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<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Record review of a facility policy titled Bathrooms dated 2001 and revised in April 2006 read .Daily bathroom cleaning includes: f. cleaning walls, mirrors, pipes, shelves, etc .</p> <p>Record review of a facility policy titled 7-step Daily Washroom Cleaning dated 10/25/16 read .wipe walls - especially by trash containers, light switches and door handles .</p> <p>Record review of a facility policy titled 5-step Daily Room Cleaning dated 10/25/16 read:</p> <p>.Vertical surfaces are not completely wiped down daily - but must be spot-cleaned daily . and;</p> <p>.Walls - especially by trash cans, light switches and door handles - will need special attention . and;</p> <p>.Tabletops, headboards, window sills, chairs - should all be done .</p>		

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<p>F 0636</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Assess the resident completely in a timely manner when first admitted, and then periodically, at least every 12 months.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46273</p> <p>Based on observation, interview, and record review the facility failed to conduct a comprehensive and accurate assessment of each resident using the resident assessment instrument (RAI) specified by CMS for 2 (Resident #86 and Resident #114) of 8 residents whose records were reviewed for assessments.</p> <p>Resident #86 was not coded as dependent with transfers on her 5/15/24 quarterly MDS assessment.</p> <p>Resident #114 was not coded as receiving hospice services on his 3/11/2024 admission MDS assessment.</p> <p>This failure to ensure comprehensive and accurate assessments could affect residents by placing them at risk for inaccurate and incomplete MDS assessment which could result in residents not receiving correct care and services.</p> <p>Finding included:</p> <p>Record review of a facility face sheet dated 6/18/24 for Resident #86 indicated that she was a [AGE] year-old female admitted to the facility on [DATE] with diagnoses including: dementia (deterioration of memory, language, and other thinking abilities), cerebral infarction (stroke), and hypertension (high blood pressure).</p> <p>Record review of a quarterly MDS assessment dated [DATE] for Resident #86 indicated that she had a BIMS score of 4, which indicated that she had severe cognitive impairment. Section GG did not code her as dependent in transfers.</p> <p>Record review of a comprehensive care plan initiated on 03/12/2024 and revised on 5/8/24 for Resident #86 indicated that she had suffered a Cerebral Vascular Accident (Stroke) and interventions included: activity as tolerated; out of bed in chair if tolerated. Comprehensive care plan did not specifically address ADL needs and supervision required.</p> <p>During an observation on 06/17/24 at 12:00 pm Resident #86 was observed up in dining area in a Geri chair with a mechanical lift sling observed underneath her. She said that staff used the sling to get her out of her bed and into her chair.</p> <p>Record review of Resident #114's face sheet dated 6/19/2024 revealed a [AGE] year-old male resident admitted to the facility originally on 2/27/2024, with diagnoses that included: parkinsonism (a disorder of the central nervous system that affects movements to include tremors), type 2 diabetes mellitus (high blood sugar), vitamin D deficiency, dementia moderate with other behavioral disturbance (deterioration of memory, language, and other thinking abilities), and depression.</p> <p>Record review of a quarterly MDS assessment dated [DATE]for Resident #114 revealed: Section O-Special Treatments, Procedures, and Programs K1. Hospice care marked No.</p> <p>(continued on next page)</p>		

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<p>F 0636</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Record review of Resident #114's Care Plan dated 4/03/2024 revealed Resident #114 had a terminal prognosis with interventions that included: Consult with physician to have Hospice care for resident in the facility.</p> <p>Record review of Resident #114's admission hospice orders revealed Resident #114 was admitted to hospice care on 2/29/2024.</p> <p>During an interview on 06/19/24 at 09:20 AM MDS E said that she and the therapy department would work together to complete section GG (Functional Abilities and Goals) and sometimes things would carry over that were not accurate. She said it should have been marked as dependent for transfers (which means she did not do any of the activity herself). She said she was responsible for ensuring that the assessment was accurate before submission. She said the DON would sign indicating that the assessment was complete but did not verify accuracy. MDS E said that it was her responsibility to ensure the assessment was accurate, and she must have just missed that this one was not accurate before submission. She said that staff may not know what was going on with the resident because the assessment would trigger the care plan areas and the CNAs depend on that information to check on the assistance levels for residents to ensure residents received the appropriate care and supervision. She said she would check more carefully in the future.</p> <p>During an interview on 06/19/24 at 09:39 AM DON said she did sign the MDS once it was complete, but she did not verify accuracy. She said if they are not completed accurately, then reimbursement rates might be off, and resident care could suffer due to assessment not being completed accurately because the care plan gets triggered by the assessment and staff may not know how to properly care for the resident.</p> <p>During an interview on 6/19/2024 at 02:25 PM the MDS E verified that Resident #114 did not have hospice care marked on his 3/11/2024 admission MDS assessment and it should have been according to his hospice admission orders. The MDS E Coordinator said, I just missed it. She said what she should have done was complete the admission MDS assessment on 2/28/2024 and then completed a significant change MDS assessment dated for 2/29/24 the day Resident #114 had admitted to hospice. The MDS E Coordinator reported that the policy followed to assess residents needs and complete the MDS was the RAI manual.</p> <p>During an interview on 6/19/2024 at 03:50 PM the DON verified that Resident #114 was receiving hospice care services. The DON reported that if a resident's MDS does not accurately assess the resident's needs it can affect the facility's reimbursement but since Resident #114's hospice care was care planned his care was not affected. The DON reported that if a resident's care was care planned then the resident's care will not be affected by an inaccurate MDS, only the facility's reimbursement.</p> <p>During an interview on 6/19/2024 at 3:57 PM, The Administrator said he was responsible for overseeing the MDS nurses. The Administrator said the DON signs the MDS as the RN and said the regional MDS person was responsible for ensuring accuracy of the assessments. The Administrator said if the MDS was not coded correctly the resident could possibly receive the wrong nursing care.</p> <p>Record review of the Long Term Care Facility Resident Assessment Instrument 3.0 User's Manual Version 1.18.11, dated October 2023 revealed the following:</p> <p>Section O Special Treatments, Procedures, and Programs-O0110 K1.: Hospice Care</p> <p>(continued on next page)</p>		

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<p>F 0636</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Item Rationale: Code residents identified as being in a hospice program for terminally ill persons where an array of services is provided for the palliation and management of terminal illness and related conditions. Coding Instructions: Check all treatments, procedures, and programs that the resident received or performed after admission/entry or reentry to the facility and within the last 14 days. If no treatments, procedures, or programs were received by, performed on, or participated in by the resident within the last 14 days or since admission/entry or reentry, check Z, None of the above.</p> <p>Record review of facility policy titled Resident Assessment Instrument undated revealed: 3. The purpose of the assessment is to describe the resident's capability to perform daily life functions and to identify significant impairments in functional capacity. 4. Information derived from the comprehensive assessment enables the staff to plan care that allows the resident to reach his/her highest practicable level of functioning and includes, as a minimum: .O. Special Treatment and Procedures: Refers to treatments and procedures that are not part of basic services provided .</p>		

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<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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 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 19 residents reviewed for quality of care. (Resident #3, #58, #86, and #111).</p> <p>The facility failed to remove worn and damaged mechanical lift slings from service.</p> <p>This deficient practice could result in a loss of quality of life due to injuries.</p> <p>Findings included:</p> <p>Record review of a facility face sheet dated 6/18/24 for Resident #3 indicated that she was a [AGE] year-old female admitted to the facility on [DATE] and subsequently readmitted on [DATE] with diagnoses including: type 2 diabetes (uncontrolled blood sugar), dementia (deterioration of memory, language, and other thinking abilities), and hypertension (high blood pressure).</p> <p>Record review of a comprehensive MDS assessment dated [DATE] for Resident #3 indicated that she had a BIMS score of 4, which indicated that she had severe cognitive impairment. Section GG indicated that she was dependent with transfers.</p> <p>Record review of a comprehensive care plan initiated on 10/13/2020 for Resident #3 indicated that she had an ADL self-care performance deficit. Interventions included .TRANSFER: The resident requires staff assistance with transfers . and Last Care Plan Review Completed section read .4/07/2024 .</p> <p>Record review of a facility face sheet dated 6/18/24 for Resident #58 indicated that she was a [AGE] year-old female admitted to the facility on [DATE] and subsequently readmitted on [DATE] with diagnoses including: peripheral vascular disease (poor circulation to the extremities), anxiety disorder, and type 2 diabetes (uncontrolled blood sugar).</p> <p>Record review of a quarterly MDS assessment dated [DATE] for Resident #58 indicated that she had a BIMS score of 15, which indicated that she had no cognitive impairment. Section GG indicated that she was dependent with transfers.</p> <p>Record review of a comprehensive care plan initiated on 4/15/20 indicated that Resident #58 had an ADL self-care performance deficit with an intervention that read .TRANSFER: The resident requires Mechanical Aid lift with sling for transfers .</p> <p>Record review of a facility face sheet dated 6/18/24 for Resident #86 indicated that she was a [AGE] year-old female admitted to the facility on [DATE] with diagnoses including: dementia (deterioration of memory, language, and other thinking abilities), cerebral infarction (stroke), and hypertension (high blood pressure).</p> <p>(continued on next page)</p>		

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<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 a quarterly MDS assessment dated [DATE] for Resident #86 indicated that she had a BIMS score of 4, which indicated that she had severe cognitive impairment. Section GG indicated that her ability to transfer to and from a bed to a chair (or wheelchair) was not applicable meaning that it had not occurred in the previous 7 days.</p> <p>Record review of a comprehensive care plan initiated on 03/12/2024 and revised on 5/8/24 for Resident #86 indicated that she had suffered a Cerebral Vascular Accident (Stroke) and interventions included: activity as tolerated; out of bed in chair if tolerated. Comprehensive care plan did not specifically address ADL needs and supervision required.</p> <p>Record review of a facility face sheet dated 6/17/24 indicated Resident #111 was a [AGE] year-old female and admitted to the facility on [DATE] with diagnosis cerebrovascular disease (blood flow is affected in the brain).</p> <p>Record review of an admission MDS assessment dated [DATE] indicated Resident #111 could not complete BIMS assessment and was dependent with all ADL's.</p> <p>Record review of a comprehensive care plan dated 6/18/24 indicated Resident # 111 had a stroke and required transfer by two persons using a Hoyer lift.</p> <p>During an observation on 6/17/24 at 12:00 pm Residents #3, #58, and #86 were all observed up in the dining room with mechanical lift slings underneath them. Resident #3's lift sling labels appeared to have been cut off as there was evidence of a label being there, but only a thin strip of the white label was remaining showing from the outer edge seam, and the straps were faded to a light purple, light green & light blue (almost gray). Unable to determine brand of Resident #3's sling. Resident #58's lift sling was a blue mesh sling, the colors on straps were faded, all almost gray and the label was unreadable, appeared to be an Invacare brand. Resident #86's lift sling was observed with faded coloring to straps.</p> <p>During an observation on 06/17/24 at 9:01 AM Resident # 111's sling lift pad under her had faded loops.</p> <p>During an observation on 06/18/24 at 8:48 AM Resident # 111's sling lift pad under her had faded loops.</p> <p>During an observation and interview on 6/18/24 at 9:18 am Resident #86 was observed up in common area in a Geri chair with a mechanical lift sling underneath her. Sling was a blue mesh and straps were faded in color, they were observed to be light pink and almost gray in color. DON said that she did not know color fading meant sling should not be used. She said they had plenty of slings so she would get them replaced. She said CNAs should be checking the slings for safety before using them. She said if a strap broke, a resident could be at risk for falls.</p> <p>During an observation on 06/18/2024 at 10:41 am CNA C and CNA D were observed transferring Resident #111 by mechanical lift.</p> <p>(continued on next page)</p>		

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<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 06/18/24 at 10:41 AM CNA C said that Hoyer slings should be inspected before using and should not be used if they were faded or frayed. She said she had received training on reporting slings that needed to be removed from service. She said that she got Resident #111 up this morning, and she should have gotten a different sling because an old sling could result in a fall or injury.</p> <p>During an interview on 6/18/24 at 3:00 pm Laundry Aide said that she had been employed for approximately one year. She said she did not use bleach on the lift slings. She said she washed them with blankets. She said she checked the slings for loose seams and any rips or tears. She said if she noticed any, she removed slings and did not send them to be used. She said she did not know to watch for color fading.</p> <p>During an interview on 6/19/24 at 4:25 pm Admin said he would be implementing a form to do a weekly lift sling check and would also start dating the slings, so they know how old they are. He said it could be a safety concern if worn lift slings were used.</p> <p>Record review of a facility policy titled Lifting Machine, Using a Portable dated 2001 and revised in April 2007 indicated that it did not address inspecting slings for wear and tear.</p> <p>Record review of manufacture guidelines Full Body Slings - Instructions for use accessed at www.medline.com on 6/18/24 read .Always inspect slings prior to each use. Signs of rips, tears, or frays indicate sling wear which is unsafe and could result in injury. Signs of color fading, bleached areas, or permanent wrinkles on the straps 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 . and .Do not remove sling labels. If sling labels are removed or no longer legible, sling must be immediately removed from use .</p> <p>Record review of manufacture guidelines Invacare Patient Sling Reference Guide accessed at www.invacare.com on 6/18/24 read .Inspect sling before each use for wear, tears, and loose stitching. Bleached, torn, cut, frayed or broken slings are unsafe and could result in injury. Discard immediately .</p> <p>46436</p>		

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<p>F 0693</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that feeding tubes are not used unless there is a medical reason and the resident agrees; and provide appropriate care for a resident with a feeding tube.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46436</p> <p>Based on observation, interview, and record review, the facility failed to ensure residents who are fed by enteral means received the appropriate treatment and services to prevent complications of enteral feeding for 1 of 4 residents (Resident #111) reviewed for gastrostomy tube management quality of care.</p> <p>The facility failed to ensure Residents #111's enteral feeding was maintained within date per manufacturer label.</p> <p>This failure could place residents who received feedings by gastrostomy tube (tube inserted into the stomach for feeding) at risk for sickness, hospitalization and decline in health.</p> <p>Findings:</p> <p>Record review of a facility face sheet dated [DATE] indicated Resident #111 was a [AGE] year-old female and admitted to the facility on [DATE] with diagnosis of cerebrovascular disease (blood flow changes to the brain).</p> <p>Record review of a consolidated physician's order report dated [DATE] indicated Resident #111 had an order for gastrostomy feedings 237 milliliters (ml) two times a day.</p> <p>Record review of the [DATE] medication administration record indicated Resident #111 had received the ordered bolus feeding per gastrostomy tube two times a day on [DATE] and [DATE].</p> <p>Record review of an admission MDS assessment dated [DATE] indicated Resident #111 could not complete BIMS assessment , required a feeding tube, and was dependent with all ADL's.</p> <p>Record review of a comprehensive care plan dated [DATE] indicated Resident #111 required a feeding tube and provide feedings as ordered by doctor.</p> <p>During an observation on [DATE] at 09:01 am enteral feeding formula container was at Resident #111's bedside with an opened date of [DATE] and directions read to use within ,d+[DATE] hours depending on connection.</p> <p>During an interview on [DATE] at 9:55 AM LVN A said Resident # 111 received bolus feedings of 237 ml at 10:00 am and 1:00 pm and was assisted with meals orally as well. She said the large container in the room was used to bolus (administer at one time) her feedings . She said the feedings were only good for 24 hours and after that should be disposed. She said she opened a new bottle on [DATE] for the 10:00 am feeding but could not speak to what the previous nurses had done. She said that the formula in use was kept at the bedside and there were no other containers used for Resident #111. She said that consuming expired enteral feeding formula could cause sickness.</p> <p>(continued on next page)</p>		

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<p>F 0693</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on [DATE] at 10:01 AM LVN B said she was the unit manager for Resident # 111 and when she made rounds on [DATE] she saw the feeding was out of date and disposed of it. She said the feedings at the bedside were the ones used by the nurses and the nurse should look at the date and dispose of the feeding within 24 hours of opening. She said that by not disposing of expired feedings the resident could become sick if they received feedings that were out of date.</p> <p>During an interview on [DATE] at 4:00 PM the DON said the charge nurses were responsible for ensuring enteral feedings were within date before administering. She said the unit managers also round daily during the week to check residents and they look at feeding tube supplies on those rounds. She said enteral feedings should be disposed every 24 hours to prevent sickness. She said she expected all nurses to inspect the enteral feedings before administering and dispose of the feedings within the appropriate time frame.</p> <p>During an interview on [DATE] at 4:18 PM the administrator said the charge nurses and unit managers were responsible for checking the dates on enteral feedings and should not administer feedings that were out of date. He said that out-of-date feedings could possibly make a resident sick. He said he expected all nurses were ensuring feedings were disposed of when the date said so.</p> <p>Record review of a facility policy titled Enteral Nutrition dated [DATE] indicated, .adequate nutritional support through feeding will be provided to residents as ordered .</p>		

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<p>F 0732</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Many</p>	<p>46436</p> <p>Post nurse staffing information every day.</p> <p>Based on observation, interview and record review, the facility failed to ensure nurse staffing data was posted and readily accessible to residents and visitors with all required information for nurse staffing information.</p> <p>The facility failed to ensure the daily staffing information was posted on 6/17/2024.</p> <p>This failure could place residents, families, and visitors at risk of not being informed of the census and number of staff working each day to provide care on all shifts.</p> <p>Findings:</p> <p>During an observation on 6/17/2024 at 8:45 am there was no posting observed for nurse staffing information in the facility.</p> <p>During an observation on 6/17/2024 at 11:40 am there was no posting observed for nurse staffing information in the facility.</p> <p>During an interview on 06/17/24 at 11:48 am the staffing coordinator said he posted the working schedule on the bulletin board each day but had not been posting the nurse staffing information for each discipline and was not aware he had to. He said the previous staffing coordinator trained him and he could see if the posting was not posted and visible for residents and visitors, they could think there were not enough staff present to provide care. He said he would correct the data posting and place the posting on the wall.</p> <p>During an interview on 06/17/24 at 12:17 pm the DON said the staffing coordinator was responsible for posting the staffing information and she should have been ensuring that it was posted. She said the ADON would now be responsible for posting the staffing information in a clear and visible area daily. She said they would also start a binder to store the information for 18 months per the regulation. She said by not having the information posted residents and visitors might not think there was sufficient staff present to provide care.</p> <p>During an interview on 06/17/24 at 2:02 pm the administrator said the staffing coordinator was responsible for posting the nurse staffing information and thought the schedule on the bulletin was appropriate. He said he was not sure when the last time the nurse staffing information was posted but would correct the problem and place the sign per the regulations today. He said he did not see any risk to the residents. He said there was no policy for nurse staffing information.</p>		

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<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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 40124</p> <p>Based on observations, interviews, and record reviews the facility failed to ensure residents were free of any significant medication errors for 1 of 4 residents (Resident #20) reviewed for medication administration.</p> <p>Resident #20 was not provided ordered clonazepam 1 mg po bid on 06/12/2024, 06/13/2024, 06/14/2024, 06/15/2024, 06/16/2024, and 06/17/2024.</p> <p>This failure could place residents at risk for not receiving the therapeutic effects of their prescribed medications.</p> <p>The findings included:</p> <p>Record review of Resident #20's order summary, dated 06/18/2024, reflected a [AGE] year-old female resident with a re-admitted [DATE] and diagnoses including chronic pain, anxiety disorder (nervousness) and hypertension (A condition in which the force of the blood against the artery walls is too high).</p> <p>A record review of Resident #20's quarterly MDS assessment, dated 05/18/2024, revealed Resident #20 was assessed with a BIMS score of 14 out of a possible 15, indicating she was cognitively intact.</p> <p>A record review of Resident #20's Care Plan with revision date 05/31/2024, revealed the resident had ineffective coping related to trauma following a car accident.</p> <p>A record review of Resident #20's Physician's orders, dated 6/19/2024, revealed Clonazepam 1mg bid po with a start date of 06/11/2024 for the diagnosis Anxiety.</p> <p>A record review of Resident #20's June 2024 medication administration record dated 06/18/2024 revealed Resident #20 should have been administered Clonazepam 1mg bid from 06/12/2024 to 06/17/2024 and was not administered Clonazepam as follows:</p> <ol style="list-style-type: none"> 1. Facility did not provide Clonazepam 1mg po on 06/12/2024 at 8:00 AM due to reason: Left blank 2. MA K did not provide Clonazepam 1mg po on 06/12/2024 at 5:00 PM due to reason: Code 2-Drug Refused 3. MA H did not provide Clonazepam 1mg po on 06/13/2024 at 8:00 AM due to reason: Code 9-See Nurses Notes 4. MA L did not provide Clonazepam 1mg po on 06/13/2024 at 5:00 PM due to reason: Code 9-See Nurses Notes 5. MA H did not provide Clonazepam 1mg po on 06/14/2024 at 8:00 AM due to reason: Code 9-See Nurses Notes <p>(continued on next page)</p>		

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<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>7. LVN N did not provide Clonazepam 1mg po on 06/15/2024 at 8:00 AM due to reason: Code 9-See Nurses Notes</p> <p>8. MA O did not provide Clonazepam 1mg po on 06/15/2024 at 5:00 PM due to reason: Code 2-Drug Refused</p> <p>9. MA P did not provide Clonazepam 1mg po on 06/16/2024 at 8:00 AM due to reason: Code 2-Drug Refused</p> <p>10. MA Q did not provide Clonazepam 1mg po on 06/16/2024 at 5:00 PM due to reason: Code 9-See Nurses Notes</p> <p>11. MA H did not provide Clonazepam 1mg po on 06/17/2024 at 8:00 AM due to reason: Code 9-See Nurses Notes</p> <p>12. MA H did not provide Clonazepam 1mg po on 06/17/2024 at 5:00 PM due to reason: Code 9-See Nurses Notes</p> <p>During a Record review of nurses notes from 6/11/24 to 6/18/24 for Resident #20 indicated no documentation in the nurses' notes concerning Clonazepam 1mg po BID being refused or unavailable.</p> <p>During an observation of a medication pass and interview on 6/18/24 at 08:15 am MA H said Resident #20's order for Clonazepam 1mg had not been received from the pharmacy since she returned from the hospital on 6/10/24. She said she had asked RN G to retrieve the medication from the Pyxis (automatic dispensing machine) because she did not have access to the Pyxis machine. MA H had not received it yet for this morning administration.</p> <p>During an interview on 6/18/24 at 8:20 am Resident #20 said she was fine but needed her medication for nervousness and said she had not refused to take the Clonazepam when offered. Resident #20 said she was told the medication had not been received from the pharmacy.</p> <p>During an interview on 6/18/24 at 8:30 am RN G said that the medication had been ordered but not arrived in the facility. He said Resident #20 had been refusing to take it anyway. He said that MA H requested he get today's dosage of Clonazepam 1mg out of the Pyxis (automatic dispensing machine) and it is available there.</p> <p>During an interview on 06/18/24 at 10:00 am the DON said that the medication should be available to residents from the Pyxis (automatic dispensing machine) for retrieval. She said that Clonazepam was available for retrieval from the automatic dispensing machine, and she expected that the unit manager or nurse to retrieve for the CMA or administer to the resident.</p> <p>(continued on next page)</p>

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<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 06/18/24 at 5:00 pm with DON and Administrator. The Administrator said that the Pyxis has emergency medications and meds for initial doses. He said it is his expectation for nursing staff to provide medications and not getting the clonazepam could cause the resident nervousness and discomfort. The Administrator said it was expected for all residents to receive medications as ordered. The DON said she had direct ordering privileges from the pharmacy and if she would have been made aware she could have had the medication in the facility for use right away. She said not getting her the clonazepam could cause the resident distress and increased nervousness . The Administrator said his expectation was for medication administration to be completed according to policy.</p> <p>During an interview on 06/19/24 at 10:44 am MA H said that there seemed to be a delay in getting new prescriptions filled from the pharmacy. She said she really did not know why. She said the card of Clonazepam for Resident #20 had arrived at the facility on 6/17/24 but it was put in the other MA cart. The resident did receive all doses since 6/18/24.</p> <p>Interview on 06/19/24 at 10:51 AM with Resident #20 she said that she had gotten her medications she needed for her nervousness and was less nervous today.</p> <p>During an interview on 06/19/24 at 11:13 am Unit Manager R said there had been a breakdown in communication concerning Resident #20. She said if she would have known that the medication had not arrived, she would have followed up. She said that if the Charge Nurse is notified that the medication is needed it was available in the Pyxis for retrieval until the new prescription is filled.</p> <p>Record Review of an Advanced Pharmacy Policy dated 10/01/2007, titled Medication Ordering and Receiving from Pharmacy .Medications and related products are received from the dispensing pharmacy on a timely basis. The automation machine will provide for automatic dispensing of most routinely ordered medications (tablets and capsules), as needed medications requested by the nurse.</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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47339</p> <p>Based on observation, interview and record review, the facility failed to store, prepare, distribute, and serve food under sanitary conditions in 1 of 1 kitchen observed for kitchen sanitation.</p> <p>The facility failed to ensure that the kitchen refrigerator did not have unlabeled and expired food on [DATE].</p> <p>The facility failed to ensure that the kitchen dry storage area did not have unlabeled and expired food on [DATE].</p> <p>The facility failed to ensure that the walk in freezer did not contain unlabeled and undated food on [DATE].</p> <p>The facility failed to ensure that foods were not stored on the floor of the walk in freezer on [DATE].</p> <p>These deficient practices could place residents who ate food from the kitchen at risk for foodborne illness.</p> <p>Findings include:</p> <p>During an observation on [DATE] at 08:55 am, The walk-in refrigerator had a clear plastic container labeled chili dated [DATE], a clear plastic container of diced yellow onion dated [DATE]. The walk-in freezer contained 2 boxes of 10 pounds pork breakfast sausage patties sitting on the floor with no label or date, 2 bags of French fries with no manufacturers label, facility label, manufacturers date or facility date, one 30-pound box of peas opened with no label or date, one 20-pound box of mixed vegetables opened with no label and not dated.</p> <p>During an observation on [DATE] at 08:55 AM of the dry storage area revealed: a 5-pound yellow cake mix with the expiration date of [DATE] and a 1-gallon container of dill pickles with the lid half on the jar with no label or opened date.</p> <p>During an interview on [DATE] at 8:59 AM the DM said the clear plastic container of diced yellow onions was the activities directors' personal onions she had placed in the walk-in cooler on [DATE] because she had used them for the staff for hot dogs.</p> <p>During an interview on [DATE] at 8:59 am the DM said he was responsible for all duties in the kitchen and dining room and the kitchen staff should be cleaning daily, labeling, and storing food appropriately and all items should be dated. He said the staff had been trained on labeling and storing food items. He said that if residents consumed expired food, it could cause food borne illness.</p> <p>(continued on next page)</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>During an interview on [DATE] at 4:06 pm the administrator said the dietary manager was responsible for oversight of the kitchen and he expected items to be labeled, dated, and stored properly. He said the DM should have been checking for and discarding expired foods daily. He said the staff had been trained on how to label and store foods. He said if residents consumed expired foods, it could possibly make them sick.</p> <p>Record review of an in-service training dated [DATE] titled Sanitation/Labels and Dating indicated staff had been trained.</p> <p>Record review of a facility policy titled Food Storage: Cold Foods dated ,d+[DATE] indicated: .1. All food items will be stored 6 inches above the floor and 18 inches below the sprinkler unit. 5. All foods will be stored wrapped or in covered containers, labeled, and dated, and arranged in a manner to prevent cross contamination .</p>

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<p>F 0908</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Keep all essential equipment working safely.</p> <p>47339</p> <p>Based on observation, interview and record review the facility failed to maintain all mechanical, electrical, and patient care equipment in safe operating condition, for 1 of 1 three compartment sink in the kitchen reviewed for food service in that:</p> <p>On 6/17/2024 the facility did not ensure the 3-compartment sink was in working order. The right sink of the 3-compartment sink was leaking water into a tub underneath and onto the floor.</p> <p>This failure could place residents who eat out of the kitchen at risk for food borne illnesses.</p> <p>Findings included:</p> <p>During an observation on 06/17/24 at 08:55 AM revealed: The right side of the main 3 compartment sink was leaking water into a tub sitting on the floor underneath the sink, with a large puddle of soapy water on the floor around the sink area.</p> <p>During an observation and interview on 06/17/24 at 08:59 AM, The DM said he did not know how long the tub had been under the sink, but he removed the tub and took it outside. The DM said the Maintenance Director had fixed the sink last week because it was leaking. He said he did not know how long the sink had been leaking.</p> <p>During an interview on 06/17/24 at 09:05 AM, the cook said she had not noticed the tub on the floor under the sink and did not know how long the sink had been leaking.</p> <p>During an interview on 06/19/24 at 09:42 AM, the DM said he had reported the leaking sink to the Maintenance Director on 6/12/2024. He said the cook had placed the tub under the sink to catch the leaking water on the morning of 6/17/2024.</p> <p>During an interview on 06/19/24 at 09:42 AM, the Maintenance Director said he had put new plumbers' putty and strainer basket on the sink on 6/12/2024. He said there was a tub under the sink to catch the leaking water before and it was still there after he fixed the sink. The Maintenance Director said he had problems with the sink leaking before but was not aware that the sink had still been leaking after he had fixed it on 6/12/2024.</p> <p>During an interview on 6/19/2024 at 04:06 PM The administrator said it was the responsibility of the Maintenance Director to make sure equipment is in good working order. He said the DM was responsible for reporting all needed repairs to the Maintenance Director so they could be repaired. The Administrator said the sink leaking water onto the floor could cause an accident in the kitchen.</p> <p>Record review of the facility policy titled Equipment dated 9/2017 indicated: .5. The Dining Services Director will submit requests for maintenance or repair to the Administrator and/or Maintenance Director as needed. 6. The Dining Services Director will notify the Administrator when repairs are completed. 7. Copies of service repairs and preventative maintenance reports will be submitted monthly.</p>		

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<p>F 0919</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Make sure that a working call system is available in each resident's bathroom and bathing area.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46273</p> <p>Based on observations, interviews, and record review, the facility failed to be equipped to allow residents to call for staff through a communication system which relayed the call directly to a centralized staff work area for 2 of 16 residents reviewed for call lights. (Resident #90 and Resident #70)</p> <p>The facility failed to ensure Resident #90's and Resident #70's emergency call light in the bathroom had a cord enabling it to be reachable from the floor.</p> <p>This failure could place residents at risk of injury, pain, hospitalization, and a diminished quality of life.</p> <p>Findings included:</p> <p>Record review of a facility face sheet dated 6/18/24 for Resident #90 indicated that she was a [AGE] year-old female admitted to the facility on [DATE] with diagnoses including: atrial fibrillation (an irregular and often very rapid heart rhythm that can lead to blood clots, stroke, and heart failure), Alzheimer's disease, and breast cancer.</p> <p>Record review of a quarterly MDS assessment dated [DATE] for Resident #90 indicated that she had a BIMS score of 6, which indicated that she had severe cognitive impairment. Section GG indicated that she required setup or clean-up assistance with toileting. Section H indicated she was always continent with bowel and bladder. Section J indicated she had no recent falls.</p> <p>Record review of a comprehensive care plan dated 1/26/23 indicated that Resident #90 had an ADL self-care performance deficit related to Impaired balance and interventions included to encourage resident to use call bell for assistance.</p> <p>During an observation and interview on 6/17/24 at 10:00 am Resident #70 was observed lying in her bed. She said she uses her restroom and toilets with limited assistance but usually by herself. Observation of a call light in bathroom, the string is wrapped around the grab bar once and is only 12 inches long when unwound and was not long enough to be reachable from the floor in the event of a fall. She said she has fallen in the past but not in a long time.</p> <p>Record review of order summary for June 2024 dated 6/19/24 for Resident #70 indicated that she was a [AGE] year-old female admitted to the facility on [DATE] with diagnoses including: Type II Diabetes (high blood glucose) and hypertension (high blood pressure).</p> <p>Record review of a quarterly MDS assessment dated [DATE] for Resident #70 indicated that she had a BIMS score of 15, which indicated that she was cognitively intact. Section GG indicated set or clean assistance from a helper for toilet transfers.</p> <p>(continued on next page)</p>		

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<p>F 0919</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an observation and interview on 6/17/24 at 10:32 am Resident #90 was observed ambulating independently in her room. She said she was independent with toileting and used the toilet independently. Call light in bathroom was observed to be a thick, white string, and was observed to be approximately 5 inches in length and was not long enough to be reachable from the floor in the event of a fall. She denied any falls.</p> <p>During an interview on 6/18/24 at 3:45 pm Admin said maintenance was responsible for ensuring call light function and length in restrooms. He said a resident could be at risk of not being able to call for help if something happened and they were not able to reach the call light. He said he would begin in-servicing staff to watch for call lights.</p> <p>During an interview on 6/19/24 at 4:00 pm DON said if a resident's call light in the bathroom was not long enough, the resident may not be able to reach it in case of a fall.</p> <p>During an interview on 6/19/24 at 4:15 pm Maintenance Director said he was responsible for ensuring functionality of call lights. He said he had checked the entire facility and fixed any lights that needed correction. He said if lights were not long enough, residents might not be able to call for help if it was needed.</p> <p>Record review of a facility policy titled Answering the Call Light dated 2001 and revised in October 2010 read .The purpose of this procedure is to respond to the resident's requests and needs . and .explain to the resident that a call system is also located in his/her bathroom .</p> <p>50071</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 455700	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/19/2024
NAME OF PROVIDER OR SUPPLIER Willowbrook Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 227 Russell Blvd Nacogdoches, TX 75965	
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 0925</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Make sure there is a pest control program to prevent/deal with mice, insects, or other pests.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 40124</p> <p>Based on observation, interview and record review the facility failed to maintain an effective pest control program so that the facility was free of pests for 2 of 7 hallways, hallway 100 and hallway 500 and 2 rooms of 24 rooms (room [ROOM NUMBER]and 506) reviewed for pest control.</p> <p>The facility failed to ensure hallways and resident rooms were free of flies.</p> <p>This failure could place residents at risk of a diminished quality of life due to an unsanitary environment.</p> <p>Findings include:</p> <p>Record review of order summary for June 2024 dated 6/19/24 for Resident #70 indicated that she was a [AGE] year-old female admitted to the facility on [DATE] with diagnoses including: Type II Diabetes (high blood glucose) and hypertension (high blood pressure).</p> <p>Record review of a quarterly MDS assessment dated [DATE] for Resident #70 indicated that she had a BIMS score of 15, which indicated that she was cognitively intact.</p> <p>Record review of order summary for June 2024 dated 6/19/24 for Resident #94 indicated that he was a [AGE] year-old male admitted to the facility on [DATE] with diagnoses including: Anxiety (nervousness), Type II Diabetes (high blood glucose) and hypertension (high blood pressure).</p> <p>Record review of a quarterly MDS assessment dated [DATE] for Resident #94 indicated that he had a BIMS score of 14, which indicated that he was cognitively intact.</p> <p>During an observation on 06/17/24 at 9:53 AM, flies in 100 hallway, 4-5 crawling on floor and walls.</p> <p>During an observation on 06/17/24 at 09:54 flies in hallway 500 and 9-10 crawling on doorway of room [ROOM NUMBER].</p> <p>During an observation and interview on 6/17/24 at 10:00 am Resident #70 said everything is good except for these flies. Two flies are crawling on her bed, one lands on her arm and she shooed it off. She said the flies had been a problem for the past month.</p> <p>During an observation on 06/17/24 at 9:15 am Resident #94, showed this surveyor his fly swatter. Resident #94 said the flies have been pretty bad this year, and he said he just kills the ones that come into his room.</p> <p>During an observation on 6/17/24 at 10: 40 am room [ROOM NUMBER] Flies crawling on floor.</p> <p>During an observation on 6/17/24 at 10:45 am flies in 500 hallway, 3-4 flies crawling on medication cart parked on 500 hallway, crawling on doorways on 500 hallway near the restrooms and on floor.</p> <p>(continued on next page)</p>		

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NAME OF PROVIDER OR SUPPLIER Willowbrook Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 227 Russell Blvd Nacogdoches, TX 75965	
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<p>F 0925</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 06/18/24 at 9:35 AM, Housekeeping Supervisor said he had worked at the facility about a year. He said he was aware there were flies in the facility. He said the facility maintenance director was over the pest control program. He said there had been flies in the facility for about a month. He said he did not know exactly the risk to the residents if there were pests present in the building but probably infection and unsanitary conditions.</p> <p>During an interview on 6/19/24 at 4:15 pm the Maintenance Man stated the pest control company came bi-monthly and the facility had issues with flies for about 4-6 weeks with all the rain. He stated he did not know the risk of having flies other than it being unsanitary.</p> <p>During an interview on 06/19/24 at 1:42 PM, the Administrator stated he had been at the facility for several years. He said the maintenance director was responsible for the pest control program. He stated the pest control company came bi-monthly and as needed for issues. He said he was aware of the fly issues in the facility. He said the facility had blowers on a couple of exit doors but not all doors and they had no blue lights for pest control or any other devices for control of flies in the facility. He said if pests were not controlled or eradicated it could cause disease. He stated he expected the facility to have an effective program and to contain or eliminate all pests.</p> <p>Record review of pest control monthly visit summary reports dated from January 2024 to June 2024 indicated facility has no specific treatment for flies at bi-monthly visits.</p> <p>Record review of a facility policy revised date May 2008 titled Pest Control indicated, Our facility shall maintain an effective pest control program . this facility maintains an ongoing pest control program to ensure that the building is kept free of insects and rodents .</p>		