

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 455724	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/14/2024
NAME OF PROVIDER OR SUPPLIER Waterside Nursing & Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 1213 Water St Kerrville, TX 78028	

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 - Many</p> <p>Note: The nursing home is disputing this citation.</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>44906</p> <p>47564</p> <p>Based on observation, interview, and record review, the facility failed to ensure residents had a safe, clean, comfortable, and homelike environment for 1 of 3 halls (Wing III) reviewed for homelike environment.</p> <ol style="list-style-type: none"> The facility failed to ensure Wing III had a functioning air conditioning system. The facility failed to repair a light fixture on the ceiling in Resident #1's room in Wing III. <p>These failures could place residents at risk of a diminished quality of life due to exposure to an environment that is unpleasant, unsanitary, uncomfortable, and unsafe.</p> <p>The findings included:</p> <p>Observation and interview on 06/12/2024 at 11:47 AM, a light fixture on the ceiling of Resident #1's room was observed to have a plastic cover, intended to cover the fluorescent light bulbs, hanging from the light fixture. Resident #1 stated she was worried it might fall on her.</p> <p>Observation on 06/12/2024 at 6:06 PM, the thermostat on the wall at the end of Wing III read 85 degrees Fahrenheit.</p> <p>Observation on 06/13/2024 at 12:33 PM, the thermostat on the wall at the end of Wing III read 88 degrees Fahrenheit.</p> <p>During an observation and interviews on 06/13/2024 at 3:58 PM, the temperature taken with an ambient temperature thermometer in the small seating area at the end of Wing III was 100 degrees Fahrenheit. Further observation revealed a portable AC unit set at 68 degrees Fahrenheit. The thermostat on the wall read 92 degrees Fahrenheit.</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 - Many</p> <p>Note: The nursing home is disputing this citation.</p>	<p>Interview and observation on 06/13/2024 at 4:24 PM, the ADM stated that one of the residents will peel off the tape covering the control panel of the portable AC unit and turn the portable AC unit off or raise the temperature. The ADM stated that she would bring a swamp cooler to place in the area and would consider closing the area off completely. The ADM requested that the ambient temperature thermometer be used in the center of the far end of Wing III. The ambient temperature thermometer was utilized where requested, while the ADM placed her ambient temperature thermometer on top of the portable AC unit above the vent that released cold air. After approximately 3 minutes of a 5-minute timer set to ensure the temperature reading was accurate, the ADM asked, how long until you can take a temperature? and was informed of the 5-minute timer. The ADM proceeded to turn the portable AC unit to point the vent that released the cold air directly at the surveyor and ambient temperature thermometer. After moving away from the direct stream of cold air, the timer went off at 4:34 PM, at which time the ADM stated her ambient temperature thermometer, which sat on the portable AC unit directly above the vents, read 82.2 degrees Fahrenheit. RNC, who was present for the observation and interviews, confirmed the temperature reading on the surveyor's ambient temperature thermometer to be 93 degrees in the center of the far end of Wing III. Water pitchers on nurses' medication carts and staff passing out water was observed at this time. Interviews with 6 residents were held at this time asking about the ambient temperature. No residents complained of the ambient temperature and stated they were comfortable. Observation at this time also revealed stand-fans in each resident room and did not reveal any ill-affects to residents due to the temperature.</p> <p>Interview and record review on 06/14/2024 at 4:20 PM, the ADM stated that the risk to residents for the plastic cover hanging off a light fixture could include it falling on someone and shattering. The ADM further stated that the risk of the high temperatures to residents could include overheating and dehydration. The ADM stated the air conditioner had been out since 06/11/2024. Record review of invoices provided by the ADM revealed 2 new air conditioners to be installed on 06/18/2024.</p> <p>Interview on 06/14/2024 at 4:45 PM, the DON stated that the risk of the high temperatures to residents included the need for additional hydration and that if the staff is doing additional rounding, there is minimal risk. The DON stated that all residents in the affected area of the hallway have been offered to be moved rooms, and no residents have agreed to room changes. The DON stated that they had observed no negative outcomes to residents relating to the temperature in the hallway.</p> <p>Record review of the staff schedule revealed there were not additional staff added to schedule to assist with ensuring residents were comfortable and hydrated.</p> <p>Record review of facility policy, titled Maintenance Service, dated revised December 2009, reflected, Functions of maintenance personnel include, but are not limited to: .Maintaining the building in good repair and free from hazards .Maintaining the heat/cooling system, plumbing fixtures, wiring , etc., in good working order.</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>44906</p> <p>Based on observation, interview, and record review, the facility failed to ensure the resident environment remained as free of accident hazards as was possible for residents when the exterior door on 1 of 4 hallways (300-hallway) was found opened without an alarm sounding reviewed for accidents and hazards in that:</p> <p>Facility failed to ensure the exterior door at the end of the 300-hallway was secured on 6/12/2024 at 5:15 PM.</p> <p>This deficient practice could result in a risk to the residents' health and safety and placed the residents at risk of heat exposure, dehydration and/or other medical complications, drowning, or being struck by a motor vehicle.</p> <p>The findings included:</p> <p>Record review of the Resident Bed List Report for 6/12/2024, reflected 29 residents resided on the 300-hallway, and the current total census was 78.</p> <p>In an observation on 6/12/2024 at 5:15 PM, the exterior doorway at the far end of the 300-hallway was open, unlatched, and not locked, and there was no alarm sounding. This exterior door led to a back parking lot directly adjacent to a major river. The back parking lot was freely accessible to the busy roadway directly in front of the nursing home.</p> <p>Record review of current local temperature and heat index, accessed on 6/25/2024 from https://www.localconditions.com/weather-kerrville-texas/78028/past.php, revealed the following: the expected high temperature for the day was 92 degrees Fahrenheit; current temperature at the time of the initial observation was 87 with humidity at 58% resulting in a heat index of 92 degrees.</p> <p>In an interview on 6/12/2024 at 5:30 PM, NA M stated she was not aware the door was open and that the door should be latched. NA M stated she would go get the ADON or the DON immediately. NA M did not secure the door prior to exiting the area; This surveyor stayed within visual site line to ensure safety of residents.]</p> <p>In an observation on 6/12/2024 at 5:38 PM, NA M and other staff could be seen going from room to room with a resident roster accounting for all residents present.</p> <p>In an interview on 6/12/2024 at 5:42 PM, MNT DIR stated the door should latch upon closure; should have a 15 second delay before opening for emergency egress. MNT DIR stated this door is not normally used by staff, residents or visitors. MNT DIR stated that the door may have been inadvertently left open when someone emptied the drain bin of water from one or both of two portable air conditioning units at the far end of the 300-hallway. MNT DIR stated he did not know when the drain bins were last emptied, but one was less than a quarter filled, and the other was between a quarter to a third filled. MNT DIR stated the drain bins need to be emptied at least every 12 hours.</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>In an interview on 6/12/2024 at 5:47 PM, the RNC stated that all residents, staff and visitors were accounted for and that there were no unwanted visitors found in the building after the exterior door at the far end of the 300-hallway was found opened.</p> <p>In an observation on 6/12/2024 at 5:55 PM, the MNT DIR lightly pushed the open door to allow it to swing closed under its own weight. The door latched solidly. The MNT DIR then entered the code, and the door was able to open without an alarm sounding.</p> <p>In an interview on 6/14/2024 at 4:30 PM, the ADM stated the door at the far end of the 300-hallway was not normally used. The ADM stated the code to that door is different from all other codes for the building. The ADM stated she did not know who failed to ensure the door was secured upon exit. The ADM stated it would be a one-way trip for anyone exiting that doorway as there was no keypad on the exterior to allow a person entry back into the building. The ADM stated there was risk to residents for the door being opened if they had wandering or elopement or even other behaviors. The ADM stated there was risk to residents if an unauthorized person entered the building through that opened door. The ADM stated it was her expectation that all staff ensure that doors fully latch behind them given the population type [residents with psychiatric or behavioral issues] the facility is known for . The ADM stated residents with behaviors or residents with elopement behaviors were all on the secured wing of the facility. The ADM stated she could not be sure, but believed this was the first time the door had been left unlatched.</p> <p>In an interview on 6/14/2024 at 4:50 PM, the DON stated that she expected that exterior doors should be locked. The DON stated that there was a risk to residents for the door being opened. The DON stated a resident may have absconded, or someone known or unknown with ill intentions may have come into the building through an open door. The DON stated she was concerned that a person or pest could enter the building through an open door.</p> <p>Review of the Maintenance Service policy, revised December 2009, reflected under Policy Interpretation and Implementation, the maintenance department is responsible for maintaining the buildings, grounds, and equipment in a safe and operable manner at all times. In addition, the functions of maintenance personnel include, but are not limited to: b. maintaining the building in good repair and free from hazards.</p>		

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<p>F 0727</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Have a registered nurse on duty 8 hours a day; and select a registered nurse to be the director of nurses on a full time basis.</p> <p>47564</p> <p>Based on interviews and record reviews, the facility failed to use the services of a registered nurse for at least 8 consecutive hours a day, 7 days a week, for 7 days of 91 days reviewed for nursing services.</p> <p>The facility failed to have a registered nurse working on Monday, 01/01/2024; Saturday, 01/06/2024; Sunday, 01/07/2024; Friday, 01/12/2024; Saturday, 01/13/2024; Sunday, 01/14/2024; and Sunday, 03/17/2024.</p> <p>This failure could place residents at risk for harm by denying residents the advanced nursing skill level a registered nurse is supposed to provide.</p> <p>The findings included:</p> <p>Record review of the facility census dated 06/11/2024 revealed 78 residents.</p> <p>Record review of the facility's RN hours revealed there were no RN coverage hours on 01/01/2024, 01/06/2024, 01/07/2024, 01/12/2024, 01/13/2024, 01/14/2024, and 03/17/2024.</p> <p>Record review of digitally shared calendar for January 2024, received on 06/12/2024 at 08:29 PM, reflected a 31-day calendar with 6 dates filled in with [RN Name] 8 RN Hours listed on 01/01/2024, 01/06/2024, 01/07/2024, 01/12/2024, 01/13/2024, and 01/14/2024. Further review of the properties of the file revealed the file was created by the Administrator on 6/12/2024 at 8:26 PM .</p> <p>In an interview on 06/13/2024 at 4:03 PM, the ADM stated that there was RN coverage on the dates 01/01/2024, 01/06/2024, 01/07/2024, 01/12/2024, 01/13/2024, 01/14/2024, and 03/17/2024, but that there were no forms of evidence other than the provided calendars, as the RN coverage was by salaried employees who do not clock in or out.</p> <p>Record review of a digitally shared calendar for March 2024, received on 06/12/2024 at 8:29 PM, reflected a 31-day calendar with [RN Name] 8 RN Hours listed on 03/17/2024. Further review of the properties of the file revealed the file was created by the Administrator on 06/12/2024 at 8:27 PM.</p> <p>An RN Coverage policy was not provided upon exit.</p>		

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<p>F 0760</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure that residents are free from significant medication errors.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47564</p> <p>Based on interviews, and record reviews the facility failed to ensure residents were free of any significant medication errors for 1 of 8 residents (Resident #71) reviewed for medication administration.</p> <p>1. Resident #71 was not provided ordered metoprolol tartrate 25 mg on 06/03/2024, 06/04/2024, 06/05/2024, 06/06/2024, 06/08/2024, 06/09/2024, 06/10/2024, and 06/12/2024.</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 #71's face sheet, dated 06/14/2024, reflected a [AGE] year-old female resident with an initial admitted [DATE] and diagnoses including dementia (group of thinking and social symptoms that interferes with daily functioning) 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 #71's admission MDS assessment, dated 04/10/2024, revealed Resident #71 was assessed with a BIMS score of 99 out of a possible 15, which indicated that the resident was unable to complete the interview.</p> <p>A record review of Resident #71's Care Plan dated 04/12/2024, revealed the resident had hypertension with interventions including administering medications as ordered.</p> <p>A record review of Resident #71's Physician's orders, undated, revealed metoprolol tartrate 25 mg tablet twice daily with a start date of 05/20/2024 for the diagnosis of Secondary hypertension, unspecified.</p> <p>A record review of Resident #71's June 2024 medication administration record dated 06/13/2024 revealed Resident #71 should have been administered Metoprolol Tartrate 25 mg 24 times from 06/01/2024 to 06/12/2024 and was not administered Metoprolol Tartrate as follows:</p> <ol style="list-style-type: none"> 1. MA L did not provide Metoprolol Tartrate on 06/03/2024 at 5:00 PM due to reason: Not Administered: Drug/Item Unavailable 2. MA L did not provide Metoprolol Tartrate on 06/04/2024 at 8:00 AM due to reason: Not Administered: Drug/Item Unavailable 3. MA L did not provide Metoprolol Tartrate on 06/04/2024 at 5:00 PM due to reason: Not Administered: Drug/Item Unavailable 4. MA M did not provide Metoprolol Tartrate on 06/05/2024 at 5:00 PM due to reason: Not Administered: Drug/Item Unavailable <p>(continued on next page)</p>		

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<p>F 0760</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>5. MA M did not provide Metoprolol Tartrate on 06/06/2024 at 5:00 PM due to reason: Not Administered: Drug/Item Unavailable</p> <p>6. MA L did not provide Metoprolol Tartrate on 06/08/2024 at 8:00 AM due to reason: Not Administered: Drug/Item Unavailable</p> <p>7. MA L did not provide Metoprolol Tartrate on 06/08/2024 at 5:00 PM due to reason: Not Administered: Drug/Item Unavailable</p> <p>8. MA L did not provide Metoprolol Tartrate on 06/09/2024 at 5:00 PM due to reason: Not Administered: Drug/Item Unavailable</p> <p>9. MA M did not provide Metoprolol Tartrate on 06/10/2024 at 5:00 PM due to reason: Not Administered: Drug/Item Unavailable</p> <p>10. MA L did not provide Metoprolol Tartrate on 06/12/2024 at 5:00 PM due to reason: Not Administered: Drug/Item Unavailable</p> <p>Further review revealed, blood pressure taken on 6/2/24 was 137/78 and 122/67, on 6/13/24 it was 118/69. There was no Blood Pressure vitals taken on/around the above described dates/times.</p> <p>During an interview on 06/14/2024 at 12:10 PM, the DON stated Metoprolol was a medication that was regularly available in the ekit (emergency kit). She stated there is not a reason something such as metoprolol would not be available for an extended period.</p> <p>During an interview on 06/14/2024 at 12:18 PM with the DON, ADON, RRC , and MA L, MA L stated that the medication metoprolol was frequently unavailable for Resident #71 recently. MA L stated that when it is not available, she documents the blood pressure in the MAR and notifies a nurse that the medication is not available and will select submit re-order to alert the pharmacy. The DON stated this medication would be in the eKit for immediate use, a nurse would just need to get it for MA L. The ADON stated she had not been notified that this medication was out and needed replacement. MA L stated she had not accessed the eKit for Metoprolol for Resident #71. MA L stated she did not know why the MAR did not have the residents BP regardless of medication administration.</p> <p>During an interview on 06/14/2024 at 4:20 PM, the ADM stated her expectation was for medication administration to be completed according to policy. The ADM stated she was not sure of the risk to residents for medication errors and would refer to the DON for her opinion.</p> <p>During an interview on 06/14/2024 at 4:45 PM, the DON stated that her expectation would be that if a medication was not available, they would request from the nurse to ensure the medication is received from the eKit. She stated the risk of residents not receiving medications as ordered included the potential for not receiving the benefits of the medication such as maintaining blood pressure and preventing stroke.</p> <p>Record review of pharmacy order status paperwork, undated, reflected the pharmacy had delivered 60 tablets of metoprolol 25mg on 5/20/2024.</p> <p>(continued on next page)</p>		

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<p>F 0812</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p> <p>Note: The nursing home is disputing this citation.</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** 34957</p> <p>Based on observations, interviews, and record reviews, the facility failed to store and prepare food in accordance with professional standards for food service safety for 1 of 1 kitchen.</p> <p>Ground beef at 71 degrees F (danger zone temperature) and frozen shelled eggs were being used to prepare meatloaf for the lunch meal on 6/11/24. The ground beef and shelled eggs were not thawed correctly.</p> <p>An IJ was identified on 06/11/24. The IJ template was provided to the facility on [DATE] at 5:15 PM. While the IJ was removed on 06/12/24, the facility remained out of compliance at a scope of pattern and a severity level of no actual harm that is not immediate jeopardy because the facility needed to install new refrigerators, safely store foods, and establish temperature logs for the refrigerators.</p> <p>The failure could place residents at risk for food borne illnesses related to cooking meals that were not properly stored and from food that was in the danger zone temperatures prior to cooking.</p> <p>The findings included:</p> <p>Observation of the break room refrigerator (being used temporarily due to walk-in refrigerator not working) at 9:15 AM on 6/11/24 revealed that 3 10-pound containers of ground beef were inside. The temperature on the gauge inside the refrigerator was 54 degrees F. [NAME] A took the temperature of the break room refrigerator with the beef inside with his thermometer, and it read 71 degrees F. Also, observation of the non-working walk-in refrigerator revealed containers containing various food liquids.</p> <p>Observation and interview on 6/11/24 at 9:15 AM revealed kitchen staff stated they were placing items out on the countertop to defrost. Observation revealed the kitchen staff placed 3 10 pound containers of meat and 24 broken eggs on the kitchen counter for cooking.</p> <p>During an interview on 6/11/24 at 9:15 AM, [NAME] A stated that the second walk-in refrigerator went out sometime Sunday (6/9/24) night. [NAME] A stated the walk in refrigerator number one was not working for over one year and was being used to store pantry items. [NAME] A stated that refrigerated foods [eggs] should not be frozen and then thawed for cooking. [NAME] A stated that items that could present food borne illness problems and thawed out included: vegetables, eggs, meats, salad dressings, and mixed fruits. [NAME] A stated that no temperature log was posted on the temporary break room refrigerator and he did not know when the 3 containers of hamburger meat thawed out; or were put in the temporary refrigerator. [NAME] A stated that the AC was not working in the kitchen. [air temperature of the kitchen taken by [NAME] A read 81 degrees F]. [NAME] A stated that he was responsible for taking temperature logs and had not recorded temperatures for the temporary break room refrigerator on 6/11/24. [NAME] A stated he intended to cook the 3 containers of hamburger meat and the frozen eggs from the freezer that were broken because he followed orders [from the FSS].</p> <p>(continued on next page)</p>		

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<p>F 0812</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p> <p>Note: The nursing home is disputing this citation.</p>	<p>Attempted call on 06/11/24 at 9:20 AM, the facility Dietician (B) did not respond; message left to call surveyor.</p> <p>During an observation on 06/11/24 at 9:20 AM, the FSS directed [NAME] A not to prepare the lunch meal because it was unsafe and posed a risk of food borne illnesses to residents. [NAME] A stopped preparing the lunch meal.</p> <p>Record review of the menu for 6/11/24 revealed that meatloaf was to be served for lunch.</p> <p>Observation and interview on 6/11/24 at 9:30 AM revealed 3 10-pound containers of ground beef on the counter. The ground beef read 71 degrees F (temperature taken by [NAME] A at surveyor's request). [NAME] A said that the ground beef was supposed to be used for lunch but was unsafe. Additionally observed were 24 whole eggs which had previously been frozen and were now sitting on the countertop to defrost with the shell cracked for preparation, along with the ground beef, for a meatloaf lunch meal. [NAME] A stated the eggs were frozen and came from one of the freezers. [NAME] A stated that the broken eggs sitting on the table counter could develop bacteria. [NAME] A stated that the temperature of the meat should not be 71 degrees F and thawed in a non-working refrigerator. [NAME] A stated it was unsafe to cook the meat but he was ordered by the FSS to prepare the lunch meal on 6/11/24.</p> <p>During an interview on 6/11/24 at 10:00 AM, Kitchen Aide B stated, she became aware of the break room refrigerator not working on 6/11/24. Kitchen Aide B stated the plan for cooking the lunch meal was to thaw out the food items (eggs and meat) at room temperature. Kitchen Aide B stated the walk in refrigerator went out on Sunday (6/9/24). Kitchen Aide B stated the plan was to cook items from the temporary break room refrigerator for the noon meal (6/11/24). Kitchen Aide B stated that it was not a good idea to cook items from a refrigerator that was not working and the temperature was unknown; and residents could be affected with illnesses. Kitchen Aide B stated they did not know what staff put the 3 10 pound containers of hamburger meat in the temporary refrigerator or when the placement occurred.</p> <p>In an interview on 6/11/2024 at 10:05 AM, the FSS stated that she and the Administrator (after the surveyor's entrance) decided to cater meals because of food borne illnesses the items from the nonworking refrigerators could present to residents. The FSS stated all 78 residents eat from the kitchen except one. The FSS stated that all items in the break room refrigerator and walk-in refrigerator would be discarded. The FSS stated she did not know the time the 3 containers of meat in the temporary refrigerator thawed out because there were no temperature logs for the break room refrigerator. The FSS stated that she was responsible for checking that the cooks documented temperatures on temperature logs at least daily. The FSS stated that the plan for meals prior to the surveyor's arrival was to use items frozen in the freezers and the items from the nonworking break room refrigerator that contained the 3 10 pound containers of hamburger meat.</p> <p>In an interview with the Administrator at 10:15 AM on 6/11/24, she stated that the decision to cater meals was made at 9:38 AM on 6/11/24 - after surveyor intervention.</p> <p>Observation on 6/11/24 at 11:30 am revealed that the temporary break room refrigerator was not present in the kitchen and there were no food items in the non-working walk-in refrigerator.</p> <p>(continued on next page)</p>		

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NAME OF PROVIDER OR SUPPLIER Waterside Nursing & Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 1213 Water St Kerrville, TX 78028	
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<p>F 0812</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p> <p>Note: The nursing home is disputing this citation.</p>	<p>During an interview on 6/11/24 at 11:31 am, the FSS stated that all items in the temporary refrigerator and the non-working walk-in refrigerator were discarded. The FSS stated that she made the documentation [daily log] on the non-working walk-in refrigerator on 6/9/24 when the temperature reading recorded was 65 degrees F. The FSS stated she informed the Administrator of the non-working walk-in refrigerator and a decision was made to move the break room refrigerator into the kitchen. The FSS stated that no temperatures for the temporary refrigerator were taken once it was placed in the kitchen; and no temperature log posted on the refrigerator. The FSS stated that food temperatures in the danger zone should not be cooked because of the risk of food borne illnesses to residents. The FSS stated the danger zone for food temperatures was above 41 degrees F and below 135 degrees F.</p> <p>During telephone interview on 6/11/24 at 3:30 PM, [NAME] C stated, they worked on 6/10/24 and left duty at 8:30 PM. [NAME] C stated that during their shift the break room refrigerator was brought into the kitchen from the employee's lodge; and no temperature log was present. [NAME] C stated that there were no meats in the temporary refrigerator; and any placement of meats had to occur after he left duty on 6/10/24 at 8:30 PM. [NAME] C stated that it would take about 24 hours for frozen 3-10 pound containers of meat to thaw out. [NAME] C stated he did not know who put the 3 10 pound containers of meat rolls in the temporary break room refrigerator and the time the storage occurred. [NAME] C stated that he took a reading of the walk-in refrigerator on 6/8/24 and it read 52 degrees F. [NAME] C stated he told no one about the walk-in refrigerator and not being within the range of 40-45 degrees F on 6/08/24. [NAME] C stated that he was not aware that facility may have purchased the 3 10 pound containers of meat rolls on either 6/10/24 or 6/11/24.</p> <p>During an interview on 6/11/24 at 3:58 PM, the Administrator stated, the 3 10 pound containers were not purchased on 6/10/24 or 6/11/24 from a local vendor. The Administrator stated the 3 10 pound containers of meat were frozen and stored in the freezers.</p> <p>During telephone interview on 6/12/24 at 9:00 am, Dietician D stated: she became aware of the refrigeration issues on 6/11/24 after the entrance of the surveyor. She stated that the assigned dietician to the facility (Dietician E) was on vacation which started on 6/9/24 and the facility was aware. Dietician D stated that she provided guidance to the facility on the catered meals involving regular, mechanical soft, and puree during the emergency. Dietician D stated it was unsafe to cook meats that had a reading of 71 degrees and frozen cracked eggs should not be cooked because of the danger of food borne illnesses. Dietician D added that any refrigerator in the kitchen required temperature logs to include the temporary break room refrigerator brought in from the employee break area. Further, Dietician D stated that frozen milk or frozen eggs should not be served to residents and should be discarded.</p> <p>In interviews on 06/14/24 from 12:57 PM to 1:52 PM. LVN I (12:52 PM), LVN J (1:40 PM) and LVN K (1:52 PM) stated that there were 20 combined residents out of a census of 78 on 06/10/24 that were considered immune compromised which made them more susceptible to food-borne illness</p> <p>Record review of kitchen's non-working walk-in refrigerator temperature readings from temperature log were: 6/08/24 taken by [NAME] C was 52 F and on 6/09/24 taken by the FSS was 65 F.</p> <p>Record review of facility's food truck delivery invoice dated 6/10/24 revealed delivery of food items that did not contain delivery of 3 10 pound containers of hamburger meat.</p> <p>(continued on next page)</p>		

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<p>F 0812</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p> <p>Note: The nursing home is disputing this citation.</p>	<p>Record review of facility's Food Preparation and Service policy dated revised April 2019 read: Food and nutrition services employees prepare and serve food in a manner that complies with safe food handling practices .Foods will not be thawed at room temperatures Potentially hazardous foods include meats, poultry, seafood, cut melon, eggs, milk, yogurt and cottage cheese .the danger zone for food temperatures is between 41 (degrees) F and 135 (degrees) F. This temperature range promotes the rapid growth of pathogenic microorganisms that cause foodborne illness .The longer foods remain in the 'danger zone' the greater the risk of harmful pathogens. Therefore, PHF (potentially hazardous food) must be maintained below 41 (degrees) F and above 135 (degrees) F.</p> <p>Record review of website https://www.fda.gov/food/buy-store-serve-safe-food/what-you-need-know-about-egg-safety revealed: Fresh eggs, even those with clean, uncracked shells, may contain bacteria called Salmonella that can cause foodborne illness, often called 'food poisoning.' Proper storage of eggs can affect both quality and safety .Store promptly in a clean refrigerator at a temperature of 40 F or below. Use a refrigerator thermometer to check .Bacteria that can cause illness grow quickly at warm temperatures (between 40 F and 140 F) .</p> <p>Record review of website https://www.fsis.usda.gov/food-safety/safe-food-handling-and-preparation/food-safety-basics/big-thaw-safe-defrosting-methods revealed: Raw or cooked meat, poultry or egg products, as any perishable foods, must be kept at a safe temperature during the big thaw. They are safe indefinitely while frozen. However, as soon as they begin to thaw and become warmer than 40 F, bacteria that may have been present before freezing can begin to multiply Perishable foods should never be thawed on the counter, or in hot water and must not be left at room temperature for more than two hours.</p> <p>The Administrator and the DON were notified of the Immediate Jeopardy on 06/11/24 at 5:15 pm and were provided with the Immediate Jeopardy Template. The facility was asked to provide a Plan of Removal to address the Immediate Jeopardy.</p> <p>The Plan of Removal was accepted on 6/11/24 at 9:13 PM and reflected the following:</p> <p>FACILITY:</p> <p>Facility ID Number:</p> <p>SURVEY TYPE: Annual Survey</p> <p>SURVEY DATE: 6/11/2024</p> <p>Plan for REMOVAL</p> <p>Plan to remove immediate jeopardy.</p> <p>F812</p> <p>(continued on next page)</p>		

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<p>F 0812</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p> <p>Note: The nursing home is disputing this citation.</p>	<p>No contaminated foods were prepared or provided to any residents. Food was discarded immediately upon observation of incorrect temperature. Industrial refrigeration was ordered on 6/10/2024. Due to be delivered 6/13/2024. A refrigeration truck was ordered and will be delivered 6/11/2024 for cold storage. Food truck delivered 6/11/2024. The physician was notified of the alleged deficiency on 6/11/24 at 5:35pm. There were no new orders obtained. [NAME] was educated and suspended pending investigation.</p> <p>Dietary Staff has been educated on food temperatures, preparation, and service for all residents. Dietary Staff will notify the Administrator immediately if an occurrence of incorrect temperatures or questions/issues regarding food service and will follow procedures. Procedures include checking refrigerator temperatures daily, following policy and procedures for Food Preparation and Service.</p> <p>6/11/2024 0830am Interventions set in place to include catered food for residents for 3 meals per day. Contact and notification for recommendations from RD E</p> <p>6/11/2024 605pm RNC assessed all residents in facility for any GI symptoms including nausea, vomiting, diarrhea. No symptoms noted. There was no concern identified. The interviews were completed.</p> <p>6/11/2024, 5:35p Ad-Hoc QAPI meeting was held on with the Medical Director, NHA (Nursing Home Administrator), RDO (Regional Director of Operations) and Marketing Director, LVN to review the alleged deficiencies, policy and procedure, and the plan for removal of immediacy.</p> <p>On 6/11/2024 the Administrator completed 1:1 in-service with Dietary Manger on Food Preparation and Service policy. Staff educated by administrator on 6/11/2024 on Food Preparation and Service policy.</p> <p>On 6/12/2024 Dietary manager in-serviced by Registered dietician [RD H]. RD also in-service dietary staff as well.</p> <p>Starting on 6/11/2024, the facility leadership (Administrator, Director of Nursing, and Regional Director) will complete education with all staff on Food Preparation and Service, to ensure that each resident receives the services consistent with the professional standards of practice, comprehensive person-centered care plan and the residents' goals and preferences, keep residents safe. The training was initiated on 6/11/2024 and will be completed on 6/11/2024. Staff will not be allowed to work until they receive training.</p> <p>The policy pertaining to Food Preparation and Services was reviewed on 6/11/2024 by the NHA (Nursing Home Administrator), Marketing Director, LVN, DON (Director of Nursing), RDO (Regional Director of Operations), and Medical Director.</p> <p>Starting on 6/11/2024, IDT (Interdisciplinary team), including Administrator, DON, Activity Director, Marketing Director, HR, BOM will meet daily after rounds Monday to Friday, and Manager on Duty Saturday and Sunday to determine if any Kitchen refrigerators or temperatures were out of appropriate range. The findings will be immediately brought to the Administrator for further action, if necessary. Grievances will be reviewed during morning meetings with Administrator and IDT team members for any follow-up needed. All grievances will be entered into the Grievance Log by Administrator and investigation form will be filled out accordingly.</p> <p>(continued on next page)</p>		

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<p>F 0812</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p> <p>Note: The nursing home is disputing this citation.</p>	<p>6/11/2024 Administrator will monitor kitchen daily by doing rounds during business days for any change in kitchen refrigerator temperatures she will monitor on weekend days for one month and then random audits will be provided thereafter. An audit sheet of rounding will be kept in a binder specified for follow up. Admin or designee will conduct audits for daily rounds for one month then periodically thereafter. Administrator will be notified by staff of any issues noted in the dietary department.</p> <p>6/11/2024 Administrator will monitor refrigerator temperatures daily during business days and weekend manager will monitor on weekends for appropriate functioning and temperature utilizing a thermometer placed in refrigerator.</p> <p>6/11/2024 RDO will provide physical oversight at facility weekly x4 weeks and then random reviews after.</p> <p>The RDO will provide oversight of the Administrator to ensure the items on the removal plan are reviewed and completed by 6/11/2024.</p> <p>Verification of Plan of Removal:</p> <p>Key Observations:</p> <p>Observation on 6/12/24 at 8:00 AM of the facility's parking lot revealed the presence of a refrigerated truck trailer.</p> <p>Observation on 6/12/24 at 1:05 PM of kitchen revealed: the non-working walk-in refrigerator was totally empty. Further observation of three freezers revealed food items and liquids, for instance milk, and eggs that could not be frozen, that came from the temporary employee room refrigerator and the food shipment on 6/9/24 were not present in latter freezers.</p> <p>Observation on 6/11/24 at noon and to 6/12/24 at 6 PM all meals had been catered.</p> <p>Key Interviews:</p> <p>During an interview on 6/12/24 at 8:29 AM, the FSS stated [NAME] A resigned on 6/11/24. The FSS stated a refrigerated truck trailer parked in the facility's parking lot arrived on 6/12/24 at 2:00 am. The FSS stated permission had not been granted by upper management to start cooking on site; meals were catered. The FSS stated she discussed the diet needs for residents on puree and mechanical soft with the dietician.</p> <p>During telephone interview on 6/12/24 at 9:00 am, Dietician D stated: she provided guidance to the facility on the catered meals involving regular, mechanical soft, and puree during the emergency (IJ).</p> <p>(continued on next page)</p>		

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<p>F 0812</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p> <p>Note: The nursing home is disputing this citation.</p>	<p>During a group interview on 6/12/24 at 4:40 PM, Dietary Aide F, the FSS, Dishwasher G , and [NAME] C, stated: they received training on to notify the Administrator immediately if an occurrence of incorrect temperatures or questions/issues regarding food service and will follow procedures. Procedures included checking refrigerator temperatures daily, following policy and procedures for Food Preparation and Service. Highlights of the training was that refrigerators needed to have temperature logs and any food in the food danger zone (41 degrees F and 135 degrees F) and to notify the FSS before cooking once temperatures were taken. The FSS stated once she was notified of any danger zone issues her plan was to dispose of the food and notify the dietitian. The group stated the training was provided by Dietician H.</p> <p>During an interview on 6/12/24 at 4:51 PM, Dietician H stated he trained all 8 dietary staff and the top three highlights of the training were: safe food temperatures, storage and keeping track of refrigerator temperatures especially danger zone temperatures.</p> <p>In interviews on 06/12/2024 from 5:30 PM. to 6:00 PM with 4 day shift (6 AM. to 2 PM.) 2 activities, 1 HR, 1 marketing, 6 evening shift (2 PM. to 10 p.m.) nursing staff (1 LVNs, 2 CNAs) and 3 kitchen staff; and 4 night staff (10 PM to 6 AM) 1 NA, 1 LVN, 1 CNA, and 1 CMA revealed they had been in-serviced on food temperatures, danger zones temperatures, food storage, and the Food Preparation and Service policy.</p> <p>During an interview on 6/12/24 at 5:50 pm, the Administrator stated that issues involving food storage, food temperatures and/or refrigerator logs would be follow-up for investigation if issues or grievances were raised.</p> <p>During an interview on 6/11/24 at 6:00 pm, the RDO stated that she would provide physical oversight at the facility weekly x4 weeks and then random reviews after.</p> <p>During telephone interview on 6/12/24 at 6:07 PM, the Medical Director stated she was notified of the IJ on 6/11/24 and issued no new orders.</p> <p>During an interview on 6/12/24 at 7:20 PM, [NAME] C stated, the back-up plan in case the new refrigerators went out in the future was to release a refrigerated truck until the issues with the refrigerators were fixed or new refrigerators purchased.</p> <p>During an interview on 6/12/24 at 7:22 PM, the FSS stated: the back-up plan in case the new refrigerators went out in the future was to release a refrigerated truck until the issues with the refrigerators were fixed or new refrigerators purchased.</p> <p>During an interview on 6/12/24 at 7:25 PM, the Administrator stated the back-up plan was to re-lease a refrigerated truck until the issues with the new refrigerators were resolved.</p> <p>During an interview on 6/12/24 at 7:58 PM, the DON stated: RNC assessed all residents in facility for any GI symptoms including nausea, vomiting, diarrhea. No symptoms noted and there was no concerns identified.</p> <p>During a joint interview on 6/12/24 at 8:00 PM, the RRC (regional reimbursement consultant, RN) and the RNC completed 100 % assessment of residents for GI issues and no issues surfaced requiring contacting the MD for new orders.</p> <p>(continued on next page)</p>		

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<p>F 0812</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p> <p>Note: The nursing home is disputing this citation.</p>	<p>Key Record Reviews:</p> <p>Record review of facility signed in sheet dated 6/12/24 revealed all dietary staff (total of 8) received training on food storage and temperature safety and temperature logs.</p> <p>Record review of GI assessments dated 6/11/24 revealed 78 residents were assessed and no issues noted.</p> <p>Record review of facility's education on food service revealed the training started 6/11/24 around 10: 00 AM and completed on 6/11/24 for a total staff of 78. [facility had 3 shifts: 6 AM-2PM, 2PM-10PM, and 10PM-6 AM].</p> <p>Record review of facility's purchased order dated 6/10/24 revealed anticipated date of two refrigerators was 6/13/24.</p> <p>On 06/12/2024 at 8:32 PM, the Administrator was informed the POR was validated and immediacy was removed. However, the facility remained out of compliance at a severity of no actual harm that is not immediate and a scope of pattern due to the facility's need to install two new refrigerators, safely store food track deliveries, implement food temperature logs on the new refrigerators, and audit and monitor food temperatures in the preparation of meals.</p>

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<p>F 0814</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Dispose of garbage and refuse properly.</p> <p>34957</p> <p>Based on observation, interviews, and record review, the facility failed to dispose of garbage and refuse properly for 3 of 3 dumpsters, in that:</p> <p>The drain plug was damaged for Dumpsters #2. And there was garbage and debris in the vicinity of the 3 dumpsters.</p> <p>This failure could place residents at risk for exposure to germs and diseases carried by vermin and rodents.</p> <p>The finding included:</p> <p>Observation on 6/11/24 at 9:00 AM of the dumpster area revealed three covered dumpsters with the middle dumpster (#2) with a half plug allowing ants to enter the dumpster. Behind the three dumpsters were garbage, paper items, a face mask, a gasoline can, discarded water sprayer, and numerous other garbage items spread out in the vicinity of the three dumpsters.</p> <p>During an interview on 6/11/24 at 12:37 PM, the Administrator stated that the plug to the second dumpster needed to be replaced and that she intended on calling the dumpster company. The Administrator stated that there was garbage behind the dumpsters and was caused by a storm the past two days. The Administrator stated that part of the garbage included a gas can without gas in it in the vicinity of the dumpsters. The Administrator stated that the dumpster site needed to be cleaned.</p> <p>During an interview on 6/11/24 at 12:40 PM, the Maintenance Supervisor stated he was responsible for cleaning the dumpster area. The Maintenance Supervisor stated that there was garbage around the dumpster site, it needed cleaning, and he was responsible for the cleaning of the area. The Maintenance Supervisor stated that he checked the dumpster area daily. He had no explanation for the garbage in the vicinity of the dumpster area. The Maintenance Supervisor stated that the middle dumpster (#2) needed a working plug so as to discourage pests and rodents.</p> <p>Record review of facility's Food-Related Garbage and Refuse Disposal policy dated Revised October 2017 read, .Garbage and refuse containing food wastes will be stored in a manner that is inaccessible to pests . Storage areas will be kept clean at all times, and shall not constitute a nuisance .Outside dumpsters provided by garbage pickup services will be kept closed and free of surrounding litter . [the policy did not address dumpster plugs]</p>		