

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 455796	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/22/2024
NAME OF PROVIDER OR SUPPLIER Town and Country Nursing and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 625 N Main St Boerne, TX 78006	

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 0578</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to request, refuse, and/or discontinue treatment, to participate in or refuse to participate in experimental research, and to formulate an advance directive.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 38511</p> <p>Based on interview and record review, the facility failed to ensure residents' right to formulate an advance directive for 1 of 8 residents (Resident #1) reviewed for advanced directives, in that:</p> <p>The facility failed to ensure Resident #1's Out-of-Hospital Do Not Resuscitate (OOH DNR) was dated and signed by two witnesses to the resident's signature which made the document invalid.</p> <p>This failure could place residents at-risk of having their end of life wishes dishonored, and of having CPR performed against their wishes.</p> <p>The findings included:</p> <p>Record review of Resident #1's face sheet dated [DATE] revealed an admitted [DATE] with diagnoses which included: chronic obstructive pulmonary disease with acute lower respiratory infection (chronic inflammatory lung disease that causes obstructed airflow to the lungs with a current respiratory infection), atherosclerotic heart disease of native coronary artery without angina pectoris (narrowing or blockage of the arteries to the heart without associated pain) and hypertension (high blood pressure).</p> <p>Record review of a partially completed OOH DNR for Resident #1 dated [DATE] (prior to admission to the facility) reflected a signature in the space for the resident's signature that was illegible and a physician signature. The document did not have any witness signatures therefore rendering the document invalid.</p> <p>Record review of Resident #1's hospice binder revealed a Patient Information Report dated [DATE] (prior to admission to the facility) that indicated Resident #1 was DNR status with comfort measures only.</p> <p>Record review of Resident #1's physician order dated [DATE] revealed an order for DNR placed into Resident #1's electronic medical record on [DATE] by LVN A and had not been signed by a physician.</p> <p>Record review of Resident #1's care plan (undated) revealed Resident #1 was DNR status with interventions which included: ensure signed DNR is in medical record.</p> <p>(continued on next page)</p>

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

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 455796	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/22/2024
NAME OF PROVIDER OR SUPPLIER Town and Country Nursing and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 625 N Main St Boerne, TX 78006	
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 0578</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Record review of Resident #1's admission agreement dated [DATE] revealed the resident did not have a DNR order and was full code status (CPR required).</p> <p>Record review of Resident #1's admission MDS assessment dated [DATE] revealed a BIMS score of 9 which indicated a moderate cognitive impairment.</p> <p>Record review of Resident #1's social services progress notes dated [DATE] revealed: Family friend visited to assist with DNR. Resident #1 requested DNR be done at a later time.</p> <p>During an interview on [DATE] at 1:50 p.m., the SW stated she was given an OOH DNR document for Resident #1 from an unknown person that already had the resident's signature but had no witness signatures. She stated she was advised by the unknown person to get the two witness signatures. The SW stated she did not feel comfortable signing the document because she had not witnessed the resident's signature. The SW stated she told the Administrator a new OOH DNR would need to be started from scratch. The SW stated the Administrator agreed. The SW stated she went to talk to Resident #1 about his wishes, knowing he was on hospice. The SW stated during the interview with Resident #1 he was not able to make his needs known so she reached out to hospice. The SW stated the Director of Hospice came into her office and she informed him that Resident #1 was confused about what was going on. She stated around the same time (dates unknown) an unknown person she presumed was a friend of Resident #1 came to the facility and was insistent on signing the OOH DNR. The SW stated Resident #1 had been wandering the halls confused thinking he was in another city. The SW stated she did not feel like it was appropriate to get the signature when Resident #1 was confused. The SW stated there was no current documented RP for Resident #1. The SW stated because she was new to the facility and had not yet been licensed as a social worker and had no experience in long term care, she was not sure what the process was for obtaining an OOH DNR. The SW stated at the time of this interview Resident #1's medical record including physician order and care plan indicated Resident #1 was DNR status even though the OOH DNR documentation was still incomplete.</p> <p>During an interview on [DATE] at 3:56 p.m., Resident #1's emergency contact stated Resident #1 had lived with her for 8 years. She stated she could no longer take care of him because he was in-coherent most of the time and kept asking her where he was. She stated she also did not have OOH DNR documentation for Resident #1.</p> <p>During an interview on [DATE] at 4:10 p.m. the Hospice LVN and Executive Director stated in a combined interview that the hospice company had left a binder in the facility that should have some documentation in it. They stated Resident #1 was full code status because his OOH DNR paperwork was incomplete. The Hospice LVN and Executive Director stated when Resident #1 had come onto hospice services he was of sound mind and able to make his own decisions. They stated since admission he has had a significant decline. They stated if Resident #1 were to experience a medical emergency, code or become unresponsive the facility should notify them, and call 911 since he remained a full code status.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 455796	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/22/2024
NAME OF PROVIDER OR SUPPLIER Town and Country Nursing and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 625 N Main St Boerne, TX 78006	
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 0578</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 4:33 p.m., LVN A stated she was the admitting nurse for Resident #1 on [DATE]. She stated she put a DNR order in the medical record for Resident #1. She stated she did not remember writing the order, but it was right there as proof with her signature. She stated for a DNR order usually the resident would have an OOH DNR that was signed. She stated she remembers seeing the document, which would be an indication to write the order. She stated she knew the OOH DNR needs signatures of the physician and RP. When asked if she verified the signatures were in place, she stated she read the paperwork to the PCP group. She stated she reviewed medications, diet and code status with an on-call person (unknown name) from the PCP group. LVN A stated the on-call provider did not tell her specifically to write an order for DNR status, but she knew some of the doctors had preferences. She stated as a LVN she did not have the authority to write an order without a physician telling her to write the order, but it was her understanding Resident #1 was DNR status. LVN A stated it was important to verify the OOH DNR for accuracy, so the facility provided proper care to the resident.</p> <p>During an interview on [DATE] at 5:07 p.m., Resident #1 stated he did sign documentation to be a hospice patient willingly because he had been homeless and had nowhere to live. He stated he did not sign an OOH DNR and wanted to be full code status. He stated the emergency contact lived close to his family members who should be contacted (this showed confusion). During the interview Resident #1 was able to answer detailed interview questions but had short term recall issues and showed some confusion.</p> <p>During an interview on [DATE] at 6:07 p.m., the DON stated when new residents are admitted , the facility received a packet of information. She stated if the OOH DNR was attached to the packet the facility verifies it is current, accurate and valid. The DON stated validity is determined by two witness signatures, a resident or resident designee signature and a physician signature. She stated this is done by the admitting nurse. The DON stated after confirming if they had an OOH DNR or not the admitting nurse should give the physician a summary to include code status. She stated the admitting nurse could not write an order without verifying it the physician. The DON stated LVN A saw the OOH DNR paperwork and assumed it was a complete DNR. The DON stated she was not aware the OOH DNR was incomplete until today after surveyor intervention. The DON stated it was important to record accurate code status so they were aware of the resident and family wishes and so they could honor those wishes.</p> <p>During an interview on [DATE] at 11:24 a.m ., the Admission Director stated Resident #1 was admitted without OOH DNR documentation. She stated the hospice documentation said DNR status, but he did not have an OOH DNR signed. The Admission Director stated the admissions paperwork which indicated Resident #1's full code status was uploaded in the medical record. She stated admitting nursing staff would not have access to this information, but they would have clinical's and other documentation to review. The Admission Director stated none of the signatures on the partially filled out OOH DNR were from facility staff. She stated she had never seen the document before and did not know where it came from. The Admissions Director stated Resident #1 had fluctuating cognition since admission. She stated some days Resident #1 was able to answer questions and some days he was confused and unable to answer. She stated when he was admitted he did give the emergency contact permission to access his information and to make decisions on his behalf.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 455796	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/22/2024
NAME OF PROVIDER OR SUPPLIER Town and Country Nursing and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 625 N Main St Boerne, TX 78006	
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 0578</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Record review of a facility policy titled Communication of Code Status dated [DATE] revealed: It is the policy of this facility to adhere to residents' rights to formulate advance directives. In accordance to these rights, this facility will implement procedures to communicate a resident's code status to those individuals who need to know this information. Policy Explanation and Compliance Guidelines: 1. The facility will follow facility policy regarding a resident's right to request, refuse and/or discontinue medical or surgical treatment and to formulate an Advance Directive. 4. In the absence of an Advance Directive or further direction from the physician, the default direction will be Full Code.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 455796	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/22/2024
NAME OF PROVIDER OR SUPPLIER Town and Country Nursing and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 625 N Main St Boerne, TX 78006	

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 0624</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Prepare residents for a safe transfer or discharge from the nursing home.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 38511</p> <p>Based on interview and record review, the facility failed to provide and document sufficient preparation to ensure safe and orderly discharge from the facility for 2 of 3 residents (Resident #2 and #3) reviewed for discharge.</p> <ol style="list-style-type: none"> 1. The facility failed to ensure Resident #2's home health services and DME were arranged and in place prior to discharge. 2. The facility failed to ensure Resident #3's home health and wound care services were confirmed and in place prior to discharge. <p>These failures could place residents at risk of being discharged without preparation, causing a disruption in their care and place the residents at risk for their needs not being met.</p> <p>The findings included:</p> <ol style="list-style-type: none"> 1. Record review of Resident #2's face sheet dated 2/20/2024 revealed an admitted [DATE] and a discharge date of [DATE] with diagnoses which included: nondisplaced mid-cervical fracture of right femur, subsequent encounter for closed fracture with routine healing (fracture or bone cracks in one place that does not move or change alignment of the large bone of the leg), aftercare following joint replacement surgery and pain in right hip. <p>Record review of Resident #2's admission MDS assessment dated [DATE] revealed a BIMS score of 10 which indicated a moderate cognitive impairment.</p> <p>Record review of an email from the Rehabilitation Director to the Administrator with ADON G copied and dated 12/29/2023 revealed: Resident #2 would need a wheelchair with leg rests when she returned home.</p> <p>Record review of Resident #2's Care Plan dated 12/07/2023 revealed there was no plan of care or planning for discharge.</p> <p>Record review of a physician order for Resident #2 dated 1/03/2024 revealed an order that read, May discharge home on 1/05/2024 with home health to eval (evaluate) and treat. The order was placed into the electronic medical record by the DON.</p> <p>Record review of a nurse's progress note dated 1/05/2024 at 10:42 am revealed Resident #2 discharged home .Resident #2 left facility with all personal belongings and medications. Documented by LVN H.</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 455796	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/22/2024
NAME OF PROVIDER OR SUPPLIER Town and Country Nursing and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 625 N Main St Boerne, TX 78006	
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 0624</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Record review of Resident #2's Discharge Plan and Summary revealed Resident #2 was discharged because she had completed stay approved by insurance and was returning to her private residence with a family member. A note indicated the family member was considering hospice services for the resident. The summary indicated Resident #2 utilized a wheelchair as an assistive device, did not walk, and required extensive physical assistance and a wheelchair. The form was incomplete and was missing signatures of the resident, RP, and staff and was not dated.</p> <p>During a telephone interview with Resident #2 on 2/16/2024 at 3:06 p.m. revealed Resident #2 did not remember her stay at the nursing facility or her discharge. She stated she currently lived with her family member. She stated she was not able to walk on her own and needed help (to ambulate).</p> <p>During an interview on 2/16/2024 at 1:50 p.m., the Social Worker (identified as Staff C) stated she was new to the facility as of 1/16/2024 and was not working for the facility when Resident #2 was discharged .</p> <p>During an interview on 2/16/2024 at 3:38 p.m. LVN H stated she wrote the discharge summary for Resident #2 She stated it was her understanding Resident #2 did not get the home health that was ordered by a physician at discharge. LVN H stated the facility did not have a Social Worker at the time. She stated Resident #2's family member wanted Home Health Services and Hospice for discharge and was having to make the arrangements herself since the facility did not have a Social Worker. LVN H stated she was not sure what they were supposed to do for discharge without a Social Worker. She stated she assumed the Administrator would take the [NAME] since Resident #2's discharge had been discussed during morning meeting. LVN H stated she brought the discharge up in morning meeting and therapy brought it up. She stated management including the DON and Administrator were both aware of Resident #2's discharge needs. LVN H stated Resident #2 needed extensive assistance with transferring and toileting. LVN H stated the family member had brought it to everyone's attention that she needed assistance with discharge planning and services but without a Social Worker they did not know what to do. LVN H stated the family member management told her she would have to handle it on her own. LVN H stated she was trained to notify Social Worker and wait for the order for home health and equipment if needed but in this case it was not done. LVN H stated discharge planning was important, so the resident had someone to follow up with. She stated without support or equipment it was not a good situation.</p> <p>During an interview on 2/16/2024 at 6:07 p.m., the DON stated the MDS Coordinators, ADON's and herself had been doing discharge coordination until the past week. She stated they had started to show the Social Worker the process. She stated the discharge process began on admission. She stated the staff department heads communicated via email about what was being done in preparation for discharge.</p> <p>During an interview on 2/20/2024 at 12:15 p.m. MDS Coordinator/Care Manager B stated she was not aware of the discharge of Resident #2 and had not participated in any discharge planning for the resident.</p> <p>During an interview on 2/20/2024 at 12:25 p.m. MDS Coordinator/Care Manager K stated she did not know about the discharge of Resident #2 and did not assist with the discharge.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 455796	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/22/2024
NAME OF PROVIDER OR SUPPLIER Town and Country Nursing and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 625 N Main St Boerne, TX 78006	
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 0624</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 2/20/2024 at 8:55 a.m., Resident #2's family member stated no home health services or DME was set up for the resident prior to discharge. She stated she talked to multiple people in the facility (names unknown) but made no progress is getting assistance. She stated she needed home health, hospice, and medical equipment. She stated after discharge she was able to get ahold of a private non-profit agency that assisted the elderly and they assisted her with getting home health, hospice and medical equipment for Resident #2. She stated the situation was very frustrating and she thought something should be done about it so no one else would have to endure what she did.</p> <p>During an interview on 2/20/2024 at 2:34 p.m., the Rehabilitation Director stated Resident #2's skills fluctuated. She stated originally the family said they did not need a wheelchair or anything else but later changed their mind. The Rehabilitation Director stated the family notified her they had changed their mind while Resident #2 was still in the facility. She stated she sent the Administrator and ADON L an email on 12/29/2023 letting them know Resident #2 would need a wheelchair at discharge for home use. The Rehabilitation Director stated neither the Administrator nor the ADON responded to her email. She stated if the facility had a Social Worker, she would have also included her in the e-mail, but they did not have a Social Worker at the time of Resident #2's discharge. The Rehabilitation Director stated Resident #2's pending discharge was discussed in morning meetings.</p> <p>During an interview on 2/20/2024 at 3:35 p.m., ADON L stated she did not participate in discharge planning for Resident #2. She stated Resident #2's discharge was discussed during morning meeting. She stated the facility did not have a Social Worker at the time, so the Administrator took over some of the discharge planning for the resident. She stated to her knowledge the MDS Coordinator and the therapy department were also involved.</p> <p>During an interview on 2/20/2024 at 4:27 p.m., the Administrator stated a Social Worker from a sister facility came to assist with Resident #2's discharge and sent her referral to home health on 1/05/2024 (date of discharge). The Administrator stated after surveyor intervention she called the home health company and found out that although they received the referral for Resident #2 on 1/05/2024 they did not admit the resident to services until 1/10/2024 (5 days after discharge). The Administrator stated the SW from the sister facility only made the arrangements for home health and not for the wheelchair. The Administrator stated ideally home health services and the wheelchair should have been in place prior to Resident #2's discharge but she was not sure what the facility policy said about it.</p> <p>During an interview on 2/20/2024 at 4:52 p.m., Resident #2's home health company stated they started providing home health services to Resident #2 on 1/11/2024. She stated there was nothing in their records of contact from anyone at the facility on 1/05/2024. She stated the home health company did not receive any information from the facility until 1/09/2024 (4 days after discharge) but it was not from the nursing facility, it was from a NP from a non-profit agency that assisted the elderly.</p> <p>2. Record review of Resident #3's face sheet dated 2/20/2024 revealed a [AGE] year-old with an admitted [DATE] with discharge date of [DATE] with diagnoses which included: Crohn's disease with complications, encounter for surgical aftercare following surgery on the digestive system and ileostomy status.</p> <p>Record review of Resident #3's admission MDS assessment dated [DATE] revealed a BIMS of 15 which indicated the resident was cognitively intact.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 455796	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/22/2024
NAME OF PROVIDER OR SUPPLIER Town and Country Nursing and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 625 N Main St Boerne, TX 78006	
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 0624</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Record review of a discharge order for Resident #3 dated 2/01/2024, entered into the electronic medical record by ADON G revealed: Orders to discharge home with home health services, wound care services to evaluate and treat on Tuesday, February 6th, 2024.</p> <p>Record review of a nurse's progress note for Resident #3 documented by MDS Coordinator B revealed: Resident #3 being discharged today .with orders for home health per his request .Resident states he is able to do his own wound care until home health is able to assess .</p> <p>Record review of a nurse's progress note for Resident #3, dated 2/06/2024 entered by LVN I revealed: Provided with discharge instructions, wound care supplies, medication list and available medications. Discharge ambulatory (walking) .</p> <p>Record review of Resident #3's undated care plan revealed there was no plan of care for discharge.</p> <p>Record review of Resident #3's Discharge Plan and Summary undated revealed reason for discharge: last insurance covered day 2/05/2024 with Resident #3 returning to a private residence in the community. Discharge with home health nurse/aide and wound care .resident sent with 2-3 days of wound care supplies with wound care order: wound to abdomen: cleanse with normal saline/wound cleanser, apply skin prep to peri-wound (skin immediately surrounding open skin area), apply wet-to-dry dressing, cover with abdominal pad, secure with tape, electronically signed by ADON J. The document was not signed by Resident #3.</p> <p>During an interview on 2/16/2024 at 1:50 p.m., the Social Worker (identified as Staff C) stated she was new to the facility as of 1/16/2024. She stated her title was Social Worker but she was not a licensed and had no long-term care experience. She stated she had not had much training since she began working at the facility and was trying to train herself. She stated she had only worked on 1-2 discharges since being hired at the facility.</p> <p>During an interview on 2/16/2024 at 2:08 p.m., Staff C stated she had only participated in one discharge planning since hire. She stated she could not remember the name of the resident. She stated she was aware that Resident #3 was leaving the facility. She stated she told Resident #3 she would try to find out some information for him but was unable to get any. She stated she was still trying to learn the processes and was dismissed by everyone. Staff C stated she did not reach out or ask for assistance from either the ADON, or the DON. She stated she was not involved in the discharge planning for Resident #3 and was not sure what he got for discharge.</p> <p>During an interview on 2/20/2024 at 12:15 p.m. MDS Coordinator/Care Manager K stated she tried to assist with Resident #3's discharge. She stated Resident #3 was young and denied needing any medical equipment. She stated he just wanted wound care at home. The MDS Coordinator/Care Manager K stated the physician orders for Resident #3's discharge indicated he needed home health services and wound care to evaluate and treat. She stated Resident #3's insurance company provided her a list of home health companies his insurance covered. She stated she sent the list and all of his information to a home health company that was on the list so they could follow up with the resident after his discharge. She stated she did not coordinate services and did not ensure home health services were in place prior to Resident #3's discharge. She stated she also sent an email to the Social Worker (Staff C) on the date of Resident #3's discharge that read Here is everything I sent to [Home Health Company]. The MDS Coordinator/Care Manger K stated Staff C replied with thank you but did not ask any questions or send any follow up emails.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 455796	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/22/2024
NAME OF PROVIDER OR SUPPLIER Town and Country Nursing and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 625 N Main St Boerne, TX 78006	
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 0624</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 2/20/2024 at 3:02 p.m., LVN I stated Resident #3's discharge happened quickly. She stated the resident told her 15-20 minutes prior to discharge. LVN I stated she just gave Resident #3 his things and he left. She stated Resident #3's discharge was planned but the reason he left so quickly was because of his transportation, they were waiting for him. LVN I stated Resident #3's discharge was the first one she had since she started working at the facility. She stated she did not know the process. She stated depending on the resident needs is what needed to be planned for discharge based on physician order. LVN I stated the Social Worker needed to evaluate the resident for his needs prior to discharge. LVN I stated she did not know how the nursing staff coordinated the discharge with the social worker. She said she thought it was the Social Worker's responsibility to get with the nurses. LVN I stated she was probably aware of Resident #3's discharge before the 15-20 minutes but could not remember. She stated Resident #3 was pretty independent as far as getting up and moving around. She stated he had a healing surgical wound. She stated she felt like he could do his own wound dressing changes. She stated she thinks they may have given him some wound care supplies, but she cannot remember. She stated she remembered that home health was not going to start for a day or two, so he was going to have to do his own wound care. She stated she did not clear it with Social Services before she discharged Resident #3.</p> <p>During an interview on 2/20/2024 at 3:35 p.m., ADON L stated she did not participate in discharge planning for Resident #3. She stated no one asked her for assistance with his discharge.</p> <p>During an interview on 2/20/2024 at 3:58 p.m., the DON stated in preparation for discharge the Social Worker should set up and coordinate services with the home health agency. The DON stated she was not familiar with the facility's discharge policy and would need to look it up. The DON stated for Resident #3's discharge ADON J coordinated his discharge. She stated it was her expectation that services were put into place prior to discharge and that home health was already set up prior to discharge. She stated this should be done by confirming with the home health company that they would provide services to the resident. The DON stated MDS Coordinator/Care Manager K also assisted with the set up of home health services.</p> <p>During an interview on 2/20/2024 at 4:27 p.m., the Administrator stated she did not participate in Resident #3's discharge. She stated his name did not ring a bell.</p> <p>During an interview on 2/20/2024 at 4:40 p.m., ADON G stated she spoke with Resident #3 about when he wanted to leave and told him she wanted to make sure everything was good. She stated MDS Coordinator/Care Manager K took care of most of his discharge. She stated she knows that the home health company was not responding to the faxed information such as Resident #3's clinicals. She stated when she finally got ahold of them, they told her they did not take his insurance. ADON G stated she started making phone calls, faxed clinicals but was assisting another resident with leaving. She stated she gave the name of the home health company to Resident #3 but did not follow up with the company to ensure they would be providing home health services. She said she thought MDS Coordinator/Care Manager K had confirmed with the home health company, the second one that they did take his insurance, but it was not set up prior to discharge. She stated she also gathered 4-5 days of wound care supplies and gave them to the resident while he was waiting for home health after discharge.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 455796	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/22/2024
NAME OF PROVIDER OR SUPPLIER Town and Country Nursing and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 625 N Main St Boerne, TX 78006	

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 0624</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 2/20/2024 at 5:05 p.m., MDS Coordinator/Care Manager J stated she did follow up on Resident #3's first home health agency but not until after discharge when she found out they did not cover his insurance. She stated she did not follow up with the second home health agency to ensure services were in place. She stated she did not have the contact information or phone number for the home health companies when requested.</p> <p>During an interview on 2/20/2024 at 5:07 p.m., the Regional Corporate SW stated she had not assisted the facility with any discharges. She stated she did not know this region.</p> <p>Record review of a facility policy, titled Transfer and discharge date d 10/13/2022 revealed: 14. Anticipated Transfer or Discharges: a. Obtain physicians' orders for transfer or discharge and instructions or precautions for ongoing care. c. Orientation for transfer or discharge will be provided and documented to ensure safe and orderly transfer or discharge from the facility, in a form and manner that the resident can understand. d. Assist with any other arrangements as needed.</p> <p>Attempts to reach Resident #3 prior to exit were unsuccessful.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 455796	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/22/2024
NAME OF PROVIDER OR SUPPLIER Town and Country Nursing and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 625 N Main St Boerne, TX 78006	
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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 38511</p> <p>Based on interview and record review, the facility failed to develop and implement a person-centered care plan that included measurable objectives and timeframes to meet a resident's medical, nursing, and mental and psychosocial needs for 2 of 3 residents (Resident #2 and #3) reviewed for comprehensive care plans in that:</p> <ol style="list-style-type: none"> 1. The facility failed to ensure Resident #2's care plan included discharge planning and goals. 2. The facility failed to ensure Resident #3's care plan included discharge planning and goals. <p>These failures could affect residents and place them at risk of their discharge wishes not being honored and not receiving appropriate treatment and services on discharge:</p> <p>The findings included:</p> <ol style="list-style-type: none"> 1. Record review of Resident #2's face sheet dated 2/20/2024 revealed an admitted [DATE] and a discharge date of [DATE] with diagnoses which included: nondisplaced mid-cervical fracture of right femur, subsequent encounter for closed fracture with routine healing (fracture or bone cracks in one place that does not move or change alignment of the large bone of the leg), aftercare following joint replacement surgery and pain in right hip. <p>Record review of Resident #2's admission MDS assessment dated [DATE] revealed a BIMS score of 10 which indicated a moderate cognitive impairment.</p> <p>Record review of an email from the Rehabilitation Director to the Administrator with ADON G copied and dated 12/29/2023 revealed: Resident #2 would need a wheelchair with leg rests when she returned home.</p> <p>Record review of Resident #2's Care Plan initiated on 12/07/2023 revealed there was no plan of care for discharge.</p> <p>Record review of a physician order for Resident #2 dated 1/03/2024 revealed an order that read, May discharge home on 1/05/2024 with home health to eval (evaluate) and treat. The order was placed into the electronic medical record by the DON.</p> <p>Record review of a nurse's progress note dated 1/05/2024 at 10:42 am revealed Resident #2 discharged home. Resident #2 left facility with all personal belongings and medications. Documented by LVN H.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 455796	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/22/2024
NAME OF PROVIDER OR SUPPLIER Town and Country Nursing and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 625 N Main St Boerne, TX 78006	
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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Record review of Resident #2's Discharge Plan and Summary revealed Resident #2 was discharged because she had completed stay approved by insurance and was returning to her private residence with a family member. A note indicated the family member was considering hospice services for the resident. The summary indicated Resident #2 utilized a wheelchair as an assistive device, did not walk, and required extensive physical assistance and a wheelchair. The form was incomplete and was missing signatures of the resident, RP, and staff and was not dated.</p> <p>During a telephone interview with Resident #2 on 2/16/2024 at 3:06 p.m. revealed Resident #2 did not remember her stay at the nursing facility or her discharge.</p> <p>2. Record review of Resident #3's face sheet dated 2/20/2024 revealed a [AGE] year-old with an admitted [DATE] with discharge date of [DATE] with diagnoses which included: Crohn's disease with complications (inflammation of the digestive tract), encounter for surgical aftercare following surgery on the digestive system and ileostomy status (surgical operation in which a piece of the ileum is diverted to an artificial opening in the abdominal wall).</p> <p>Record review of Resident #3's admission MDS assessment dated [DATE] revealed a BIMS of 15 which indicated the resident was cognitively intact.</p> <p>Record review of a discharge order for Resident #3 dated 2/01/2024, entered into the electronic medical record by ADON G revealed: Orders to discharge home with home health services, wound care services to evaluate and treat on Tuesday, February 6th, 2024.</p> <p>Record review of a nurse's progress note for Resident #3 documented by MDS Coordinator B revealed: Resident #3 being discharged today .with orders for home health per his request .Resident states he is able to do his own wound care until home health is able to assess .</p> <p>Record review of a nurse's progress note for Resident #3, dated 2/06/2024 entered by LVN I revealed: Provided with discharge instructions, wound care supplies, medication list and available medications. Discharge ambulatory (walking) .</p> <p>Record review of Resident #3's undated care plan revealed there was no plan of care for discharge. "</p> <p>During an interview on 2/20/2024 at 12:15 p.m., MDS Coordinator/Care Manager B stated there was no plan of care for discharge for either Resident #2 or Resident #3. She stated she was responsible for updating care plans.</p> <p>During an interview on 2/20/2024 at 3:58 p.m., the DON stated discharge planning should be included on the resident care plan. She stated discharge planning should begin on admission. She stated the resident discharge plans including returning home or to the community should be included in the care plan to ensure a safe discharge. She stated the MDS Coordinator was responsible for ensuring the care plan had the needed information.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 455796	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/22/2024
NAME OF PROVIDER OR SUPPLIER Town and Country Nursing and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 625 N Main St Boerne, TX 78006	
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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Record review of a facility policy, titled Comprehensive Care Plans dated 10/24/2022 revealed: It is the policy of this facility to develop and implement a comprehensive person-centered care plan for each resident, consistent with resident rights, that includes measurable objectives and timeframes to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the resident's comprehensive assessment. 2. The comprehensive care plan will be developed within 7 days after the completion of the comprehensive MDS assessment. D. the Resident's goals for admission, desired outcomes, and preferences for future discharge e. Discharge plans, as appropriate.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 455796	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/22/2024
NAME OF PROVIDER OR SUPPLIER Town and Country Nursing and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 625 N Main St Boerne, TX 78006	

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 0839</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Employ staff that are licensed, certified, or registered in accordance with state laws.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 38511</p> <p>Based on interview and record review the facility failed to ensure professional staff were licensed, certified, or registered in accordance with applicable State laws for 1 of 3 staff (Staff C) reviewed for staff qualifications.</p> <p>The facility failed to ensure Staff C was appropriately licensed to practice social work in the State of Texas.</p> <p>This failure could place residents at risk of not receiving care and services from staff who were properly trained and supervised.</p> <p>The findings included:</p> <p>Record Review of Staff C's personnel file revealed a document titled Application for Licensed Social Worker dated 12/26/2023. Staff C indicated she graduated with a master's in social work on 12/01/2022. The application revealed she had no long-term care experience and there was no information about a social worker license. Staff C's personnel file revealed there was no licensure information.</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 455796	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/22/2024
NAME OF PROVIDER OR SUPPLIER Town and Country Nursing and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 625 N Main St Boerne, TX 78006	
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 0839</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 2/16/2024 at 1:50 p.m., Staff C, identified herself as the facility Social Worker. She stated she worked under the Administrator but was not licensed as a social worker. Staff C stated she completed her master's degree in social work from a local university in December 2022. She stated she took the exam to be a licensed social worker in March 2023 but did not pass the exam. Staff C stated she was scheduled to take the exam again in March 2024. Staff C stated she was hired on 1/16/2024 with the title of Social Worker. She stated her job duties included referral for services, resident assessments, discharge planning, participation in care plans, elder abuse assessments. She stated eventually she would be Manager on duty for the weekends but not until March. She stated she had not received much training. She stated she was trying to train herself. She stated she had been advocating for herself to received training but not much had come her way. Staff C stated she had been sent to train with another SW at another facility for two days, but the training had been chaotic and had been cut short because of the other SW job duties. She stated a different SW came to the facility this week to go over wandering assessments with her. Staff C stated she was trying to help the residents what she knew while advocating for training. She stated her resource for questions was the companies Regional Social Worker and she was also given the phone number of a SW in another city, Staff F. Staff C stated when she asked questions of Staff D there was never an immediate response. She usually had to wait one to two business days for assistance. She stated when she reached out to the Corporate SW she was told to contact Staff D for assistance. Staff C stated the Regional SW had not been reviewing her work. Staff C stated there were some things she was not comfortable doing or signing off. Staff C stated she used a 4-digit pin to sign electronic medical records and stated her signature said, social services. Staff C stated she had never worked long-term care before. She stated other than her internship she had been a stay-at-home- mom for the last [AGE] years. Staff C stated she was told licensure was required for the job. She stated no one asked to see verification that she was testing in March 2024 or for her proof of graduation from her master's degree program. She stated she offered proof of graduation, but they said they did not want to see it. Staff C stated she had not discussed what would happen if she did not pass her licensing exam again. She stated no one at the facility had brought it up. She stated she was not expecting to get the job and was shocked when they offered her the position. She stated she assumed she would just get a lot of training.</p> <p>During an interview on 2/16/2024 at 2:44 p.m., Staff F, stated she was not a licensed Social Worker. She stated she worked at a sister facility under the Regional SW license. Staff F stated Staff C nor anyone else in particular had not reached out to her for assistance.</p> <p>During an interview on 2/20/2024 at 2:24 p.m., HR (Human resources Coordinator) stated he had made an ID badge for staff C that stated Social Services Director. He stated Staff C was interviewed and hired by the Administrator. The HR Manager stated the Administrator told him Staff C was who they were hiring for the Social Worker. He stated when he spoke with Staff C he did not know she was unlicensed. The HR Manager stated when he asked Staff C for proof of licensure, she told him she did not have a license but was scheduled to take a test. He stated she did not provide proof of the test at that time. The HR Manager stated when he found out Staff C was not licensed, he told the Administrator. He stated the Administrator responded that yes, she knew Staff C was not a licensed social worker but had graduated and would be testing. The HR Manager stated he did not know anything about Staff C's supervision because it was not part of his job duties. He stated Staff C did sign a job description of a licensed social worker which he witnessed and also signed.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 455796	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/22/2024
NAME OF PROVIDER OR SUPPLIER Town and Country Nursing and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 625 N Main St Boerne, TX 78006	
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 0839</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 2/20/2024 at 4:27 p.m., the Administrator stated she herself used to be a social worker but had not maintained her license as a social worker for a long time he stated it was really hard to find a licensed social worker for the area in which the facility resided. She stated she had looked for 4 months to find Staff C. The Administrator stated she was aware that Staff C was not a licensed social worker. She stated Staff C did have a degree in social work and had made arrangements to take her licensing test. The Administrator stated Staff C was receiving training. The Administrator stated they had connected her to a social worker in another facility, Staff D, for questions and the Corporate SW was also available for questions. The Administrator stated Staff C could also ask her and she was available to answer questions. The Administrator stated the Corporate SW was giving her guidance. The Administrator stated she did not know if the social workers in the other facilities were licensed. She stated she just knew their titles were Social Worker. The Administrator stated Staff C's title was Social Worker even though she was not licensed. The Administrator stated the facility did not have a contract for a Social Worker to assist the facility in absence of a licensed Social Worker and did not have a policy for Social Services or Social Worker.</p> <p>During an interview on 2/20/2024 at 5:07 p.m., the Regional SW stated her licensure for social work was current and in good standing. She stated her position was as a resource for Social Services and to assist as needed. She stated she assisted with training. The Regional SW stated she could not remember if she knew Staff C was not a licensed SW. She stated she knew she was waiting to test. The Regional SW stated she sent Staff C a welcome letter via email with the name of two Social Workers who could assist her with training. She stated she also sent Staff C some helpful hints and her contact information. The Regional SW stated she had not provided any training to Staff C. The Regional SW stated Staff E, a social worker at a sister facility was given as a resource to Staff C. The Regional SW stated she did not know if Staff E was appropriately licensed to provide training for Staff C. She stated Staff E at one time had a temporary license while waiting to test but did not know if she passed the exam and obtained her license either. The Regional SW stated she did not have anyone providing direct oversight of Staff C. The Regional SW stated she would have provided oversight to Staff C but she did not realize she did not have a license.</p> <p>Record review of the state's licensing board for Social Workers revealed:</p> <p>Staff C did not have a license as a social worker.</p> <p>Record review of Staff C's signed job description titled Licensed Social Worker dated 1/23/2024 signed by Staff C and the HR Manager revealed: Licensing Requirements: Must be a Licensed Social Worker in the state of Texas. Experience Requirements: Previous experience working in a skilled nursing facility is preferred.</p> <p>Attempted interview of Staff D on 2/20/2024 at 4:50 p.m. was unsuccessful. A return call was not received prior to exit.</p>		