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Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	455796	A. Building B. Wing	05/03/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Town and Country Nursing and Rehabilitation Center	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)
F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46447 Based on observation, interview and record review, the facility failed to implement a comprehensive care plan to meet the medical and nursing needs and the services to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being of 1 (Resident #1) of 5 residents reviewed for care plans. The facility failed to implement a comprehensive person-centered care plan for Resident #1 requiring weekly skin assessments. This failure could place residents of risk for not receiving appropriate care and treatment, worsening of skin issues, a delay in treatment, a decline in health, and hospitalization . Findings included: Record review of the face sheet, dated 05/02/2024, indicated Resident #1 was a [AGE] year old male initially admitted to the facility on [DATE] and readmitted on [DATE] with diagnoses including cellulitis (a common and potentially serious bacterial skin infection), and hemiplegia and hemiparesis (paralysis and muscle weakness on one side of the body) following cerebral infarction (a disruption in the brain's blood flow) affecting left non-dominant side. Record review of the Resident #1's physician orders, dated 05/03/2024, indicated Resident #1 had an active order to refer to [Wound Physician Group Name] physician for eval/treatment of all wounds until resolved per NP A, dated to start 10/05/2023. Record review of Resident #1's MDS, dated [DATE], indicated Resident #1 had a BIMS of 11, indicating he had moderate cognitive impairment and did not have a behavior history of rejecting care. The MDS indicated Resident #1 required extensive assistance with two or more persons physical assist for bed mobility and toilet use and was totally dependent with two or more persons physical assist for transferring to or from the bed, chair, or wheelchair. The MDS indicated Resident #1 did not have an unhealed pressure ulcer/injury or other wounds and skin problems, but did have a pressure reducing device for his bed and had ointments/medications applied to his skin, other than his feet. Record review of Resident #1's care plan, accessed 05/02/2024, indicated Resident #1 was at risk for impaired skin integrity, initiated and revised on 12/09/2021, with interventions including Conduct skin inspections / examinations weekly and as needed. Document findings., initiated 12/09/2021. (continued on next page)

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 05/03/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Town and Country Nursing and Rehabilitation Center	625 N Main St Boerne, TX 78006

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Record review of Resident #1's Forms, labeled NURSING - Weekly Skin Evaluation, reviewed for the month of April 2024, revealed documentation of weekly skin assessments completed on 03/25/2024, 04/09/2024, and 05/01/2024. There were no weekly skin evaluations for the weeks of 04/01/2024 and 04/15/2024. During an interview on 05/02/2024, at 04:00 p.m., LVN B revealed that the nurses are responsible for completing the skin assessments and that if there was a change, it would be reported to the nurse practitioner. LVN B revealed the skin assessments were to be completed weekly, are documented on the weekly skin assessment, and that she and LVN C spit up the duties for their assigned halls, which includes Resident #1's room. LVN B stated that she asked the CNAs to notify her if they observe anything new. LVN B revealed she did not think that missing a weekly skin assessment would impact Resident #1 because he still receives regular cream and antibiotic treatments on his skin and the CNAs document any changes on the shower sheets, so new wounds would still be caught. During an interview on 05/03/2024 at 10:01 a.m., Treatment Nurse D revealed she only completed weekly skin or wound assessments on residents that she treated, and for residents without wounds, the nurses would complete the skin assessment. Treatment Nurse D stated she had not provided a skin care treatment or completed a skin or wound assessment for Resident #1. Treatment Nurse D stated anyone can run a report in the EMR system to determine if the skin evaluations had been completed but she was probably responsible for running that report. Treatment Nurse D revealed the impact of missed skin evaluations included that they could miss the beginnings of a pressure or non-pressure ulcer, the potential of missing it, and that the resident would now have a wound that would need to be cared for. During an interview on 05/03/2024 at 10:45 a.m., LVN C revealed that the nurses are responsible for completing a form for skin assessments once a week. LVN C revealed that she was responsible for completing the skin assessments for residents in A-beds and LVN B did B-beds, with Resident #1 being in a B-bed. LVN C stated LVN B would be responsible for Resident #1's skin assessments. LVN C revealed that missed skin assessments would impact how the resident was and how they feel. During an interview on 05/03/2024 at 02:43 p.m., the DON revealed the nurses are responsible for completing the skin assessments, which would show up as an assignment for that day. The DON revealed the skin assessments were found under Forms and Skin Assessment. The DON stated there was a report that they could run for tracking the skin assessments, and it would show on the dashboard, which everyone would review during the morning meetings. The DON stated that they wanted to make sure the assessments were done and not look at the impact of them not being done. The DON revealed it was important that everyone have their skin checked, regardless of if they were a resident or living elsewhere. Record review of the facility's policy Skin Assessment, dated as implemented 12/07/2022, indicated, It is our policy to perform a full skin assessment as part of our systemic approach to pressure injury prevention and management. This policy includes the following procedural guidelines in performing the full body skin assessment., and 1. A full body, or head to toe, skin assessment will be conducted by a licensed or registered nurse upon admission/re-admission, weekly for three weeks, and weekly thereafter.