

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 455840	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/19/2025
NAME OF PROVIDER OR SUPPLIER The Arbors Healthcare and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1884 Loop 343 West Rusk, TX 75785	

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 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review the facility failed to provide pharmaceutical services including procedures that assure the accurate acquiring, receiving, dispensing, and administering of all drugs and biologicals to meet the needs of each resident for 1 of 7 residents reviewed for pharmacy services. (Resident #1)</p> <p>The facility failed to provide a physician ordered medication of Estrace (estradiol), which was ordered to help reduce the thinning of vaginal and pelvic tissues, to Resident #1 for 32 days.</p> <p>This failure could place residents at risk for exacerbation of diagnoses or increased complications.</p> <p>Findings include:</p> <p>Record review of Resident #1's undated face sheet indicated she was an [AGE] year-old female admitted on [DATE] with diagnoses of chronic atrial fibrillation (irregular heartbeat), dementia (decline in cognitive function), neuromuscular dysfunction of bladder (nerves unable to communicate with muscles in the bladder), and chronic kidney disease.</p> <p>Review of an MDS dated [DATE] indicated Resident #1 had a BIMS score of 9 which indicated moderate cognitive impairment, and she required assistance for ADLs. She required maximal assistance for bathing, upper and lower body dressing, and putting on and taking off footwear; she required set-up assistance for oral hygiene, eating, and personal hygiene; she was dependent on staff assistance for toileting hygiene. She was always incontinent of bowel and had an indwelling foley catheter (tube that drains urine from your bladder).</p> <p>Review of a physician order dated 1/17/25 from an Obstetrics/Gynecology office indicated Resident #1 had a vaginal prolapse (weakened pelvic muscles allow pelvic organs to drop from their position) and a new medication order for Estrace (estradiol) Vaginal Cream 3 times a week was sent to the facility.</p> <p>Review of an Order Summary Report of Active Orders as of 2/18/25 indicated there was no pharmacy order for Estradiol.</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 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 2/18/25 at 9:45 AM, Resident #1 said she had been to her Gynecologist (medical professional who specializes in the healthcare of the female reproductive system) last month and he sent the facility an order for an estrogen cream, but the facility was not administering it to her, and she did not know why. She said she had not discussed the medication with facility staff.</p> <p>During an interview on 2/18/25 at 4:00 PM, LVN D said she was familiar with Resident #1 and cared for her regularly. She said to her knowledge Resident #1 had never been ordered Estradiol and had not received it at the facility. She said orders received by telephone, fax, or electronically are entered into the resident chart by the nurse who received it.</p> <p>During an interview on 2/18/25 at 4:20 PM, LVN E said she knows Resident #1 and does not remember seeing an order for Estradiol in her chart. She said if a resident receives a medication order from an outside provider it should be entered into the resident chart by the nurse who received the order.</p> <p>During an interview on 2/18/25 at 5:00 PM, the DON said she was not aware Resident #1 ever received an order for Estradiol. She said the nurse who received the order should have entered it into the resident chart so the pharmacy could fill the medication order.</p> <p>During a second interview on 2/19/25 at 8:15 AM, the DON said the facility had corrected the deficiency and Resident #1 would begin receiving Estradiol that evening. She said going forward she would personally review all new orders daily and will in-service all nurses on entering physician orders.</p> <p>During an interview on 2/19/25 at 8:30 AM, the ADM said the charge nurse on duty who received the new physician order was expected to enter it into the resident chart. He said nursing managers should have been checking to ensure all new orders are entered correctly. He said the risk to residents not receiving ordered medications could vary from none to severe harm, depending on what the medication was and for what it was prescribed.</p> <p>Review of undated Pharmacy Policy & Procedures Manual 2003 indicated the following:</p> <p>.NEW VERBAL/TELEPHONE The nurse documents an order on the telephone order sheet or enters the order into PCC</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review, the facility failed to establish and maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections and follow infection control policies and procedures for 1 of 7 residents reviewed for infection control. (Resident #1)</p> <p>The facility failed to follow infection control guidelines and procedures when CNA B and CNA C performed catheter care for Resident #1 without donning appropriate PPE.</p> <p>The facility failed to follow infection control guidelines and procedures when CNA B and CNA C removed Resident #1's brief and performed catheter care without changing gloves, washing, or sanitizing their hands.</p> <p>This deficient practice could place residents at risk for cross contamination and/or spread of infection.</p> <p>Findings include:</p> <p>Record review of Resident #1's undated face sheet indicated she was an [AGE] year-old female admitted on [DATE] with diagnoses of chronic atrial fibrillation (irregular heartbeat), dementia (decline in cognitive function), acute cystitis (bladder inflammation), and chronic kidney disease.</p> <p>Record review of an MDS dated [DATE] indicated Resident #1 had a BIMS score of 9 which indicated moderate cognitive impairment, and she required assistance for ADLs. She required maximal assistance for bathing, upper and lower body dressing, and putting on and taking off footwear; she required set-up assistance for oral hygiene, eating, and personal hygiene; she was dependent on staff assistance for toileting hygiene. She was always incontinent of bowel and had an indwelling foley catheter (tube that drains urine from your bladder).</p> <p>Record review of a comprehensive care plan revision on 10/07/2024 indicated Resident #1 had an indwelling foley catheter related to urinary retention and she was on enhanced barrier precautions (a set of infection control measures that use gowns and gloves to reduce the spread of MDROs. There were care interventions in place indicating gloves and gown should be donned if catheter care is to occur.</p> <p>During an observation on 2/18/25 at 10:00 AM, CNA B and CNA C performed catheter care for Resident #1 without donning protective gowns. Prior to performing catheter care CNA B and CNA C removed the briefs Resident #1 was wearing and did not change gloves, wash hands, or sanitize hands before cleaning Resident #1's perineal area and foley catheter tubing.</p> <p>During an interview on 2/18/25 at 11:00 AM, CNA B said she received training in incontinent care and catheter care and had successfully passed yearly skills competency evaluations to be able to work on the floor. She said she should have removed Resident #1's brief prior to washing her hands and starting catheter care.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 2/18/25 at 11:15 AM, CNA C said she received training in incontinent and catheter care and passed a skills competency check prior to being able to work by herself. She said she should not have moved from a dirty area to a clean area while performing catheter care.</p> <p>During an interview on 2/18/25 at 2:30 PM, Treatment Nurse said all staff receive training in skills competencies and were checked off on each skill prior to being able to work on the halls. She said all residents who are on special precautions have a sign outside of their room, by the door, and staff were trained and expected to wear appropriate PPE when performing care activities for those residents.</p> <p>During an interview on 2/18/25 at 4:20 PM, LVN D said all nursing staff were trained in incontinent care, catheter care, and PPE use. She said staff were educated to identify residents with special precautions by looking for signs outside of their rooms and for bins with PPE supplies by door. She said CNAs were expected to wear the appropriate PPE when caring for residents with special precautions.</p> <p>During an interview on 2/18/25 at 5:00 PM, the DON said every CNA was trained and checked off by a nursing supervisor on all skills before being cleared to work. She said CNAs were trained to identify residents with special precautions by looking for signs and bins of PPE supplies by resident room doors. She said staff were expected to utilize PPE as necessary and to follow infection control guidelines and procedures. She said not wearing PPE and not following infection control guidelines puts residents at risk for infection. She said going forward she intended to in-service all direct care staff concerning cross-contamination and PPE usage.</p> <p>During an interview on 2/19/25 at 8:30 AM, the ADM said all employees received required training including incontinent care, catheter care and PPE use, and were in-serviced regularly. He said as the ADM he was responsible for ensuring all staff have completed required training. He said all direct care staff were educated about residents that require PPE for their care and signs are posted outside of resident's room to identify that need.</p> <p>Review of a CNA Proficiency Audit dated 10/29/24 indicated CNA B had successfully demonstrated all required skills and proficiencies. The audit was signed by ADON.</p> <p>Review of an undated CNA Proficiency Audit indicated CNA C had successfully demonstrated all required skills and proficiencies. The audit was signed by DON.</p> <p>Review of a facility policy titled Infection Control Plan: Overview last revised on 03/2024 indicated .The facility will establish and maintain an Infection Control Program designed to provide a safe, sanitary, and comfortable environment and to help prevent the development and transmission of disease and infection .</p> <p>Review of a facility policy titled Enhanced Barrier Precautions last revised on 4/1/24 indicated .EPB are used in conjunction with standard precautions and expand the use of PPE to donning gown and gloves during high-contact resident care activities that provide opportunities for transfer of MDROs to staff hands and clothing .</p>		

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<p>F 0921</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interviews and record reviews, the facility failed to provide a safe, functional, sanitary, and comfortable environment for residents, staff, and for 1 of 7 residents reviewed for physical environment. (Resident #3)</p> <p>The facility failed to ensure access to warm water for showering for Resident #3.</p> <p>This failure placed all residents in the facility at risk for discomfort, potential skin irritation, and a decline in the resident's quality of life.</p> <p>Findings:</p> <p>Record review of Resident #3's undated face sheet indicated he was an [AGE] year-old male admitted on [DATE] with diagnoses of left femur fracture, prostate cancer, and generalized muscle weakness.</p> <p>Review of an MDS dated [DATE] indicated Resident #3 had a BIMS score of 0 which indicated severe cognitive impairment, and he required assistance for ADLs. He required maximal assistance with toileting hygiene, shower/bathing, lower body dressing, and putting on/taking off footwear; he required moderate assistance with upper body dressing and personal hygiene; he required supervision for oral hygiene; he required setup assistance with eating. He was always incontinent of both bowel and bladder.</p> <p>Review of the comprehensive care plan revised on 10/21/24 indicated Resident #3 had impaired cognitive function and had an ADL self-care performance deficit. Care interventions in place included provide the resident with a homelike environment the resident prefers, and bathing assistance of 1-2 staff as needed.</p> <p>During an interview on 2/18/25 at 3:30 PM, CNA F said on 10/24/24 she and CNA G did assist Resident #3 with a shower. She said prior to starting Resident #3's shower she felt the water temperature with her hand, and it was warm. She said that CNA G and LVN D also verified the water was warm. She said LVN D asked Resident #3 to feel the shower water temperature and he said it was okay. She said there was no indication from Resident #3 that he was uncomfortable at any time.</p> <p>During an interview on 2/18/25 at 4:00 PM, LVN D said on 10/24/24 CNA F and CNA G took Resident #3 into the shower, and she went with them to cover a wound dressing on his leg so it would not get wet. She said Resident #3 appeared to be in good spirits when she left. She said Resident #3's sitter called her back to his room because he seemed uncomfortable. She said she asked Resident #3 what was wrong, and he said the water was too cold. She said she felt the water temperature with her hand, and it was cool, but not cold. She said she instructed CNA F and CNA G that if the water did not warm up, they would have to take Resident #3 to another room to shower.</p> <p>During an interview on 2/19/25 at 8:30 AM, the Maintenance Supervisor said the facility began having problems with the hot water on hall 400 toward the end of 2023, and he had a plumbing service company replace a mixing valve. He said he first became aware of new issues with water temperature after the incident on 10/24/24 and he assessed and adjusted the mixing valve himself. He said he checked a sample of rooms on each hallway every week and had not identified any new problems with the hot water supply.</p> <p>(continued on next page)</p>		

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<p>F 0921</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 2/19/25 at 9:00 AM, the ADM said he was not aware of any problems with the water temperatures in resident rooms because he had only been working at the facility for 4 months. He said the Maintenance Supervisor kept a recorded log of water temperatures in resident rooms and should be checking every week to assure appropriate water temperatures. He said the facility suspended CNA F and CNA G from working at the facility until they completed individual counseling and 1-on-1 in-services related to ensuring that water temperatures are at a comfortable level for residents before beginning a bath or shower.</p> <p>Review of Water Temperature Logbook from 10/22/24 to 2/04/25 indicated all sampled resident rooms had warm water of appropriate temperature.</p> <p>Review of policy titled Resident Rights revised 11/2021 indicated residents .have the right to live in safe, decent, and clean conditions . and .have the right to make your own choices regarding personal affairs, care, benefits, and services .</p>		