

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 455893	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/07/2024
NAME OF PROVIDER OR SUPPLIER Grace Care Center of Henrietta		STREET ADDRESS, CITY, STATE, ZIP CODE 807 W Bois D Arc Henrietta, TX 76365	

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 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50133</p> <p>Based on interview, and record review, the facility failed to consult with the resident's physician, or the resident's representatives regarding a change in condition for one Resident (Resident #1) of 3 residents reviewed for notification of changes.</p> <p>The facility did not notify or consult with Resident #1's Physician , or resident representative regarding a burn incident on May 10, 2024, due to spilling coffee on herself. Physician was notified on May 13, 2024 and resident representative was notified on May 14, 2024.</p> <p>This failure could affect residents by causing their physician and representative to be unaware of changes in residents' condition.</p> <p>Findings were:</p> <p>Record review of Resident #1's electronic face sheet dated 06/04/2024 revealed she was a [AGE] year-old female that was admitted to the facility on [DATE] with a diagnosis that included malignant neoplasm of lower lobe (lung cancer), Alzheimer's Disease (disease that destroys memory and other important mental functions) and senile degeneration of brain (cognitive deficits that impair the memory and judgement).</p> <p>Record review of Resident #1's Significant Change MDS dated [DATE] revealed the following:</p> <p>*Section C- Cognitive Patterns revealed a BIMS score of 03 (severe cognitive impairment).</p> <p>*Section M-Revealed that Resident #1 does have burns and is receiving treatment for burns.</p> <p>Record review of Resident #1's Comprehensive Care plan dated 05/30/2024 revealed the following:</p> <p>Focus: Resident #1 has impaired cognitive function/dementia or impaired thought processes r/t Alzheimer's.</p> <p>Interventions: Reduce any distractions- turn off TV, radio, close door etc. Resident #1 understands, consistent,</p> <p>simple, directive sentences.</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: 455893	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/07/2024
NAME OF PROVIDER OR SUPPLIER Grace Care Center of Henrietta		STREET ADDRESS, CITY, STATE, ZIP CODE 807 W Bois D Arc Henrietta, TX 76365	
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 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Focus: Resident #1 has burns of bilateral lower extremities due to spilling coffee on herself 05/10/24.</p> <p>Interventions: Resident #1 will have no complications resulting from the burns through the review date. Follow treatments as ordered.</p> <p>Record review of Resident #1's EMR Incident Audit report dated 06/04/2024, revealed that on 05/14/2024 the following documentation was charted:</p> <p>On 05/14/2024 at 5:36 PM, DON charted, at approximately 10:30 in the morning, LVN #1 came to see me with Resident #1 and stated that she got a cup of coffee and spilt it on herself. LVN #1 and DON did a skin assessment. Skin was intact and pink, no blisters. Changed clothes. Resident denies pain.</p> <p>On 05/14/2024 at 5:36 PM, the DON charted that on 05/10/2024, changed Resident #1 into dry clothes.</p> <p>On 05/14/2024 at 5:26 PM, the DON charted the following: per my assessment on the 10th, skin is intact and slightly pink. No blisters noted. On Saturday the 11th, LVN A stated, resident only had a small area of pink skin wasn't hacked and still no blisters. On Sunday the 12th area remains pink on one side intact, no blisters. The opposite side was noted to be of normal color for the resident. On Monday when I arrived it was noted that the resident was rubbing her legs and when the nurse went to check her skin both thighs were noted to be peeling with the pink skin underneath.</p> <p>Record review of Resident #1's EMR dated 06/04/2024, revealed there was a nursing note completed on 05/13/2024 by LVN B, that revealed the following: Notified the Medical Director of Resident #1's burns to upper bilateral thighs from spilling coffee on herself on Friday, May 10, 2024. Ordered to clean burns to bilateral thighs with wound cleanser, pat dry and apply burn cream to wound bed BID for 1 week. 05/14/2024 by LVN B that revealed the following: Called Resident #1's son and notified him of treatment and bilateral burns. There were no nursing notes, incident notes, or progress notes documented on 05/10/2024, 05/11/2024 and 05/12/2024.</p> <p>In an interview on 06/07/2024 at 11:55 AM, the DON stated that she or her nursing staff had not notified the physician after the incident on May 10, 2024, until May 13, 2024. DON stated that she or her nursing staff had not notified the family after the incident on May 10, 2024, until May 14, 2024. She said that with any type of incident or change of condition, the physician and family should be notified immediately. She revealed this failure could result in care issues.</p> <p>Record review of facility policy labeled Change in a Resident's Condition or Status, not dated, revealed the following:</p> <p>Policy Statement:</p> <p>Our facility promptly notifies the resident, his or her attending physician, healthcare provider and the resident's representative of changes in the resident's medical mental condition and or status.</p> <p>Policy interpretation and implementation:</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 455893	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/07/2024
NAME OF PROVIDER OR SUPPLIER Grace Care Center of Henrietta		STREET ADDRESS, CITY, STATE, ZIP CODE 807 W Bois D Arc Henrietta, TX 76365	

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 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>1) The nurse will notify the resident's attending physician, health care provider or physician on call when there has been an:</p> <ul style="list-style-type: none"> d. significant change in the residence physical, emotional, mental condition. e. Need to alter the residence medical treatment significantly. <p>2) a significant change of condition is a major decline and improvement in the resident status that:</p> <ul style="list-style-type: none"> a. will not normally resolve itself without intervention by staff or by implementing standard disease related clinical interventions. b. Impacts more than one area of the resident's health status. c. Requires interdisciplinary review and or revisions to the care plan. <p>3) The nurse will notify the resident's representative when:</p> <ul style="list-style-type: none"> b. there is a significant change in the residence physical, mental, or psychosocial status.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 455893	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/07/2024
NAME OF PROVIDER OR SUPPLIER Grace Care Center of Henrietta		STREET ADDRESS, CITY, STATE, ZIP CODE 807 W Bois D Arc Henrietta, TX 76365	
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 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50133</p> <p>Based on interview and record review the facility failed to maintain clinical records that were complete and/or accurate for 1 of 3 (Resident #1) residents reviewed for clinical records in that:</p> <p>The facility did not maintain accurate and current nursing progress notes on 5/10/24, 5/11/24, 5/12/24, and 5/13/24 related to an incident that occurred to Resident #1 on 05/10/2024 regarding a coffee burn.</p> <p>This failure could place residents at risk for improper documentation.</p> <p>The findings were:</p> <p>Record review of Resident #1's electronic face sheet dated 06/04/2024 revealed she was a [AGE] year-old female that was admitted to the facility on [DATE] with a diagnosis that included malignant neoplasm of lower lobe (lung cancer), Alzheimer's Disease (disease that destroys memory and other important mental functions) and senile degeneration of brain (cognitive deficits that impair the memory and judgement).</p> <p>Record review of Resident #1's Significant Change MDS dated [DATE] revealed the following:</p> <p>*Section C- Cognitive Patterns revealed a BIMS score of 03 (severe cognitive impairment).</p> <p>*Section M-Revealed that Resident #1 does have burns and is receiving treatment for burns.</p> <p>Record review of Resident #1's Comprehensive Care plan dated 05/30/2024 revealed the following:</p> <p>Focus: Resident #1 has impaired cognitive function/dementia or impaired thought processes related to Alzheimer's.</p> <p>Interventions: Reduce any distractions- turn off TV, radio, close door etc. Resident #1 understands, consistent,</p> <p>simple, directive sentences.</p> <p>Focus: Resident #1 has burns of bilateral lower extremities due to spilling coffee on herself 05/10/24.</p> <p>Interventions: Resident #1 will have no complications resulting from the burns through the review date. Follow treatments as ordered.</p> <p>Record review of Resident #1's EMR Incident Audit report dated 06/04/2024, revealed that there were no nursing notes, incident notes, or progress notes documented on 05/10/2024, 05/11/2024, 05/12/2024 and 05/13/2024.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 455893	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/07/2024
NAME OF PROVIDER OR SUPPLIER Grace Care Center of Henrietta		STREET ADDRESS, CITY, STATE, ZIP CODE 807 W Bois D Arc Henrietta, TX 76365	
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 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>on 05/14/2024 the following documentation was charted:</p> <p>On 05/14/2024 at 5:36 PM, DON charted, at approximately 10:30 in the morning, LVN #1 came to see me with Resident #1 and stated that she got a cup of coffee and spilt it on herself. LVN A and DON did a skin assessment. Skin was intact and pink, no blisters. Changed clothes. Resident denies pain.</p> <p>On 05/14/2024 at 5:36 PM, the DON charted that on 05/10/2024, changed Resident #1 into dry clothes.</p> <p>On 05/14/2024 at 5:26 PM, the DON charted the following: per my assessment on the 10th, skin is intact and slightly pink. No blisters noted. On Saturday the 11th, LVN A stated, resident only had a small area of pink skin wasn't hacked and still no blisters. On Sunday the 12th area remains pink on one side intact, no blisters. The opposite side was noted to be of normal color for the resident. On Monday when I arrived it was noted that the resident was rubbing her legs and when the nurse went to check her skin both thighs were noted to be peeling with the pink skin underneath.</p> <p>Skin Observation assessments revealed that observations were not documented on 05/10/2024, 05/11/2024, 05/12/2024 and 05/13/2024.</p> <p>In an interview on 06/07/2024 at 11:55 AM, the DON stated that upon her review there was no documentation that was completed on Resident #1's incident from 05/10/2024 when she spilt the coffee, that reflected any assessments, progress notes, incidents, observations, and treatments on the following dates: 05/10/2024, 05/11/2024, 05/12/2024 and 05/13/2024. She said that when the resident spilt coffee on herself, DON and LVN #1 immediately took off Resident #1's clothes and treated her with cool rags. She revealed that she forgot to document the cool rags on any of the days, but that they did apply them immediately to remove the heat. She said that her documentation was wrong and that on May 10th, the area on bilaterally (both thighs) was the size of her hands and was pink. She stated that the documentation was wrong since she entered it 4 days later. She said that she was the person that was responsible for ensuring that documentation was completed when there was a change of condition or an incident. She was unsure why it was not documented by other nurses, but that all nursing staff, including herself, had been trained on documentation. She revealed this failure could result inaccurate documentation.</p> <p>A record review of the facility's policy titled; Clinical Programs Manual dated 06/2015 revealed the following:</p> <p>Documentation:</p> <p>Form Completion Directions:</p> <p>Progress Notes</p> <p>Purpose:</p> <p>To document narrative account of resident patient care period documentation may be completed electronically using facility approved E. H. R. Software.</p> <p>Responsible Person:</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 455893	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/07/2024
NAME OF PROVIDER OR SUPPLIER Grace Care Center of Henrietta		STREET ADDRESS, CITY, STATE, ZIP CODE 807 W Bois D Arc Henrietta, TX 76365	
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 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>All staff documenting in the medical record.</p> <p>When:</p> <p>Upon admission.</p> <p>As needed to record resident/patient care.</p> <p>Instructions:</p> <p>2) Enter date and time of the entry.</p> <p>3) Record entry. Document legibly.</p> <p>4) Refer to guidelines on documentation for further information.</p>		