

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  10/25/2024
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 0567</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 manage his or her financial affairs.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 50133</p> <p>Based on interview and record review, the facility failed to manage the personal funds of the residents deposited with the facility for 1 of 3 (Resident #6) residents reviewed for personal funds.</p> <p>The facility failed to ensure Resident #6's personal funds were properly managed.</p> <p>This failure could place residents whose funds were managed by the facility at risk of not receiving funds deposited with the facility and not having their rights and preferences honored.</p> <p>Findings included:</p> <p>Record review of Resident #6's Facesheet dated 10/25/24 revealed a [AGE] year-old female with a readmitted [DATE]. Resident #6 had a diagnosis list that included Bipolar Disorder mixed, severe, with psychotic features. Resident #6 was her own responsible party.</p> <p>Record review of Resident #6's MDS assessment dated [DATE] revealed a BIMS of 3 meaning severe cognitive impairment.</p> <p>Record review of Resident #6's Trust Statement dated 10/14/24 at 11:00 AM revealed a negative balance of \$369.63. The month of September 2024 had credit of \$1,146.00 SSA TREAS on 9/3/24 leaving a balance of \$1,191.74; debit of \$1,441.34 made to Facility on 9/9/24 leaving a balance of negative \$249.63; debit of \$120.00 cash disbursement on 9/24/24 leaving a closing balance of negative \$369.63.</p> <p>In an interview on 10/15/24 at 4:22 PM Resident #6's family member stated Around 3:30 PM today [Resident #6] called me upset. We had taken her to eat but she soiled clothes, so we dropped her off to change. She called me immediately and said [family member] I just got my statement that I owe \$356 and some change. I said who gave it to you, [Resident #6] said the administrator, so then [Resident #6] took the phone to the administrator and said my [family member] wants to talk to you. Adm then explained to me that there was a problem with the trust fund, they get to draw money out and she has overspent. Let me work this out.</p> <p>In an interview on 10/15/24 at 4:52 PM ADM stated that she did not have answers about concerns with Resident #6's trust funds but would check with BOM as she was BOM for three facilities.</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 0567</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>In an interview on 10/25/24 at 10:15AM, ADM stated that she had it all worked out regarding Resident #6's Trust fund and after the next month's payment (November 2024), Resident would have paid back the approximate \$300.00 that she owed the facility. ADM explained that as of September 1st of 2024, the BOM was removed from the facility and a position was filled between 3 facilities. She said that before September 1st, 2024 the other BOM kept records accurately at the facility. She said that at one time she believed that Resident #6 may have been either a private pay individual or possibly a Medicaid pending individual and during that time (unknown timeframe) maybe Resident #6 had incurred charges for Room and Board that was not paid to the facility. ADM said she was told that there was an agreement that Resident #6 would pay an additional \$15.00 per month towards that outstanding balance. ADM stated she could not find an agreement or an exact balance that Resident #6 might have owed the facility as an outstanding balance. She said the new BOM that took over management of the Trust Fund accounts for the residents of the facility effective September 1st, 2024 had taken out \$1441.34 on 09/09/24 after the resident had received her check for the month on 09/03/24 of \$1146.00. She said that the new BOM had pulled out all the balance owed for Room and Board at that time and that caught Resident #6 up on any outstanding balance she owed to the facility. ADM then stated that Resident #6 received her check on 09/23/24 for \$1146.00 . She said Resident #6 had complained about wanting some money and the facility knew she had a balance of approximately \$59.00 but gave Resident #6 approximately \$120.00 because they knew she would get a check the next month that could cover it. ADM said then on 10/03/24 the facility BOM took approximately \$800.00 out for Room and Board . She said the difference in the amount paid for Room and Board from September to October of 2024 was because Resident #6 had owed an outstanding balance in the previous months. She said the facility was not keeping track accurately of the residents' personal funds during the transition of staff and that caused a lot of problems. ADM said Resident #6 had a negative balance at that time of a little more than \$300.00 and that the next month's (November 2024) check that Resident #6 would receive, the facility would just deduct that money and Resident #6 would have no further outstanding balance. ADM said again that the Facility was aware that Resident #6 did not have enough money in her personal fund that was managed by the facility, but the Facility still gave additional money to Resident #6 anyway.</p> <p>Record review of facility policy titled Management of Residents' Personal Funds revised April 2017 revealed the following [in-part]:</p> <p>Policy Statement: Our facility shall manage the personal funds of residents who request the facility to do so.</p> <p>Policy Interpretation and Implementation:</p> <p>3. Should the facility manage the resident's funds, the facility will act as a fiduciary of the resident funds and hold, safeguard, manage and account for the personal funds of the resident. No service charge will be levied against the resident for the management of personal funds.</p> <p>5. The resident will be informed in advance of any charges imposed to his or her personal funds.</p> <p>8. Inquiries concerning the facility's management of resident funds should be referred to the Administrator or to the business office.</p> <p>During an interview on 10/25/24 at 4:30PM, ADM stated that she had nothing more to provide regarding management of resident personal funds and trust funds.</p>		

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<p>F 0607</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Develop and implement policies and procedures to prevent abuse, neglect, and theft.</p> <p>50133</p> <p>Based on observation, interviews and record review, the facility failed to develop and implement written policies and procedures that prohibit and prevent abuse, neglect, exploitation of residents, and misappropriation of resident property for 4 of 5 (LVN A, CNA E, CNA F, and CNA G) employee's files reviewed for abuse protocol.</p> <p>A. The facility failed to complete criminal background, EMR and NAR check on CNA E before her employment date of 10/12/24.</p> <p>B. The facility failed to complete criminal background, EMR and NAR checks on CNA F before his employment date.</p> <p>C. The facility failed to complete criminal background, EMR and NAR checks on CNA G before her employment date.</p> <p>D. The facility failed to complete criminal background and EMR checks on LVN A before her employment date.</p> <p>This failure could place residents at risk for abuse, neglect, and exploitation.</p> <p>Findings included:</p> <p>Observation on 10/12/24 at 6:20 PM revealed CNA E was in possession of new hire paperwork; it was completely blank except for her name on the first page.</p> <p>Observation on 10/12/24 at 9:44 PM revealed CNA E working on new hire paperwork in common area near dining room. At that time ADM informed CNA E that they would review together after ADM break.</p> <p>Record review of CNA F's employment file revealed no record of criminal background check pre-employment, no signed job description, no record of NAR or EMR check. No document of date of hire.</p> <p>Record review of CNA G's employment file revealed no record of criminal background check pre-employment, no signed job description, no record of NAR or EMR check. No document of date of hire.</p> <p>Record review of LVN A's employment file revealed no record of criminal background check pre-employment, no signed job description, no EMR check. No document of date of hire.</p> <p>Record review of CNA E's employment file revealed no record of criminal background check pre-employment, no signed job description, no record of NAR or EMR check. No document of date of hire.</p> <p>Record review on 10/12/24 at 8:55 PM of information provided by ADM for CNA E revealed the following:</p> <p>National Sex offender website revealed search performed 10/12/24 at 8:11:07 PM</p> <p>(continued on next page)</p>

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<p>F 0607</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>OIG exclusions search revealed Search conducted 10/12/24 at 9:30:11 PM EST on OIG LEIE Exclusions database.</p> <p>EMR Texas HHS is date/time stamped 10/12/24 at 20:08 (8:08PM).</p> <p>DPS Criminal History Conviction Name Search Results printed 10/12/24 at 8:04:24 PM.</p> <p>In an interview on 10/11/24 at 3:40 PM ADM stated that everything she had for the employee files was in the file that was given for review and if it was not there then she did not have it. ADM stated that after looking at employee files she was aware of lack of information required for pre-employment in the files and lack of proof of annual training. She further stated that Human Resources person was shared between 3 facilities and was now running the appropriate checks on all current employees but what they had was all they had. ADM also stated that it was the responsibility of Human Resources to complete background checks.</p> <p>In an interview on 10/12/24 at 6:20 PM CNA E stated that this was her first day of work and then stated that she needed to complete her new hire paperwork. CNA E stated that she came to facility at 5 pm today to complete paperwork with ADM, but ADM told her to go ahead and work the floor that she could fill out the paperwork during her shift. CNA E further stated that she had been providing care for residents since arrival this day.</p> <p>In an interview on 10/12/24 at 7:56 PM ADM stated CNA E's pre-employment paperwork had not been completed yet. When asked if paperwork needed to be completed prior to physically working in facility , ADM stated No, that is what we are supposed to complete within 10 days of hire: EMR, background check. I-9 E-verify is all that has to be completed prior to being on the floor caring for residents. This is her first shift and within her first shift she will finish her training; the abuse, the fire, and all that. I would expect that done with her new hire paperwork.</p> <p>In an interview on 10/12/24 at 8:51 PM ADM stated the following regarding her pre-employment expectation, Is when I hand my paperwork over to my HR person that they run all things before staff come on the floor and when I ask if they have been done and is it ok to put them on the floor then if I am told yes I expect to be told the truth. She continued stating that it was her expectation for the background checks to be completed prior to staff providing care on floor.</p> <p>In an interview on 10/21/24 at 2:14 PM Human Resources stated that she was not previously Human Resources of the facility and the files are a mess . She further stated that the files given for review were all the facility had and that she was working on fixing them but had run out of time.</p> <p>Record Review of policy titled Subject: Abuse dated 07/17/2021 revealed the following [in-part]:</p> <p>POLICY:</p> <p>It is the policy of this center to prohibit resident abuse or neglect in any form, and to report in accordance with the law any incident/event in which there is cause to believe a resident's physical or mental health or welfare has been or may be adversely affected by abuse or neglect caused by another person.</p> <p>PROCEDURE</p> <p>(continued on next page)</p>		

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<p>F 0607</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>1. Screening:</p> <p>a. Pre-employment screening will be completed on all employees, to include:</p> <p>Criminal History Check</p> <p>Background Check</p> <p>Reference check from previous employers</p> <p>Professional licensure, certification, or registry check as applicable</p> <p>Misconduct Registry</p> <p>OIG</p> <p>b. The center will not hire or retain any employee with a history of abuse or neglect if that information is known to the home.</p> <p>.</p> <p>Record review of Abuse Prevention Program policy revised December 2016 revealed the following [in-part]:</p> <p>Policy Statement: Our residents have the right to be free from abuse, neglect, misappropriation of resident property and exploitation. This includes but is not limited to freedom from corporal punishment, involuntary seclusion, verbal, mental, sexual, or physical abuse, and physical or chemical restraint not required to treat the resident's symptoms.</p> <p>Policy Interpretation and Implementation:</p> <p>2. Conduct employee background checks and will not knowingly employ or otherwise engage any individual who has:</p> <p>a. Have been found guilty of abuse, neglect, exploitation, misappropriation of property, or mistreatment by a court of law;</p> <p>b. Have had a finding entered into the State nurse aide registry concerning abuse, neglect, exploitation, mistreatment of residents or misappropriation of their property; or</p> <p>c. Have a disciplinary action in effect against his or her professional license by a state licensure body as a result of a finding of abuse, neglect, exploitation, mistreatment of residents or misappropriation of resident property.</p> <p>During an interview on 10/24/24 at 9:50AM, ADM stated she had nothing more that she could provide regarding employee files.</p> <p>(continued on next page)</p>		

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<p>F 0607</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 10/25/24 at 4:30PM, ADM stated that she had nothing more to provide regarding employee files.</p>		

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<p>F 0677</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Some</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 50133</p> <p>Based on observation, interview, and record review, the facility failed to ensure a resident who was unable to carry out activities of daily living received the necessary services to maintain good personal hygiene for 4 of 8 residents (Resident #2, #3, #4 and #7) reviewed for incontinent care, in that:</p> <p>The facility failed to provide bowel and bladder incontinent care for Resident #2 and it resulted in reddened skin on buttocks area.</p> <p>The facility failed to provide bowel and bladder incontinent care for Resident #3 and it resulted in reddened skin on scrotum area.</p> <p>The facility failed to provide bowel and bladder incontinent care for Resident #4 and it resulted in reddened skin and an open area to buttock(coccyx) area.</p> <p>The facility failed to provide bowel and bladder incontinent care for Resident #7 and it resulted in burning sensation and reddened skin in testicle (scrotum) and buttock (coccyx) area.</p> <p>This failure could place residents at risk for skin break down, urinary tract infections, decrease in quality of life and loss of dignity.</p> <p>Findings included:</p> <p>Resident #2</p> <p>Record review of face sheet dated 10/11/24 revealed Resident #2 is an [AGE] year-old female diagnosed with Chronic kidney disease, constipation.</p> <p>Record review of Resident #2's Careplan revised on 09/04/24, revealed, The resident needs prompt response to all requests for assistance.</p> <p>Record review of Resident #2's MDS assessment dated [DATE] Section C revealed BIMS of 3 meaning severe cognitive impairment, Section GG revealed, maximum to moderate assist (meaning 2-person physical assistance) with all ADLs; Section H revealed always incontinent of bowel and bladder.</p> <p>Record review of Resident #2's EHR from 09/01/24 through 10/22/24 revealed no skin assessments completed.</p> <p>Observation on 10/15/24 at 6:29 AM revealed Resident #2 had redness of skin to buttocks and dried feces noted between buttocks.</p> <p>Resident #3</p> <p>Record review of face sheet dated 10/22/24 revealed Resident # 3 is a [AGE] year-old male with a diagnosis of chronic kidney disease.</p> <p>(continued on next page)</p>		

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<p>F 0677</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Some</p>	<p>Record review of Resident #3's Careplan revised 10/10/24 revealed, Bladder and Bowel Incontinence; r/t Prior CVA; Diabetes; History of UTI, Impaired Mobility; Recent Traumatic Brain Injury from fall with interventions that included: Check the resident every 2 hrs &amp; and as required for incontinence. Wash, rinse and dry perineum.</p> <p>Record review of Resident #3's MDS assessment dated [DATE] Section C revealed BIMS of 15 meaning no cognitive impairment; Section GG revealed maximum to moderate assistance (meaning 2-person physical assistance) with all ADLs; Section H revealed always incontinent of bowel and bladder.</p> <p>Record review of Resident #3's EHR from 09/01/24 through 10/22/24 revealed no skin assessments completed.</p> <p>Observation on 10/15/24 at 7:33 AM revealed Resident #3's scrotum area was red. Strong smell of urine observed in resident room.</p> <p>Resident #4</p> <p>Record review of face sheet dated 10/11/24 revealed Resident #4 is a [AGE] year-old female diagnosed with. Functional urinary incontinence, diarrhea.</p> <p>Record review of Resident #4's MDS assessment dated [DATE] Section C revealed no BIMS score and resident is rarely/never understood; Section GG revealed Dependent - Helper does ALL of the effort. Resident does none of the effort to complete the activity. Or the assistance of 2 or more helpers is required for the resident to complete the activity; Section H revealed always incontinent for urinary and bowel continence.</p> <p>Record review of Resident #4's Careplan dated 07/10/24 revealed INCONTINENT: Check &amp; Change [Resident #4] every 2 hours and as required for incontinence. Wash, rinse, and dry perineum. Change clothing PRN after incontinence episodes. She requires Total Assistance for incontinent Care.</p> <p>Record review of Resident #4's EHR from 09/01/24 through 10/22/24 revealed no skin assessments completed.</p> <p>Observation on 10/15/24 at 6:21 AM revealed Resident #4 had dried feces observed between buttock cheeks. Redness to skin was noted to coccyx and bilateral buttocks, 1in x 1in open area noted to top of coccyx.</p> <p>Resident #7</p> <p>Record review of face sheet dated 10/21/24 revealed Resident #5 was a [AGE] year-old male diagnosed with muscle wasting.</p> <p>(continued on next page)</p>

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<p>F 0677</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Some</p>	<p>Record review of Resident #7's MDS assessment dated [DATE] Section C revealed a BIMS score of 11, indicating moderate cognitive impairment; Section GG revealed Partial/moderate assistance - Helper does LESS THAN HALF the effort. Helper lifts, holds, or supports trunk or limbs, but provides less than half the effort regarding toileting hygiene. Substantial/maximal assistance - Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort, Regarding toilet transfer; Section H revealed Urinary Incontinence - Occasionally incontinent (less than 7 episodes of incontinence).</p> <p>Record review of Resident #7's careplan dated 10/10/24 revealed the following, [Resident #5] has bowel/bladder incontinence r/t impaired mobility and cognition. INCONTINENT: Check the resident[every] 2 hours and as required for incontinence. Wash, rinse, and dry perineum. Change clothing PRN after incontinence episodes.</p> <p>Record review of Resident #7's EHR from 09/01/24 through 10/22/24 revealed no skin assessments completed.</p> <p>Observation and interview on 10/15/24 at 6:41 AM revealed Resident #7 had yellowish brown stain noted on bed sheet beneath resident bottom; brown smear noted as well on white sheet. Resident stated, my crotch burns.</p> <p>Observation on 10/15/24 at 7:04 AM revealed Resident #7 taken to shower/bathroom in hall. Dark red skin was noted to testicles, groin and coccyx area upon incontinent care provided by staff.</p> <p>Interview on 10/13/24 at with CNA E regarding how CNAs knew what care or assistance each resident required CNA E stated I am locked out of the tablet, that is where I would normally look but I don't have access since I started yesterday. I just go by what I know from working here before.</p> <p>Interview on 10/13/24 at 8:11 PM with DON regarding how new hire CNAs were aware of needs and level of care for each resident, DON stated that's my fault, I am supposed to set her (CNA E) up a log in for the tablet and I haven't had time to do my DON stuff.</p> <p>Interview on 10/13/24 at 9:04 PM with ADM regarding training she provided to new hire CNA and how new hire CNA knew individual needs of each resident. ADM stated Oh, I didn't train on that, I just did her new hire paperwork. When asked if she did any resident care training, she stated No I didn't. She had come in a little bit early around 5 pm so I think she worked with the girls.</p> <p>Interview on 10/14/24 at 10:35AM with laundry attendant, she stated, laundry comes to me with a brown ring dried on the sheets and smells of urine.</p> <p>Record review of policy Resident Rights revised December 2016 revealed the following [in-part]:</p> <p>Policy Statement: Employees shall treat all residents with kindness, respect, and dignity.</p> <p>Policy Interpretation and Implementation:</p> <p>1. Federal and state laws guarantee certain basic rights to all residents of this facility. These rights include the resident's right to:</p> <p>(continued on next page)</p>		

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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 50133</p> <p>Based on observation, interview and record review, the facility failed to provide adequate supervision and assistance devices to prevent accidents for 1 of 5 residents (Resident #3) reviewed for accidents and hazards.</p> <p>1. The facility failed to maintain proper functioning of sit-to-stand mechanical lift.</p> <p>This failure could place residents at risk of accidents when using mechanical lift for transfers.</p> <p>Findings include:</p> <p>Record review of face sheet revealed Resident # 3 is a [AGE] year-old male diagnosed with type 2 diabetes, chronic kidney disease, cerebral infarction (previous blocked blood flow to brain), and muscle weakness.</p> <p>Record review of Resident #3's Careplan revised 10/10/24 revealed, Requires Max Assist X 2 staff with [mechanical] Lift for transfers.</p> <p>Record review of Resident #3's MDS assessment dated [DATE] Section C revealed BIMS of 15 meaning resident had no cognitive impairment; Section GG revealed maximum to moderate assistance (meaning 2-person physical assistance) with all ADL's; Section H revealed always incontinent of bowel and bladder.</p> <p>Interview with Resident #3 on 10/16/24 at 4:20 PM regarding lift revealed he was unaware of lack of locking wheel.</p> <p>Observation on 10/17/24 at 7:24 PM of Sit to Stand mechanical lift revealed one wheel locked but one wheel did not lock, therefore it moved and was not able to be secure. Observation of use of mechanical lift with CNA E and MA D for Resident #3, revealed the wheel did not lock for transfer. Staff did attempt to steady lift, but not effectively able to do so, some movement continued.</p> <p>Interview with ADM on 10/17/24 at 7:13 PM regarding Sit to Stand mechanical lift broken lock for wheel. She stated that she was not aware of inability to lock. She stated regarding lack of wheel locking well, residents could get hurt. It's not safe, but I bet the staff try to hold it with their foot. We will tell Maintenance Supervisor tomorrow.</p> <p>Interview on 10/17/24 at 7:20 PM with CNA E regarding Sit to Stand mechanical lift revealed she uses it for Resident #3. She further stated the wheel doesn't lock, it's dangerous. I just work here. I am not sure how long it's been broken. CNA E did not expand on why it was dangerous.</p> <p>Interview on 10/22/24 at 6:30PM with Maintenance supervisor revealed that he was unaware of broken brake for mechanical lift. He further stated, I have contacted the company that does inspections to come fix it.</p> <p>(continued on next page)</p>		

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NAME OF PROVIDER OR SUPPLIER  Grace Care Center of Henrietta		STREET ADDRESS, CITY, STATE, ZIP CODE  807 W Bois D Arc Henrietta, TX 76365	
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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Interview on 10/23/2024 at 3:30 PM, with the Maintenance supervisor revealed the contracted company stated the part would have to be ordered and they would fix the lift as soon as it arrived. They did not have an expected arrival date.</p> <p>Record review of policy Supplies and Equipment, Environmental Services revised February 2009 revealed [in-part]: 1. Equipment must be ready for use at all times of the day and night to serve the residents' needs. Care should be exercised in the handling and in the use of our equipment to prevent damage or breakage.</p>		

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<p>F 0838</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Conduct and document a facility-wide assessment to determine what resources are necessary to care for residents competently during both day-to-day operations and emergencies.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 50133</p> <p>Based on interviews and record reviews the facility failed to conduct and document a facility-wide assessment to determine what resources are necessary to care for its residents competently during both day-to-day operations and emergencies and review and update the assessment at least annually for 1 of 1 facility reviewed for facility assessment.</p> <p>The facility failed to update a facility-wide assessment to determine what resources was necessary to care for its residents competently during both day-to-day operations and emergencies.</p> <p>This failure could place residents at risk for not receiving necessary care and services required.</p> <p>The findings included:</p> <p>During an interview on 10/12/24 at 8:50 PM, the Administrator stated the only form of facility assessment she could find was whatever is in the emergency preparedness book. She further stated that information regarding resident acuity level for evacuation in emergency preparedness book was not accurate. She stated that the facility assessment was the responsibility of the Administrator and she had been working on it.</p> <p>During an interview on 10/22/24 at 1:03 PM the Administrator stated that she found another document titled Facility Assessment in the DON office. She further stated that it was out of date and did not know if it was accurate.</p> <p>During an interview on 10/22/24 at 1:47 PM the DON stated that the facility assessment the Administrator found in her office was all she had and that she was not sure who was responsible for maintaining it. She also stated that it was not accurate or up to date with her current resident census. The DON stated that she did not have access to policies and procedures.</p> <p>A record review of the facility's CMS 802 Resident Matrix dated 10/16/2024 revealed the facility census to be 29 residents.</p> <p>Record review of Emergency Preparedness book given to surveyor as Facility Assessment revealed the following:</p> <p>Acuity Levels for evacuation purposes dated 2019 revealed:</p> <p>Independent Ambulation - 2</p> <p>Independent Ambulation with assist devices (w/c, cane, walker) - 14</p> <p>Ambulation with one-person stand-by assistance - 2</p> <p>Ambulation with two-person assistance - 0</p> <p>(continued on next page)</p>		

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<p>F 0838</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>W/c with assistance - 24</p> <p>Bed bound unresponsive and/or paralysis - 0</p> <p>Bed bound with feeding tube - 0</p> <p>Bed bound with central line - 0</p> <p>Bed bound with oxygen - 0</p> <p>Bed bound with ventilator - 0</p> <p>Bed bound with IV - 0</p> <p>Bariatric Residents - 0</p> <p>Total Resident Census - 42</p> <p>Record review of document provided on 10/22/24 by Administrator revealed that document was titled Facility assessment dated ,d+[DATE].</p> <p>Requested facility policy regarding Facility Assessment on 10/10/24 at 8:00PM, 10/12/24 at 8:40PM, 10/16/24 at 9:40AM,</p> <p>During an interview on 10/24/24 at 9:50AM, ADM stated she had nothing more that she could provide regarding a policy for the facility assessment.</p> <p>During an interview on 10/25/24 at 4:30PM, ADM stated that she had nothing more to provide regarding a policy for the facility assessment.</p>

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<p>F 0943</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Give their staff education on dementia care, and what abuse, neglect, and exploitation are; and how to report abuse, neglect, and exploitation.</p> <p>50133</p> <p>Based on interview and record review, the facility failed to provide training to their staff on activities that constitute abuse, neglect, exploitation, and misappropriation of resident property, procedures for reporting incidents of abuse, neglect, exploitation, or the misappropriation of resident property, dementia management and resident abuse prevention for 5 of 5 (DON, LVN A, CNA E, CNA F, and CNA G) employees reviewed.</p> <p>The facility failed to ensure abuse training including activities that constitute abuse, neglect, exploitation, and misappropriation of resident property, procedures for reporting incidents of abuse, neglect, exploitation, or the misappropriation of resident property, dementia management and resident abuse prevention was provided to the DON, LVN A, CNA E, CNA F, and CNA G.</p> <p>This failure could negatively affect resident care and place residents at risk of abuse due to lack of staff training.</p> <p>The findings included:</p> <p>Review of Personnel Files on 10/11/24 revealed</p> <p>Record review of DON employment file revealed no record of trainings for 2023 or 2024.</p> <p>Record review of LVN A employment file revealed no record of trainings for 2023 or 2024.</p> <p>Record review of CNA E employment file revealed no record pre-hire training completions.</p> <p>Record review of CNA F employment file revealed no record of pre-hire training completions.</p> <p>Record review of CNA G employment file revealed no record of pre-hire training completions.</p> <p>In an interview on 10/11/24 at 3:40 PM ADM stated that everything she had for the employee files was in the file that was given for review and if it was not there then she did not have it. ADM stated that after looking at employee files she was aware of lack of proof of annual training.</p> <p>In an interview on 10/12/24 at 7:56 PM ADM stated CNA E pre-employment training has not been completed yet. When asked if paperwork needed to be completed prior to physically working in facility , ADM stated This is her (CNA E) first shift and within her first shift she will finish her training: the abuse. I would expect that done with her new hire paperwork.</p> <p>In an interview on 10/21/24 at 2:14 PM Human Resources stated that she was not previously Human Resources of this facility and the files are a mess . She further stated that the files given for review were all the facility had and that she was working on fixing them but had run out of time.</p> <p>Record Review of policy titled Subject: Abuse dated 07/17/2021 revealed the following [in-part]:</p> <p>(continued on next page)</p>		

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<p>F 0943</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Procedure:</p> <p>2. Training:</p> <p>a. All new employees will receive in-service training pertaining to all aspects of abuse prohibition before working a shift. All current employees will receive in-service training pertaining to all aspects of abuse prohibition at least annually. The training will include, but will not be limited to:</p> <ul style="list-style-type: none"> <li>o Identification of potential victims of abuse or neglect</li> <li>o Appropriate interventions to deal with aggressive, stubborn resident, etc.</li> <li>o How to recognize staff indicator, i.e., stress, burnout and frustration that may lead to</li> <li>o the potential for abuse.</li> <li>o How to report allegations without fear of reprisal</li> </ul> <p>3. Prevention:</p> <p>a. All new employees will receive in-service training pertaining to all aspects of reporting of abuse, crimes against residents, concerns, incidents, and grievances without the fear of retribution before working a shift. All current employees will receive in-service training pertaining to all aspects of reporting abuse, crimes against residents, concerns, incidents, and grievances without the fear of retribution at least annually. The training will include, but not be limited to:</p> <ul style="list-style-type: none"> <li>o Identification, correction, and intervention in situations in which abuse, crimes against residents, neglect and/or misappropriation of resident property is likely to occur.</li> </ul> <p>Record review of Abuse Prevention Program policy revised December 2016 revealed the following [in-part]:</p> <p>Policy Interpretation and Implementation:</p> <p>4. Require staff training/orientation programs that include such topics as abuse prevention, identification and reporting of abuse, stress management, and handling verbally or physically aggressive resident behavior.</p> <p>During an interview on 10/24/24 at 9:50AM, ADM stated she had nothing more that she could provide regarding staff training.</p> <p>During an interview on 10/25/24 at 4:30PM, ADM stated that she had nothing more to provide regarding staff training</p>