

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 455908	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/14/2024
NAME OF PROVIDER OR SUPPLIER Schulenburg Regency Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 111 College St Schulenburg, TX 78956	

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** 47065</p> <p>Based on interviews and record reviews, the facility failed to ensure professional staff were licensed, certified, or registered in accordance with applicable state laws for 8 (Residents #1, #2, #3, #4, #5, #6, #7, and #8) of 9 residents reviewed for assessments.</p> <p>The facility failed to ensure the ADON had a current and active license. The ADON provided assessments to Residents #1, #2, #3, #4, #5, #6, #7, and #8 while her RN license was expired from [DATE] through [DATE].</p> <p>This could place residents at risk for inadequate care and/or services.</p> <p>Findings included:</p> <p>Review of Resident #1's admission record, dated [DATE], reflected an [AGE] year old female who was admitted to the facility on [DATE], discharged on [DATE], and had diagnoses including malignant neoplasm of bilateral ovaries (a cancerous tumor in both ovaries), unspecified anxiety disorder, restlessness and agitation, age-related osteoporosis without current pathological fracture (a condition that occurs when bones become less dense and more likely to break due to aging), cognitive communication deficit, other irritable bowel syndrome, overactive bladder, generalized muscle weakness, other abnormalities of gait and mobility, and need for assistance with personal care.</p> <p>Review of Resident #1's assessments log, dated [DATE], reflected the ADON provided the following assessments to Resident #1:</p> <ul style="list-style-type: none"> -Quarterly ADL Only Evaluation on [DATE] -Quarterly Elopement Evaluation on [DATE] -Braden Scale for Predicting Pressure Ulcer on [DATE] -Quarterly Fall Risk Evaluation on [DATE] -Quarterly Lift/Transfer Evaluation [DATE] -Dehydration Risk Evaluation on [DATE] <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 0839</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-Bowel and Bladder Program Screener on [DATE]</p> <p>-Quarterly BIMS evaluation on [DATE]</p> <p>-Quarterly PHQ9 on [DATE]</p> <p>-Quarterly Mini nutritional assessment screening on [DATE]</p> <p>-Quarterly social services quarterly note on [DATE]</p> <p>Review of Resident #1's comprehensive care plan, closed [DATE], reflected charge nurses, which were RNs, were required to assess Resident #1's skin weekly for breaks in skin integrity and changes in usual appearance and follow up with physician with concerns. RNs were also required to monitor/document/report PRN any signs/symptoms of dehydration, UTI, any changes in cognitive function, changes in ADLs, and any possible causes of incontinence and malnutrition and perform risk evaluations and scheduled clinical evaluations per facility's protocol.</p> <p>Review of Resident #2's admission record, dated [DATE], reflected an [AGE] year old female who was readmitted to the facility on [DATE] and had diagnoses including myopathy (diseases that affect skeletal muscles), major depressive disorder, primary osteoarthritis in the left shoulder (a type of arthritis that occurs in joints over time without a known cause), unspecified dementia, unspecified depression, unspecified anxiety disorder, memory deficit following cerebral infarction (a medical condition that occurs when blood flow to the brain is disrupted, leading to brain cell death), other speech and language deficits following unspecified cerebrovascular disease, generalized muscle weakness, overactive bladder, other abnormalities of gait and mobility, cognitive communication deficit, need for assistance with personal care, history of falling and other fatigue.</p> <p>Review of Resident #2's assessments log, dated [DATE], reflected the ADON provided the following assessments to Resident #2:</p> <p>-Quarterly social service quarterly note on [DATE]</p> <p>-Quarterly bowel and bladder program screener on [DATE]</p> <p>-Elopement evaluation on [DATE]</p> <p>-Quarterly BIMS evaluation on [DATE]</p> <p>-Quarterly social service quarterly note on [DATE]</p> <p>-Quarterly PHQ9 on [DATE]</p> <p>-ADL only evaluation on [DATE]</p> <p>Review of Resident #2's comprehensive care plan, dated [DATE], reflected RNs were required to monitor/document for signs/symptoms of UTI, any possible causes of incontinence, changes in ADL status and abilities, change in mental status, changes in cognitive function, immobility, depression, and immobility, and perform scheduled clinical evaluations per facility's protocol.</p> <p>(continued on next page)</p>		

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<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 [DATE] at 3:54 PM, the HR stated she couldn't recall when the ADON was hired as the DON, but she believed it was [DATE] or [DATE]. The HR stated she was required to check LVNs and RNs licenses upon hire. The HR stated that six months ago, she was told to start reviewing LVNs and RNs licenses every quarter. The HR stated she couldn't recall when she was told to start reviewing licenses quarterly. The HR stated she forgot to check the LVNs and RNs licenses last quarter. The HR stated she started reviewing licenses again a month ago ([DATE]). The HR stated she was trained to print out all LVNs and RNs licenses and place them in a binder. The HR stated she was under the impression that she was to check only new hire LVNs and RNs licenses. The HR stated the BOM previously worked as the HR until she was hired in [DATE]. The HR stated the BOM trained her to check new hire LVNs and RNs licenses using the EMR/CNA/CMA/Nursing license sites. The HR stated the BOM trained her to input information to ensure LVNs and RNs had their license and to ensure licenses were not expired. The HR stated she misunderstood the BOM's training and thought she was to check LVNs and RNs licenses who were in the process of being hired and when first hired. The HR stated she misunderstood the training that the BOM gave her two months ago. The HR stated she believed she misunderstood the training on [DATE] or [DATE].</p> <p>During an interview on [DATE] at 4:04 PM, the BOM stated she was trained to check LVNs and RNs licenses to ensure they were current at the time of hire. The BOM stated she would print the LVNs and RNs license status results and place them in the LVNs and RNs files. The BOM stated she didn't know how often she was required to check LVNs and RNs licenses at the time of interview because she wasn't familiar with the facility's current process. The BOM stated she trained the HR how to check LVNs and RNs licenses and to check licenses at time of hire. The BOM stated the nursing administration taught the HR more on that process than she did. The BOM stated she didn't know who from the nursing administration taught the HR more on the process.</p> <p>During an interview on [DATE] at 5:35 PM, LVN B stated LVNs and RNs perform assessments on residents. LVN B stated LVNs and RNs must have current licenses to perform assessments on residents. LVN B stated he was not sure if residents were at risk if LVNs and RNs performed assessments on them without current licenses. LVN B stated he was not sure if he was notified of his license requiring renewal or expiring soon.</p> <p>During an interview on [DATE] at 5:42 PM, RN C stated she was notified by mail and email from the Texas Board of Nursing as to when her license was due for renewal. RN C stated LVNs and RNs complete assessments on residents. RN C stated LVNs and RNs licenses must be current to perform evaluations on residents. RN C stated LVNs and RNs were not supposed to perform assessments on residents without a current license. RN C stated LVNs and RNs shouldn't even be in the building if they didn't have a current license.</p> <p>During an interview on [DATE] at 6:02 PM, LVN D stated a staff member had to be an LVN or RN to perform assessments on residents. LVN D stated LVNs and RNs must have a current license to perform assessments on residents. LVN D stated she was notified by mail when her license was due for renewal.</p> <p>(continued on next page)</p>		

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<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 [DATE] at 6:13 PM, the ADON stated she started her DON position on [DATE]. The ADON stated she was previously the ADON and Infection Control Preventionist. The ADON stated her license lapsed. The ADON stated she couldn't recall when her license lapsed . The ADON stated no one would knowingly let their license lapse because it's more expensive to reapply for a license than to renew. The ADON stated she didn't check the status of her RN license. The ADON stated she wasn't monitoring her own license status. The ADON stated she relied on the notification by mail as to when she needed to renew her license. The ADON stated when her RN license lapsed, she found out she no longer received a mail notification. The ADON stated her RN license expired on her birthday month . The ADON stated she knew her license expired on her birthday month because this was the second time she was renewing her license. The ADON stated she didn't think to check her license status and didn't get a notification. The ADON stated her license expired in February 2024 . The ADON stated she used to be notified by mail when her license was due for a renewal. The ADON stated the HR didn't realize she was supposed to be running LVNs and RNs nursing licenses quarterly. The ADON stated she wasn't sure that licenses were supposed to be checked quarterly to verify status. The ADON stated the HR didn't have any oversight to ensure the process of checking license statuses was completed prior to her license incident. The ADON stated the HR notified her that her license was expired. The ADON stated she couldn't recall when the HR notified her that her license was expired. The ADON stated the facility wasn't responsible for notifying her to keep up to date with her license. The ADON stated she expected RNs and LVNs to keep their licenses up to date. The ADON stated the importance of staying up to date with an LVN or RN license was to ensure that education and certification was current. The ADON stated she didn't give direct care a lot to residents. The ADON stated she also couldn't recall if she performed any evaluations or nurse duties during her delinquency license period. The ADON stated she didn't know she performed assessments on residents during her license delinquency period. The ADON stated she didn't know if LVNs and RNs needed a current license to perform evaluations on residents, such as fall risk evaluation. The ADON stated anyone who was more than capable of asking a question and answering questions in a residents' electronic health record evaluation, especially for evaluations related to social service didn't need a current license to do so. The ADON stated if a staff member could be trained, they could evaluate residents without a LVN and RN license. The ADON stated having anyone complete the evaluation without a current license also depended on questions in the evaluation unless the questions were nursing related. The ADON stated a person just needed to know how to answer yes or no questions in residents' evaluations that ask for a yes or no answer.</p> <p>Review of the facility's job description for charge nurse, undated, reflected,</p> <p>Qualifications: Must have successfully completed state board of registration or licensure and carry a current state license as a registered or licensed vocational nurse.</p> <p>Responsibilities:</p> <p>6. Make meaningful rounds of all patients utilizing Resident Assessment and Comprehensive Care Plan</p> <p>7. Insures that the individual Resident Assessment and Comprehensive Care Plan is followed to meet the resident's needs according to generally accepted nursing practices in the State of Texas</p> <p>8. Assist in writing and updating the Resident Assessment and Comprehensive Care Plan as resident's condition changes, with the help of the Director of Nursing, Activities Director, Dietary Manager, and designated nurse</p> <p>(continued on next page)</p>		

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