

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  455930	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  06/20/2025
NAME OF PROVIDER OR SUPPLIER  Cedar Ridge Rehabilitation and Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE  1700 N Washington Pilot Point, TX 76258	

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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on interviews and record review, the facility failed to develop and implement a comprehensive person-centered care plan for each resident, consistent with the resident rights set forth that included measurable objectives and timeframes to meet a resident's medical, nursing, and mental and psychosocial needs that were identified in the comprehensive assessment for a resident for one (Resident #1) of five residents reviewed for care plans.</p> <p>The facility failed to ensure Resident #1's care plan was updated to reflect a left heel wound on 06/01/2025.</p> <p>These failures could place the residents at risk of not receiving the necessary care and services needed.</p> <p>Findings included:</p> <p>Record review of Resident #1's Face Sheet, dated 06/18/2025, reflected an [AGE] year-old male who initially admitted to the facility 04/29/2025 and re-admitted on [DATE]. Resident #1 had diagnoses which included chronic kidney disease stage 3 (kidneys do not function properly), heart failure (heart does not pump effectively), and pneumonia (infection in lung). Resident #1 was discharged home on [DATE].</p> <p>Record review of Resident #1's Quarterly MDS (tool used to assess health needs and functional capabilities) Assessment, dated 05/17/2025, reflected the resident had severe impairment in cognition with a BIMS (tool used to assess cognitive function) score of 06.</p> <p>Record review of Resident #1's Physician Order, dated 06/01/2025, reflected to apply xeroform (non-adherent wound dressing that promotes healing) and a bordered gauze dressing to the resident's left heel.</p> <p>Record review of Resident #1's Comprehensive Care Plan, dated 05/07/2025, did not reflect a left heel wound.</p> <p>During an interview on 06/20/2025 at 3:20 PM, the Administrator stated it was important to update care plans so everyone knew what care to provide the residents. He stated if they were not updated, the resident might not receive the appropriate care.</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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 06/20/25 at 3:59 PM, the Wound Care Nurse stated she was responsible for adding or updating any skin related resident care plan. She stated it was important to include all the resident's needs in the care plan to monitor progress and follow through with meeting the needs.</p> <p>During an interview on 6/20/2025 at 4:15 PM, the MDS Coordinator stated it was important to update care plans so staff knew how to take care of the residents. She stated the nurses, ADON, DON, and MDS Coordinator added and updated residents' care plans. She stated the wound care nurse added or updated a care plan for any skin issues. She stated it was important to care plan any skin issue because of the risk for infection.</p> <p>During an interview on 06/20/2025 at 4:50 PM, the DON stated it was important for each resident to have a personalized plan of care. She stated Resident #1's wound should have been included in his care plan. She stated resident care would not be consistent if the care plan was not personalized and updated to reflect the resident's needs.</p> <p>Record review of the facility's policy, Care Plan, Comprehensive Person-Centered, reviewed 06/02/2025, reflected A comprehensive person-centered care plan that includes measurable objectives and timetables to meet the resident's physical, psychosocial, and functional needs is developed and implemented for each resident . 13. Assessments of residents are ongoing and care plans are revised as information about the residents and the residents' conditions change.</p>