

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  455934	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/07/2025
NAME OF PROVIDER OR SUPPLIER  Northern Oaks Living & Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE  2722 Old Anson Rd Abilene, TX 79603	

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 0677</p> <p>Level of Harm - Minimal harm or potential for 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** 44766</b></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 receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene for 3 (Resident #1, Resident #2, and Resident #3) of 12 residents observed for assistance with ADL's.</p> <p>Resident #1, Resident #2, and Resident #3 had body odor and poor hygiene due to the facility failing to provide showers</p> <p>This deficient practice could affect residents who were dependent on assistance with ADL's and could result in poor care, skin breakdown, feelings of poor self-esteem, and lack of dignity.</p> <p>Findings included:</p> <p>Record review of Resident #1's Face sheet dated 3.7.25 revealed a [AGE] year-old female admitted on 10.28.24, with diagnoses of Chronic heart failure, hypertension, and dementia.</p> <p>Record review of Resident #1's Quarterly MDS assessment dated 3.7.25 revealed a BIMS score of 15 indicating no cognitive deficit.</p> <p>Record review of Resident #1's Care Plan dated 3.7.25 indicated Resident requires x1 supervision/limited assistance with assistance bathing/showering x3 a week and as necessary.</p> <p>Record review of Resident #1's Shower log for February 2025 revealed the following dates marked not applicable from 2.22.25 to 3.6.25. Only days that showed shower complete were 2.22.5 and 2.27.25.</p> <p>During an interview on 3.7.25 at 11:15 am Resident #1 stated she was not exactly sure when she got her last shower. She stated she has never refused a shower. She stated the only time she told them no was when it was too late at night by the time they got to her and would like a shower the next day.</p> <p>Observation on 3.7.25 at 11:15 am Resident #1 had an odor and hair was messy.</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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Record review of Resident #2's Face sheet dated 3.7.25 revealed a [AGE] year-old male admitted on 12.12.23, with diagnoses of diabetes mellitus, anemia, and muscle weakness.</p> <p>Record review of Resident #2's Quarterly MDS assessment dated 3.7.25 revealed a BIMS score of 8 indicating moderate cognitive deficit.</p> <p>Record review of Resident #2's Care Plan dated 3.7.25 indicated required to have x1 staff assistance with bathing/showering x3 weekly and as necessary.</p> <p>Record review of Resident #2's Shower log for February 2025 revealed the following dates marked not applicable: from 2.22.25 to 3.6.25.</p> <p>During an interview on 3.7.25 at 10:45 am Resident #2 stated his main issue was not getting showers. He stated he was not sure why he has not gotten a shower in a while and would really like one.</p> <p>Observation on 3.7.25 at 10:45 am Resident #2 had an odor, dry flakey skin, and long fingernails.</p> <p>Record review of Resident #3's Face sheet dated 3.7.25 revealed a [AGE] year-old male admitted on 6.1.17, with diagnoses of type 2 diabetes, heart disease, and pressure ulcer.</p> <p>Record review of Resident #3's Quarterly MDS assessment dated 3.7.25 revealed a BIMS score of 15 indicating no cognitive deficit.</p> <p>Record review of Resident #3's Care Plan dated 3.7.25 indicated Resident Requires (x2) staff participation with bathing.</p> <p>Record review of Resident #3's Shower log for February 2025 revealed the following dates marked not applicable: from 2.22.25 to 3.6.25.</p> <p>During an interview on 3.7.25 at 11:55 pm Resident #3 stated he was not sure how long it has been since he received a shower. He stated he was not sure what was going on because the facility does not offer a shower or if they forgot about him. He stated he has never refused a shower.</p> <p>Observation on 3.7.25 at 10:45 am Resident #3 had an odor, dry flakey skin, and was wearing same clothing from previous day.</p> <p>During an interview on 3.7.25 at 12:05 pm NA stated the shower log sheet was then turned into the nurse and the nurse was to go into the system and mark showered task was completed. She stated on the shower log she also must complete a skin assessment, adls, hygiene, etc. she stated so even if a resident refuse there was a refusal sheet that the resident must sign. She stated overall she knows when she was working that all her residents do get their showers. She stated she cannot speak for all the hallways. She stated based on looking at the shower logs, the residents were not getting their showers. She stated she knows Resident #1 did get a shower on 2.22.25 and 2.27.25 because she gave the resident their shower. She stated the other residents, Resident #2 and Resident #3 has not received a shower and was not exactly sure why they have not received their shower, they are not on her rotation.</p> <p>(continued on next page)</p>

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 3.7.25 at 12:35 pm DON stated that when she looked back at the shower logs for resident's #1, #2, and #3 documentation showed not applicable. She stated not applicable means the resident did not receive a shower. She stated that she would go and review all shower log sheets to see if maybe her staff was not giving showers or not documenting correctly in the system.</p> <p>During an interview on 3.7.25 at 1:15 pm Administrator stated that showers should be completed for each resident according to their bath schedule. He stated if residents do not receive their showers, they could have poor hygiene or skin breakdown.</p> <p>During an interview on 3.7.25 at 1:20 pm DON stated she could only find shower logs for two residents. She stated that she even spoke to one of her CNA's that stated that they did not get to showers, to verify if what she was reviewing was correct. She stated the shower logs in the system do look to be correct and residents have been missing their showers. She stated if residents miss their showers they could smell or have skin breakdown.</p> <p>Record review of Bath, Tub/ Shower policy not dated revealed It is the policy of this facility to promote cleanliness, stimulate circulation and assist in relaxation.</p>